

Breastmilk Costs Peanuts!
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Images of emaciated toddlers in developing countries, alongside requests for cash donations to pay for fortified, energy-dense, Ready-to-Use Therapeutic Foods (RUTFs) to end their hunger,^{1 2 3 4 5 6} are appearing on our computer and TV screens.

Sixty percent of under-five child mortality is due to malnutrition, and UNICEF maintains that exclusive breastfeeding for infants under six months is the best way to reduce this toll.⁷ But UNICEF is one of the largest purchasers of RUTFs. And in 2007, the World Health Organization adopted a new community-based model employing RUTFs for treating the 15 million young children worldwide who suffer severe acute malnutrition (SAM).⁸ The most popular product, a sweet peanut paste lasting 24 months without refrigeration, needs no mixing, diluting or cooking, and can be eaten at home straight from the package. In Niger during 2006-7,⁹ where exclusive breastfeeding rates are only 2.2% - among the lowest in the world - over 600 000 malnourished children were successfully treated with RUTFs.¹⁰

UNICEF and other UN agencies also recommend exclusive breastfeeding for six months followed by continued breastfeeding with additional complementary foods by all HIV-infected mothers unless replacement feeding is acceptable, feasible, affordable, sustainable and safe.¹¹ Yet, although there is no evidence to show that overall child survival is improved by early weaning, a large HIV prevention clinical trial in Malawi uses RUTF as a "breastmilk replacement food" to combat the malnutrition that results

¹ UNICEF Cards & Gifts 2009, Inspired gifts
http://www.unicef.org.uk/store/group_display.aspx?grp=42BF34CE-45C8-4AAB-A2EC-B5F5EC418F20

² Project Peanut Butter website, video seeking donations at
<http://www.projectpeanutbutter.org/PPB/Donate.html>

³ Care International <https://www.secure.careinternational.org.uk/form.asp?id=378&cachefixer>

⁴ Concern Worldwide
<http://www.concern.net/about/our-programmes/Health/Community-Therapeutic-Care>

⁵ Happybaby Food
<http://www.happybabyfood.com/make-a-difference/58/62-project-peanut-butter>

⁶ Save the Children, send a gift this Christmas,
[Plumpynut for a Week](http://savethechildren.sandbag.uk.com/Content/Plumpy_Nut.pdf) and http://savethechildren.sandbag.uk.com/Content/Plumpy_Nut.pdf
(accessed 28 October 2009)

⁷ Bryce J, Boschi-Pinto C, Shibuya K, Black RE, WHO Child Health Epidemiology Reference Group. "WHO estimates of the causes of death in children." *Lancet* 2005; 365:1147-52, see
http://www.globalhealth.org/pop_ups/child_chart_1.html

⁸ UN System, Standing Committee on Nutrition, Innovative approach tackles malnutrition in the community, 7 June 2007 http://www.unsystem.org/scn/Publications/html/cbm_samalnutrition.htm

⁹ See
<http://www.un.org/apps/news/story.asp?NewsID=22155&Cr=Niger&Cr1> (accessed 28 October 2009)

¹⁰ See <http://www.un.org/apps/news/story.asp?NewsID=22155&Cr=Niger&Cr1>
(accessed 28 October 2009)

¹¹ UNICEF Policy on Infant feeding and HIV http://www.unicef.org/media/media_41250.html (accessed 18 October 2007).

when recommendations to stop breastfeeding to reduce infants' exposure to the virus in breastmilk are followed.^{12 13 14 15}

Disturbing images of mothers holding starving children show the women themselves to be fairly well-nourished, with faces, arms and fingers well-covered. Clearly the mothers are able to obtain enough food; only their young children are not. RUTFs can provide the quick-fix last resort, but why isn't support for breastfeeding in the first vulnerable two years of life being used as the first solution? And when all food is scarce, what happened to the traditional advice to Feed the Mother to Feed the Baby?

Also unsettling is that the inventor of the popular RUTF, Plumpy'nut, registered the patent in the US to the French company Nutriset¹⁶ was employed by the WHO as an expert consultant on SAM.¹⁷ Plumpy'nut is manufactured under franchise in developing countries, but 50% of the ingredients have to be imported.¹⁸ In Sierra Leone and Malawi Plumpy'nut factories have been opened by a US paediatrician whose work has received funding from the Nestle Foundation.¹⁹

It is irrational that prematurely weaned, severely malnourished babies and toddlers in the poorest countries suck packets of blended peanuts, skim-milk and micronutrients, costing \$25 per child,² while their own mothers' milk, a life-saving, self-renewable resource, is allowed to dry up for want of adequate breastfeeding information and support. Breast-milk provides vital immunoglobulins and micronutrients contributing at least 75% of the energy requirements for children 6-8 months, 50% for 9-11 months, and 40% at 12-24 months.^{20 21}

¹² Van der Horst C, Chasela C, Ahmed Y, Hoffman I, Hosseinipour M, Knight R, Fiscus S, Hudgens M, Kazembe P, Bentley M, Adair L, Piwoz E, Martinson F, Duerr A, Kourtis A, Loeliger E, Tohill B, Ellington S, Jamieson D for the BAN Study Team. Modifications of a large HIV prevention clinical trial to fit changing realities: A case study of the Breastfeeding, Antiretroviral, and Nutrition (BAN) protocol in Lilongwe, Malawi, *Contemporary Clinical Trials* 2009;30:24-33.

¹³ Briend A, Lacsala R, Prudhon C, Mounier B, Grellety Y, Golden MH. Ready-to-use therapeutic food for treatment of marasmus. *Lancet* 1999;353 (9166):1767-8.

¹⁴ Briend A. Highly nutrient-dense spreads: a new approach to delivering multiple micronutrients to high-risk groups. *Br J Nutr* 2001;85(Suppl 2): S175-9

¹⁵ Linneman Z, Matilsky D, Ndekha M, Manary MJ, Maleta K, Manary MJ. A large-scale operational study of home-based therapy with ready-to-use therapeutic food in childhood malnutrition in Malawi. *Matern Child Nutr* 2007;3(3):206-15.

¹⁶ Briend A. Treatment of Severe Malnutrition with a Therapeutic Spread. *Field Exchange*, 1997; 2: 15.

¹⁷ Nutriset Patent in US

<http://patft.uspto.gov/netacgi/nphParser?Sect1=PTO2&Sect2=HITOFF&p=1&u=%2Fnetacgi/nph/PTO%2FSearchbool.html&r=1&f=G&l=50&co1=AND&d=PTXT&s2=nutriset.ASNM.&OS=AN/nutriset&RS=A> N/nutriset (accessed 28 October 2009)

¹⁸ See <http://fex.ennonline.net/24/lettersmichel.aspx> (accessed 28 October 2009)

¹⁹ See http://peds.wustl.edu/Default.aspx?alias=peds.wustl.edu/faculty/Manary_Mark_J (accessed 28 Oct 2009)

²⁰ WABA 2008 Complementary Feeding Workshop Report.

²¹ WHO 2000, Approaches for improving complementary feeding of infants and young children: Background paper prepared by K Dewey for the WHO/UNICEF Technical Consultation on Infant and Young Child Feeding WHO, Geneva, 13-17 March 2000

If they cared to do so, the UN and international food aid agencies could rein in an escalating problem of market-creation and food-aid dependence. At fractional cost, former initiatives to educate healthworkers and community leaders about breastfeeding in line with current global recommendations^{22 23} could be revived. Mothers everywhere, but especially those in emergency or resource-poor settings, need to know how to exclusively breastfeed their babies for the first half-year, and continue breastfeeding with appropriate, locally-grown, complementary foods for up to two years or beyond.

²² WHO (World Health Organization). 2003. *The global strategy for infant and young child feeding*. Available at http://www.who.int/child_adolescent_health/documents/9241562218/en/index.html (accessed 23 December 2008)

²³ WHO 2009, Rapid advice: revised WHO principles and recommendations on infant feeding in the context of HIV. Available at http://www.who.int/child_adolescent_health/documents/hiv_if_principles_recommendations_112009.pdf (accessed 30 November 2009)