

Why we say 'NO' to Ready to use Therapeutic Food (RUTF)

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What is a Therapeutic Food

'Therapeutic food' in general, is any appropriate food product or products, enhanced nutritionally, and thus made to be more energy and nutrient-dense.

Latham et al 2010 World Nutrition

What is Ready to Use Therapeutic Food (RUTF)

RUTF is a peanut based energy, vitamin and mineral dense commercial product produced by the French Company Nutriset named as *Plumpy nut* for the treatment of Severe Acute Malnutrition








Latham et al World nutrition 2010



Nutriset ready to use products

- Plumpy nut :RUTF
 - Plumpy doz :RUSF
 - Nutributter :RUSF
 - Supplementary Plumpy :RUSF
 - Plumpy' soy :RUSF
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Nutriset Ready to use products

<i>Products</i>	<i>Aluminum foiled</i>	<i>Recommended for use by Nutriset</i>
Plumpy nut		Treatment of Severe Acute Malnutrition
Plumpy doz		Treatment of Moderate Acute Malnutrition Prevention of Severe Acute Malnutrition Prevention of Malnutrition
Nutributter		Prevention of Severe Acute Malnutrition Prevention of Malnutrition
Supplementary Plumpy		Treatment of Moderate Acute Malnutrition Prevention of Severe Acute Malnutrition
Plumpy' soy		Prevention of Malnutrition

RUTF used as 'prevention'



9-month old child in Sierra Leone. Photograph: UNICEF

Médecins Sans Frontières, then other non-governmental organisations, and also UNICEF, have rapidly moved from using RUTF just for hospital treatment of severe acute malnutrition, to advocating and administering RUTF first for treatment of mild and moderate malnutrition, and then also as a way to *prevent* malnutrition



Of most concern re RUTF

- Is the extension of RUTF use in communities for treatment of mild, moderate malnutrition and prevention of malnutrition
 - Is the medicalisation and commercialization of young child feeding - question is how we can save these unfortunate children in the poor communities from this scourge?
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RUTF concern

RUTF is recommended to be used by UNICEF and WHO for the community management of severe acute malnutrition



Composition of Plumpy nut

- Vegetable oil
 - Peanut butter
 - Skimmed powder milk
 - Lactoserum
 - Lacto-dextrine
 - Sugar
 - Minerals
 - Vitamins
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Why 'NO' to RUTF

Successful community treatment of acute malnutrition began in Bangladesh 20 years ago – without using RUTF.

Khanum et al. Lancet 1994

Ashworth et al. Health Policy and Planning 1997

Khanum et al. Am J Clinical Nutrition 1998

Ahmed et al. 10th Annual Scientific Conference, ICDDR, 2002



Why 'NO' to RUTF

The ethical argument

Reliance on treatment is unethical when effective and affordable interventions exist for preventing SAM

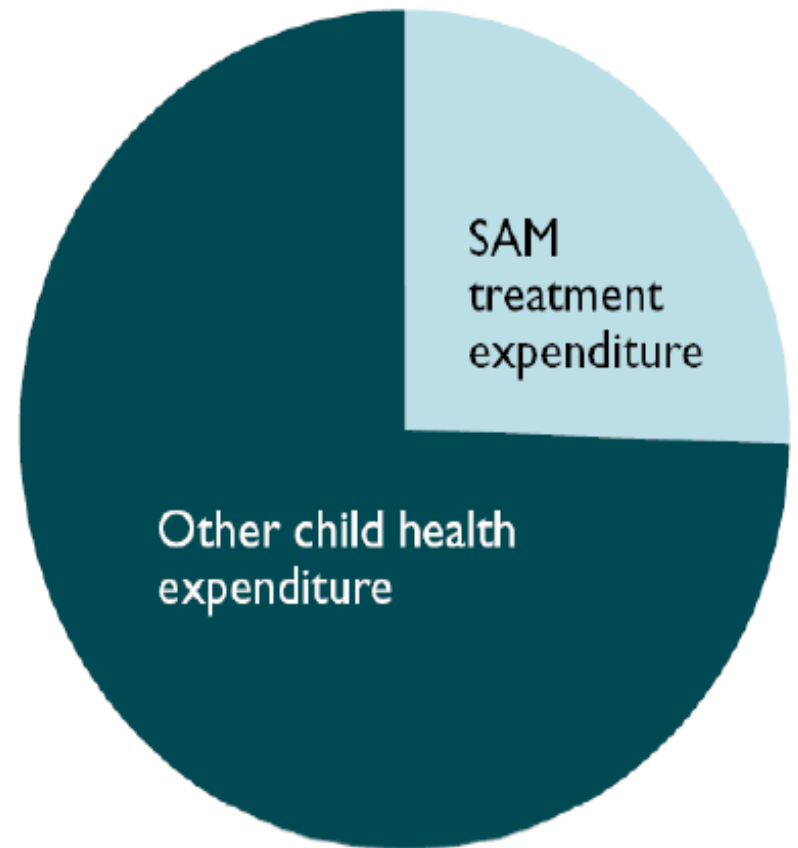
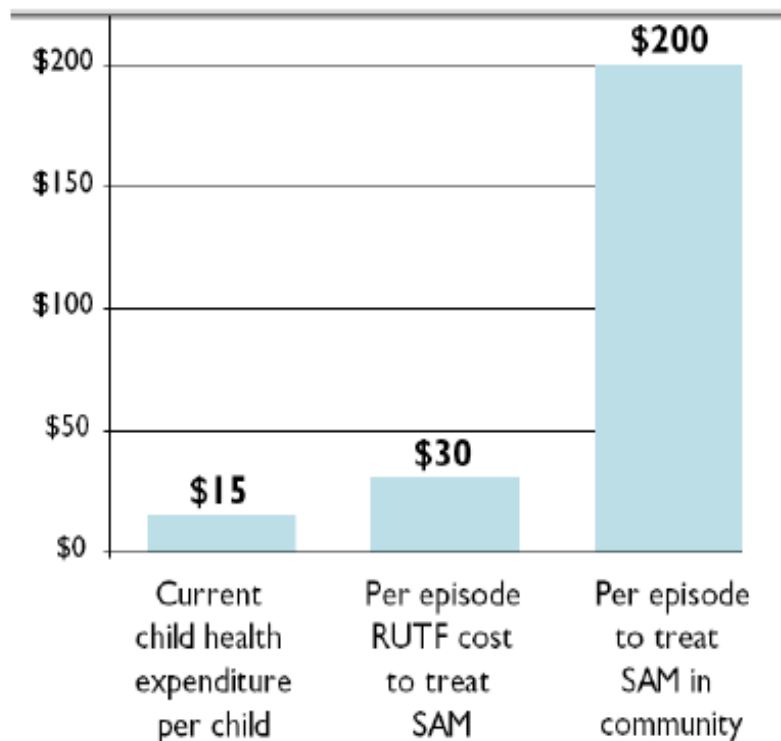


Why No to RUTF

- ❑ RUTF is a commercial product and is expensive
 - ❑ RUTF is an artificial food of distorted composition
 - ❑ RUTF contains 59% fat, contains no water and may cause dehydration
 - ❑ Extra water intake will be essential and is not without risk
 - ❑ RUTF is a culturally unacceptable food
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How much does it cost to treat SAM with RUTF in Malawi?

Expenditures in Malawi

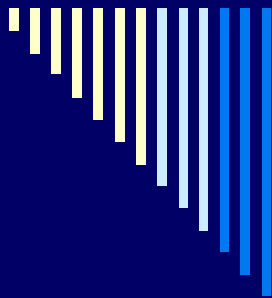


Source: WHO, 2007; WHO/WFP/UNSCN/UNICEF, 2007; Horton, 2009



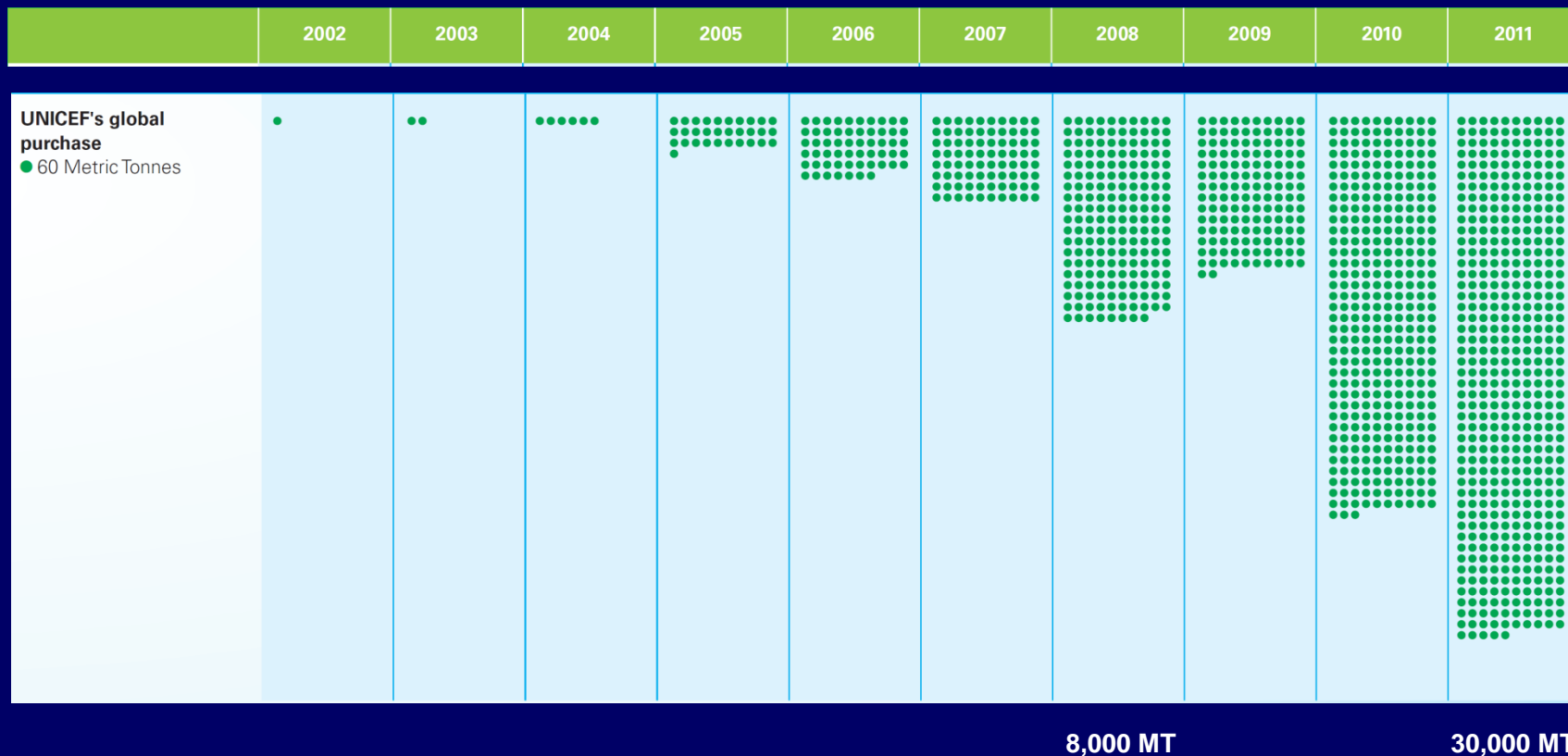
Cost to treat SAM with RUTF in Bangladesh

- 250,000 children a year @ \$170 per child
= US\$43 million a year to purchase RUTF
 - Bangladesh annual nutrition budget is \$46 million
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Amount of RUTF bought by UNICEF

(source: UNICEF Supply Annual Report 2011)





Why 'NO' to RUTF

- ❑ RUTF is not an essential product to treat malnutrition in the community as evidence based home cooked foods are available
 - ❑ Mothers in the poor families are good cook. They know how to prepare varieties of complementary food at home.
 - ❑ Few of many culturally acceptable energy dense complementary foods cooked at homes of the sub continents are *porridge, payesh, khichri, kheer, halua, suji, semai, firni, pudding, laddoos*
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Why 'NO' to RUTF

RUTF use will create conflict of
interest in infant nutrition

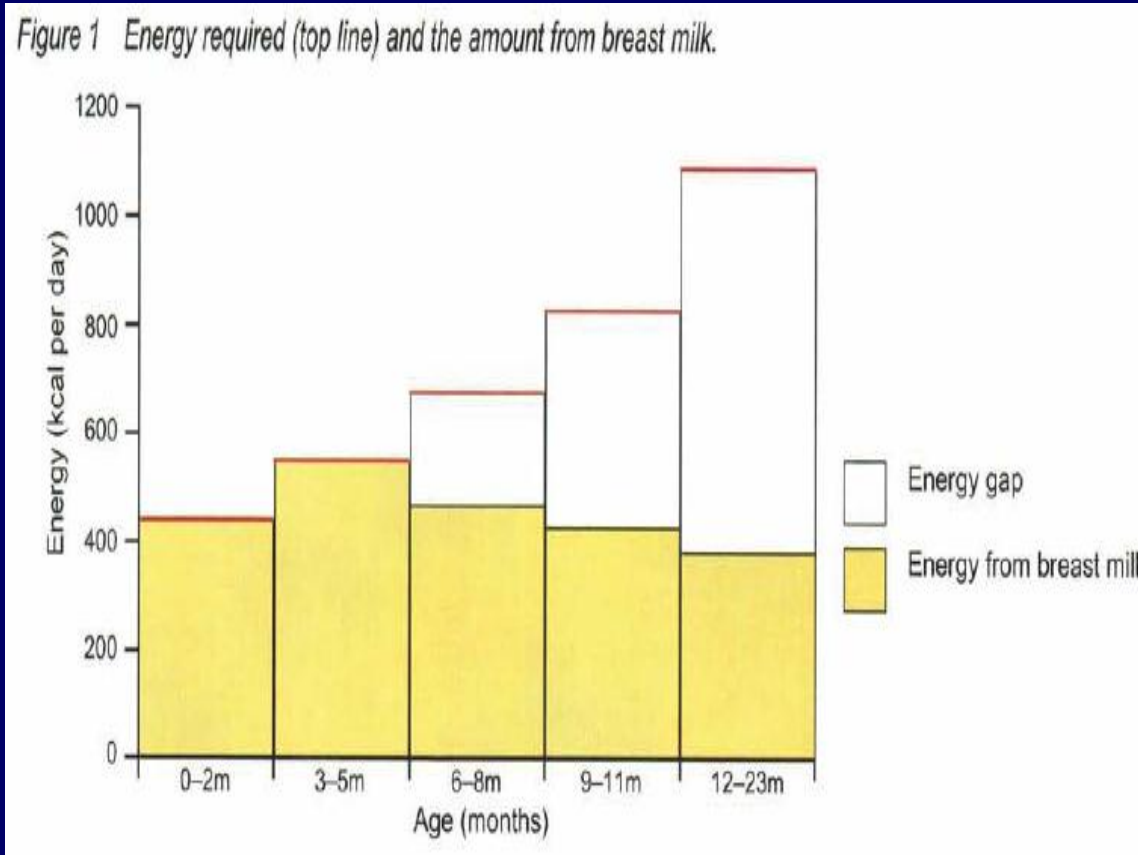


Why 'NO' to RUTF

- Niger effectively treated SAM in the community with RUTF since 2005 still the prevalence of acute malnutrition remains high.
- Scaling up preventive practices of breastfeeding and improving complementary feeding, would significantly improve child nutrition and contribute to lowering the numbers of children with moderate or severe acute malnutrition'.

UNICEF 2005: Tracking Progress on Child and Maternal Nutrition: A Survival and Development Priority

Energy provided from breastfeeding and complementary feeding unto 2 years



Why 'NO' to RUTF

Breastfeeding is being undermined



Child in Niger being fed Plumpy'nut



Why 'NO' to RUTF

- ❑ Markets will be flooded with RUTF like as market is now flooded with powder milk. The commercial pressure which will take the mothers away from the economic and nutritionally balanced home made family food
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Why 'NO' to RUTF

Mothers perception of RUTF

- ❑ Mothers perception re nutrition will change with the introduction, marketing, distribution and the use of RUTF
 - ❑ Mothers will think that RUTF will provide good nutrition
 - ❑ As will be expensive mothers will use RUTF in small amounts over a period of time as they have done it in developing countries with the powder milk which had led to malnutrition
 - ❑ Mothers will prefer to buy these products with higher price as they will develop perception from the commercial pressure that these will provide better health and nutrition than the traditional family food.
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Why 'NO' to RUTF

- Use of RUTF will divert resources from important preventive IYCF programs of breastfeeding and complementary feeding
 - RUTF will undermine families' confidence in their own home cooked food
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Why 'NO' to RUTF

- ❑ RUTF is not a diversified food. This is possible within a household even if a family is poor.
 - ❑ Once we have identified that the child suffers from SAM health care providers should counsel the family, manipulate the financial resources, buy local food, cook in the house and feed the child hot cooked food frequently
 - ❑ This will have a demonstrative effect . The families would know ,what foods they will have to buy with the money what they have.
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Why 'NO' to RUTF

- The WHO UNICEF IYCF strategy asks for the protection promotion and support of breastfeeding and complementary feeding. RUTF use will violate the spirit of this strategy of the complementary food.
 - Concept of RUTF and the involvement of industry will consolidate the process of commercialization of child nutrition for all time to come.
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Why 'NO' to RUTF

Malnutrition will begin with the use of plumpy nut as malnutrition began with the use powder milk as the families will be using the expensive pumpynut in smaller amount with the perception that small amount of the expensive product will give children health and nutrition



Why 'NO' to RUTF

Preparing hot cooked meal will be more respectable on part of the family, community, government and UN agencies than to allow children to develop malnutrition and then treat with an imported alien formula and synthetic product



Conclusion and Recommendation

- RUTF is an unnecessary product as home cooked food when fed in adequate amounts will cure malnutrition
 - RUTF is a major threat to child health and nutrition in the millennium as powder milk was the major threat in the last 150 years
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Conclusion and Recommendation

- Attention should be diverted to promote, protect and support breastfeeding and complementary feeding which will prevent malnutrition
 - No commercial product should be promoted and distributed for the prevention of infant and child malnutrition when breastfeeding is available and locally made foods are adequate
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Conclusion and Recommendation

- Exclusive breastfeeding up to 6 months of age and continued breastfeeding up to 24+ months of age should always be protected, promoted and supported. The use of any RUTF should never be allowed to threaten or reduce breastfeeding.
 - No RUTF should be manufactured and used locally
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Conclusion and Recommendation

- Complementary food menus are available in most countries. These may be taken as guidance to prepare energy dense food at home
 - There is no place for RUTF for the prevention of malnutrition in communities with people even living in poverty
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