

Food aid for children woefully substandard

Millions of malnourished children receive substandard food aid every year because of a lack of clear guidelines to hold donor nations accountable for the products they finance or distribute in the developing world, argues Médecins Sans Frontières (MSF).

They're urging the European Commission and World Health Organization (WHO) to set benchmarks to ensure that aid meets the nutritional needs of infants and young children, and are demanding that top donors such as the United States and Canada stop supplying and financing the distribution of corn-soy blend fortified flours, which lack the nutrients and proteins children require for their development.

"They're denying reality," says Stephane Doyon, MSF nutrition team leader, arguing the nutritional needs of young children have fallen into an unacceptable regulatory blind spot.

Corn-soy blend products make up the bulk of international food aid shipments, but their use to treat malnour-

ished children has been linked to longer recovery times and increased rates of hospitalization, as compared to children who receive nutritionally enhanced alternatives, such as ready-to-use therapeutic and supplementary foods, Doyon explains. He cites a 2010 program in Niger that saw a 50% reduction in mortality among participating children who received the enhanced foods as a testament to their potential benefits.

But donors have been slow to systematically incorporate the more costly enhanced foods into their aid programs and policies.

Despite repeated pledges to better meet the nutritional needs of young children in countries where it sends or supports food aid, the European Commission has yet to publish clear guidelines about how it intends to implement such reforms, says Marilyn McHarg, general director of MSF Canada. "Some European Union countries are providing quality products as a central part of food aid, but what we're seeing is that the

money that comes from the Commission level is not necessarily being spent on such products."

That's because the Commission requires "very strict and detailed monitoring" of use of the nutritionally enhanced products in order to receive its financing, but doesn't impose similar strictures on programs that supply less nutritious corn-soy blend products, says Doyon.

The delay in developing guidelines appears to be a product of the Commission's inability to reform current food aid policies and practices without WHO guidance or what it deems equivalent evidence of the benefit of the products.

The Commission is "actively engaged in the discussions about internationally recognized guidance on the choice of nutrition products," but without detailed WHO specifications for such products, must take a "cautious approach," explains David Sharrock, spokesperson for the European Commission's international cooperation, humanitarian aid and crisis response commissioner.



Reuters/Feisal Omar

A malnourished child being treated inside a pediatric ward at the Banadir Hospital in Somalia.

The Commission is also funding WHO's development of updated guidance on acute malnutrition. "Nutritional specifications for commodities used for moderate acute malnutrition are expected to go to the WHO Review Committee later this month [December 2011]," Sharrock says.

Such guidance is long overdue, says McHarg. An expert meeting convened by WHO in 2008 concluded that nutritional standards of food aid for children must be improved, but three years later, the organization has yet to do so.

Meanwhile, the Commission has been increasing support for programs that distribute cash to families as a means of preventing malnutrition without any evidence of the efficacy and impact of such strategies, Doyon contends. "They were rolled out without any serious monitoring request."

The upfront cost of providing nutritionally enhanced food aid for

children is likely a factor in their limited uptake, he says, noting that even improved corn-soy blend products cost almost twice as much as less nutritious formulations.

But improved health among malnourished children will lessen the long-term burden they pose to medical aid programs financed by donor countries, McHarg says. "If you look at the immediate costs, it is more expensive to use ready-to-use foods as an immediate intervention, but if you look at the economics over longer ranges, it pays off beyond belief."

Alternatives such as sourcing local foods in recipient countries would cost significantly less than the current US practice of shipping American-produced corn-soy blend flours overseas, she adds. "The capacity is there, but because the policy isn't in place to demand a higher standard, that capacity is not being used."

In the case of other countries, such as Canada, whose aid is in the form of funding, they must develop safeguards to ensure donor dollars are being spent on appropriate products, says Doyon. "The failure of Canada is not the refusal to pay for those foods, but more the fact that they do not [ensure] their systematic provision to young children."

MSF is currently lobbying representatives of top donor countries, including the US, European Union member states, Canada and Brazil, on behalf of more than 133 000 individuals from over 180 countries who signed a petition demanding that food aid "stop supplying nutritionally substandard food to malnourished children and children at risk of malnutrition in developing countries" (www.doctorswithoutborders.org/press/release.cfm?id=5556). — Lauren Vogel, *CMAJ*

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