

MSF Malnutrition Fact sheet - FAO World Food Summit

Rome 3 - 5 June 2008

- The **food price crisis has aggravated the chronic crisis of child malnutrition**. Malnutrition accounts for 11% of the global burden of disease yet this is a crisis that the international community has neglected.
 - Malnutrition is an issue of **food quality as much as quantity**. Rapidly growing children have specific nutritional needs and thus specific nutritional and food aid interventions are needed. In terms of food aid, **more of the same will not be enough**. Grains, pulses and fortified flours are not sufficient to address the nutrition crisis.
 - According to MSF estimates, **only 3% of the 20 million children** suffering from severe acute malnutrition each year receive the treatment they need. MSF has successfully used therapeutic ready-to-use food (RUF) to treat severe acute malnutrition and has pilot programs underway with supplemental RUF.
 - MSF believes that it is important that both **food aid and nutrition programming include interventions that assure the nutrient security** of young children in order to avoid malnutrition in the first place.
 - Fortified blended flours (FBF) based on wheat or corn plus soya were initially developed in the 1960s with young children's nutritional needs in mind, and therefore contained dry milk powder. This ingredient was dropped from these flours in the 1980's for reasons that were primarily economic: the end of milk surpluses. FBFs as currently formulated are not found on the market in developed nations because soya flour is inappropriate food for young children. It contains poor quality protein and far too many anti-nutrient factors that inhibit absorption of essential minerals such as zinc. This is a **deadly double standard** driven by minimum cost rather than the imperative to meet minimum nutritional standards.
 - **Nutrition programs have not received the political will and funding** required to scale up effective interventions, particularly in food insecure regions. The Lancet Malnutrition Series article 5 states: "Annual funding for basic nutrition programming amounts to at most \$US 250-300 million per year. Even if this amount were *perfectly* targeted to the children under two living in the 20 countries that account for 80% of stunting, this would amount to \$2 per child whereas effective large scale community nutrition programs are estimated to cost \$5-10/child." This costing does not even include the provision of food. **No community education-based nutrition programs have been shown to be effective in food insecure regions**.
 - In the 2006 publication "Ending Child Hunger and Malnutrition Initiative", WFP and UNICEF estimate the cost of effectively addressing malnutrition at US\$ 80/family, or US\$ 8 billion for 100 million families. This estimate includes not only health promotion interventions such as clean water and breastfeeding, but also supplementary and therapeutic feeding.
 - MSF does not dispute that food aid needs to be supplemented with medium and long term development programming to stimulate economic and agricultural development through national, bilateral and multilateral agreements and policies but urges that these programs **should not be implemented at the expense of targeted and immediate solutions**.
 - Malnutrition is a medical emergency that contributes to at least 3.5 million deaths in children under five each year. The World Health Organization estimates there are 178 million children that are malnourished across the globe, and at any given moment, 20 million suffering from the most severe form. MSF has treated over 150,000 children in 2006 and 2007 in 22 countries with therapeutic and supplemental therapeutic food.
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