The New York Times

January 30, 2008
Op-Ed Contributor

Instant Nutrition

By SUSAN SHEPHERD

WE have all seen the pictures on television and in magazines of emaciated children looking at us with gaunt faces and empty eyes. The images are moving and disturbing, but if they do not lead to an effective response, they are used in vain.

Malnutrition can be fatal. Every year, it contributes to the death of five million children under the age of 5. But more of the same kind of food aid impoverished countries now receive will do nothing to reduce these deaths. We need to focus on the food quality, not just the quantity.

I recently spent a year running a nutritional program in Niger, where, along with other parts of Africa and South Asia, the most cases of childhood malnutrition are found. While there, I became convinced that large numbers of deaths among acutely malnourished children can be prevented by using an innovative nutrient-dense ready-to-use food that is revolutionizing the treatment and prevention of acute malnutrition. If we are to combat malnutrition, we must increase the use of this food and expand the range of products.

As any parent knows, children grow and develop at breakneck speed until age 3, and sound nutrition is vital to a healthy life. We nurture growth in our own children by providing a varied diet that contains milk (either through breast-feeding or formula), other dairy products and nutritious supplements — just think of the baby food choices available to families in any American supermarket.

For years, it has been difficult to deliver the nutrient value of milk in communities in Africa and Asia that do not produce or have the resources to buy milk. Without refrigeration and clean water, powdered milk and baby formula are prone to bacterial contamination and cause more harm than good.

Ten years ago, André Briend, a French scientist, devised a paste of powdered milk, ground peanuts, oil, sugar, vitamins and minerals that solves the problems of preparation, storage and contamination because it is prepared without water. The paste, known as ready-to-use food, can be made locally; children can eat it directly from individual foil packets. More important, most children can be treated at home, rather than being hospitalized. This vastly increases the number of children who can be reached. In Niger, I saw how ready-to-use food enabled thousands to recover from malnutrition.

In 2006, my colleagues at Doctors Without Borders and I treated more than 150,000 malnourished children worldwide — in Niger, more than 9 out of 10 recovered. But these numbers are a small fraction of those in need. Under United Nations and United States guidelines, only 3 percent of the world's 20 million malnourished children — those with the severest forms of malnutrition and the highest risk of death — have access to ready-to-use food.

These conditions are too limiting. Children shouldn't have to deteriorate to the point of severe malnutrition to "qualify" for ready-to-use food, which is far more nutritious than the fortified blended flours prescribed and supplied by the United States and other international donors for moderately malnourished children. Yes, ready-to-use food may cost more, but it provides the milk that fortified flours do not.

The United States is the largest single donor of food aid in the world, but it doesn't provide enough of what young children really need. As the farm bill progresses through Congress, there has been much debate on improving the delivery of food aid. But Congress must also address the quality of this aid.

If ready-to-use food is distributed more widely and replaces blended flours, fewer children will die of malnutrition. It's what the children staring at us in those harrowing images need and deserve.

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