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Food-based Approaches for Improving Diets and Raising Levels of Nutrition



PERSPECTIVES ON NUTRITIONAL PROBLEMS IN DEVELOPING COUNTRIES: Nutrition Security through Community Agriculture

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Abstract

The main cause of undernutrition is poverty and inequity. Good child nutrition is dependent on adequate food, health and care. In rural areas much more support needs to be given to improving the linkages between agriculture and nutrition and to combining health-related nutrition activities with agriculture, community development and education. Promoting high protein commercial foods is not a panacea for the reduction of malnutrition. In the Philippines our research led to advocacy for a horticulture and public health approach to reduce vitamin A and other nutrient deficiencies. This paper argues against the current wide advocacy for, and use of high tech commercial products such as vitamin A capsules and Ready-to-Use Therapeutic Foods (RUTFs) to reduce malnutrition. It holds that both interventions detract from more sustainable and economical local approaches and that their wide use undermines the use of culturally accepted family foods.

The first product discussed is the current huge worldwide vitamin A capsule programme. Every year some 200 million children in about 100 targeted countries receive these capsules. At first these unphysiological megadoses of vitamin A were promoted to reduce blinding keratomalacia, but currently the main claim is that the programme greatly reduces child mortality. Experts agree that keratomalacia is now extremely rare and that evidence is lacking to show that the capsule programme is reducing child mortality in these 100 countries. Almost all scientific evidence, including a recent meta-analysis, shows that vitamin A supplements have no impact on the incidence or on the severity of respiratory infections or diarrhoea, the two leading causes of death in children. Vitamin A supplementation reduces measles mortality but this is best achieved through immunization. Evidence suggests that support for the capsule programme has undermined food-based approaches which improve intakes of vitamin A and other nutrients. Food-based approaches are not top down, and they also often provide cultural, social, economic and environmental benefits.

The second product discussed is the enormously expanding promotion and use of Ready to Use Therapeutic Foods (RUTFs), and similar products. These are effective in the treatment of children with severe acute malnutrition. However we are now witness to the promotion and use of these relatively expensive, often imported packaged foods for chronic malnutrition and even to prevent malnutrition. The paper opposes the inappropriate use of these products which constitute an unnecessary and counter-productive commercialization and medicalization of approaches to reduce malnutrition. The preferable solutions lie in improved local agriculture and affordable home based nutritious diets. Using these new products, other than for therapeutic purposes, undermine culturally accepted family diets, including breastfeeding, and being also expensive, they tend to divert limited resources away from other proven longer term and sustainable ways to reduce malnutrition.

