

DRAFT GUIDELINES FOR READY TO USE THERAPEUTIC FOODS (RUTF)

(For adoption at Step 8)

IBFAN Comment

Some important safeguards were added to the text of the Guidelines last year and it is important that these are not lost, in particular the clear ban on the use of health and nutrition claims, clarity that RUTF is not for general retail sale, and the recommendation that RUTF should be used in an “*appropriately designed programme that promotes continuation of breastfeeding, appropriate transition to nutritious family food and psycho-social support for recovery.*”

However we did not succeed in getting restrictions on sweetness, or references to training on re-lactation despite some support from USA, Brazil and Colombia. If the issue is opened up for discussion IBFAN proposes the following improvements:

1. PREAMBLE

Children affected by severe acute malnutrition (SAM) need efficacious and timely intervention including safe, palatable foods with a high energy content and adequate amounts of vitamins, minerals and other nutrients within an appropriately designed programme that promotes **supports** continuation of breastfeeding, **training in re-lactation and** appropriate transition to nutritious family food and psycho-social support for recovery. In accordance with the Joint Statement by the World Health Organization (WHO), the World Food Programme (WFP), the United Nations System Standing Committee on Nutrition (UNSCN) and the United Nations Children's Fund (UNICEF) (2007) and taking note of other relevant documents by WHO and FAO, Ready-to-Use Therapeutic Food (RUTF) is a WHO recommended option for the dietary management of children aged 6 to 59 months with SAM without medical complications. However, this does not preclude other **more culturally appropriate** dietary options including the use of **nutrient dense, family-based** local foods. RUTF is not for general retail sale.

5.2.1 Carbohydrates

Carbohydrates are used to achieve energy requirements in balance with proteins and lipids. Plant starch, lactose, maltodextrin and sucrose are the preferred carbohydrates in RUTF. Free sugars should be limited and should not exceed 20% of total energy. Only precooked and/or gelatinized starches may be added. Glucose and fructose should not be used. Carbohydrates must adhere to the relevant Codex Alimentarius texts.

Honey should not be used in RUTF due to the risk of infant botulism from *Clostridium botulinum*.

The total CHO can be 20% of total energy and since the peanut pastes use sucrose and maltodextrin to make them palatable, this creates a high level of sweetness as well as the use of a non-nutritive CHO as 20% of total energy.

IBFAN recommends that sucrose and maltodextrin be no more than 10% of the total CHO of the product.

12.4 The following additional statements shall appear on the label of RUTF:

- The product is not to be used for Nasogastric Tube (NG tube) administration.
- The product should be used in conjunction with breastfeeding.
- Exclusive breastfeeding is recommended for the first 6 months of life, and continued breastfeeding is recommended for up to two years or beyond.

12.5 Instructions for use

- The label should indicate clearly from which age the product is recommended for use. This age shall not be less than six months for any product.
- Feeding instructions shall be given; preferably accompanied by graphical presentations.
- **Feeding instructions must include the availability of potable water needed to address thirst conditions when consuming RUTF.**
- The time within which the product should be consumed after opening should be clearly indicated.