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Response

## Formula milk is even more deadly in disaster zones

Support for breastfeeding during a humanitarian crisis should be a top priority, says Marie McGrath

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[The Guardian](#)

The grey area of international code implementation that Joanna Moorhead highlighted in Bangladesh ([Milking it](#), May 15) becomes all the murkier when you try to implement the code during humanitarian emergencies.

Moorhead - in her description of a ward in the "diarrhoea hospital" in Dhaka, where most patients are babies and "not one is crying: they are all much too weak for that" - very clearly showed the acute risks that formula feeding presents to infants where there aren't the resources to safely support it. Put these infants in the face of a humanitarian disaster and the risks multiply. This was highlighted most blatantly in an outbreak of diarrhoea among artificially fed infants in Botswana in 2006, due to contaminated water supplies. Babies who were not breastfed were 50 times more likely to be hospitalised with diarrhoea, and seven times more likely to die, than babies who were breastfed.

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So you'd think that protecting and supporting breastfeeding in the height of a crisis should at least be in the top three of humanitarian interventions. Since 1999, an international

interagency collaboration of non-governmental organisations and UN agencies (the IFE Core Group) has been working to get it there, developing an Operational Guidance on Infant and Young Child Feeding in Emergencies in which the international code is embedded. However, our efforts within the humanitarian sector to protect the most vulnerable are continually undermined by unsolicited donations of infant formula to disaster zones.

Unfortunately this is nothing new. In FYR Macedonia during the 1999 Kosovo crisis, 27 tonnes of breastmilk substitute was gathered by Unicef. Some of these donations were large, suggesting a commercial source. During the earthquake response in Indonesia in 2006, half of breastfeeding infants had received milk powder in the previous 24 hours. Diarrhoea rates doubled.

Nor do donations of infant formula do any favours for infants who are already bottlefed. An infant who needs artificial feeding in a crisis needs supportive resources and medical backup - not what you get when formula is distributed randomly off the back of a truck.

So who is to blame? The chaos that characterises humanitarian crises throws up opportunities for the commercial sector to donate infant formula. Code violations are difficult to pin down when unsolicited donations arrive in aid cargo and are dumped on an airstrip. But calls for infant formula in the press, and inaccurate reporting on breastfeeding ("mothers too stressed/malnourished to breastfeed"), mean that the media need to take some responsibility. After all, breastfeeding mothers are the most sustainable, local, efficient life-saving emergency response.

In 1996, the Emergency Nutrition Network (ENN) was set up to promote learning and best practice. If we are really to make a difference in the acute phase of an emergency response, we need the backing of the media and the public to uphold the most fundamental humanitarian principle: do no harm.

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