



Infant formula in Iraq: part of the problem and not a simple solution

Authors' reply

We appreciate the Correspondence from Mija Ververs and colleagues, in response to our initial letter describing a pattern of severe malnutrition among infants younger than 6 months who had been displaced from Mosul, Iraq.¹

Although we agree with the international guidance described by Ververs and colleagues,² and the statement that the requirements for the support of infant formula feeding go beyond the supply, we must re-emphasise the emergency nature of this intervention and the specific context prioritising the prevention of deaths due to malnutrition. Although the technical aspects of Ververs and colleagues' Correspondence are not in contention, the displaced mothers from Mosul reported previous formula milk use,¹ and its unavailability was the major challenge to adequate infant feeding. The use of formula milk in Iraq is not a new practice that was introduced during this crisis; rather it has been common practice among children younger than 6 months since the 1970s.^{3,4} In this particular context, war had caused the scarcity of formula milk and displacement made it unaffordable when available. Indeed, we do not advocate the indiscriminate distribution of infant formula with no regard for other components of care; rather we encourage the adaptation of emergency interventions to reflect the feeding practices of the population, before trying to address the underlying behavioural practices. Many of the women took the decision not to breastfeed before the war; others had a reduction in breast milk production because of the effects of the war. Their reasons are varied and are their own; hence, the utmost responsibility is to respect their choices in our interventions.

In acute emergencies, tackling severe acute malnutrition and its cause-specific mortality remain the key factors when intervening. Timeliness of the response is a crucial factor, particularly when the prevalence of severe malnutrition reaches a quarter of the infant population younger than 6 months. Emergency responses should be adapted to population practices to ensure the accessibility and safety of adequate infant feeding and thereby avert avoidable deaths.

We declare no competing interests.

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- 1 Haidar MK, Farhat J Ben, Saim M, Morton N, Defourny I. Severe malnutrition in infants displaced from Mosul, Iraq. *Lancet Glob Health* 2017; **5**: e1188.
- 2 Operational Guidance on Infant Feeding in Emergencies (OG-IFE) version 3.0. 2017 <http://www.enonline.net/operational-guidance-v3-2017> (accessed Dec 20, 2017).
- 3 World Health Organization RO for the EM. Breast-feeding patterns: a review of studies in the Eastern Mediterranean Region. 1993. <http://www.who.int/iris/handle/10665/119499> (accessed Dec 19, 2017).
- 4 Benyamen YS, Hassan MK. Feeding patterns in the first two years of life in Basra, Iraq. *East Mediterr Heal J* 1998; **4**: 448–51.