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LETTER TO THE EDITOR



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Bouillon Cube Fortification in West Africa: What else matters?

Dear Editor,

The recent AJFAND article by Adu-Afarwuah *et al.* makes an important case for considering bouillon cube fortification as a pragmatic micronutrient strategy in West Africa [1]. Its central contribution is to shift the debate from whether bouillon is an ideal food vehicle to whether it can deliver benefit in settings where micronutrient inadequacies remain high and other fortification platforms have incomplete reach. That argument is useful, but it also needs to be held together with the caution raised by *Laillou et al.:* bouillon is a salty industrially processed product, and fortification should not create a health halo that weakens sodium-reduction, labelling, and regulatory priorities [2].

The strongest policy position is, therefore, conditional. Bouillon fortification should be considered only where consumption is widespread, standards are based on measured intake among target groups, sodium reduction is pursued in parallel, and regulatory systems can monitor nutrient content beyond the factory gate. West African consumption data show both the opportunity and the risk. In Senegal, only 6.0% of households reported no bouillon use and mean in-house consumption was 2.9 g/day per adult household member; in Burkina Faso, about one fifth of households reported no use and mean in-house consumption was 1.7 g/day [3, 4]. In both countries, bouillon contributed about 15% of total sodium intake [3, 4]. These figures show reach, but also indicate that sodium exposure cannot be treated as incidental.

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The missing policy question is not only what fortification level is added to the cube, but what micronutrient dose is actually consumed and absorbed after storage, cooking, shared-plate consumption, and background dietary inhibitors are considered. Evidence from fortified condiments and seasonings shows that impact depends on intake, nutrient compound, food matrix, stability, and bioavailability [5]. For bouillon, this requires end-to-end monitoring: product testing, household and out-of-home consumption assessment, sodium tracking, and biomarker verification among women and young children.

The conclusion should be neither a blanket endorsement nor a blanket rejection. Bouillon fortification may be justified as part of a broader micronutrient strategy, but only if programmes are designed around a do-no-harm approach and grounded in the nutrient dose actually consumed and absorbed within the total diet. Without this condition, both optimistic efficacy projections and precautionary risk claims remain incomplete.

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