

The Scaling Up Nutrition (SUN) initiative

IBFAN's concern about the role of businesses

The **INTERNATIONAL BABY FOOD ACTION NETWORK** (IBFAN) is a 33 year-old global network that works to protect, promote and support breastfeeding and food-based complementary feeding, in realization of a child's right to health and adequate food. IBFAN is committed to working with governments, the United Nations and other organisations to address child survival and to draw the world's attention to strategies that tackle malnutrition in a just, equitable and sustainable way, giving priority to peoples' ability to produce and access nutritious foods locally.

Breastfeeding and child survival The most effective intervention gets the least attention

Breastfeeding tops the list of effective preventive interventions for child survival. Together with appropriate complementary feeding these two have more impact even than immunisation, safe water and sanitation.¹ There is no food more locally produced, affordable and sustainable than breastmilk.² Breastfeeding reduces the risk of diarrhoea, chest infections (the biggest killers of children) and non-communicable diseases (NCDs) such as diabetes, obesity, cardiovascular disease and cancers. It is also an important factor in child spacing for the millions of women who have no access to modern forms of contraception.³ In the second year of life breastfeeding can provide 29% of energy requirements, 43% of protein, 75% of Vitamin A, 76% of Folate, 94% of Vitamin B12 and 60% of Vitamin C.⁴ An analysis by *Action Against Hunger* (ACF) shows that breastfeeding is the 3rd least popular intervention in terms of funding and that product-based micronutrient interventions are now dominating the nutrition scene.⁵

The **SCALING UP NUTRITION** (SUN) initiative claims to be a "global 'movement' that unites governments, civil society, businesses and citizens in a worldwide effort to end under-nutrition."⁶ SUN's call for greater 'multi-sectoral' action on nutrition during the first critical 1000 days of a child's life, starting at pregnancy, is welcome. Governments do need help if they are to tackle the underlying social determinants and root causes of malnutrition. IBFAN is pleased that many countries are already integrating the protection of breastfeeding and other beneficial food cultures into their nutrition programmes, fortifying staples wisely and targeting foods for the treatment of 'severe acute malnutrition' (SAM) carefully.⁷

HOWEVER IBFAN HAS IDENTIFIED SIX FUNDAMENTAL PROBLEMS IN SUN'S STRATEGY. Unless these are changed, IBFAN fears that SUN will undermine breastfeeding, lead to low-income country dependence on inappropriate imported products and foreign expertise, and increase rather than reduce malnutrition:

1 PROMOTION OF PLATFORMS WITH BUSINESS SUN encourages governments - especially the world's most poorly resourced - to set up multi-stakeholder 'platforms' with the **SUN Business Network**. These Platforms can give businesses and their front groups unprecedented opportunities to influence the setting and shaping of nutrition strategies and policies.

SUN's approach conflicts with that of many civil society organisations⁸ and the World Health Assembly, which insist that business involvement should be carefully managed, transparent and confined to implementation, leaving policy and direction to those who have a duty to protect public health. While businesses can play an important role in development, their fiduciary duty lies first and foremost to shareholders, not to public health.

2 ASSISTING BUSINESS' TOP STRATEGIC PRIORITY: SUN neglects the double burden of malnutrition (under and over nutrition) and dietary induced Non Communicable Diseases (NCDs), whose costs are steadily overwhelming families and governments. The top strategic priority of many transnational marketing and media businesses (who have contributed to the NCD epidemic) is to change traditional food patterns and cultures in lower and middle-income countries. SUN's promotion of business 'partnerships' in the conquest of child malnutrition inadvertently helps companies as they seek to influence national, regional and global policies in their favour. Malnutrition is now a profitable 'business.'

3 LACK OF CLARITY ON CONFLICTS OF INTEREST. While the SUN Strategy (2012-2015) has been strengthened in the last few months and the 2011/12 Progress Report now excludes "infant formula manufacturers whose current marketing practices have been shown to violate the International Code for the Marketing of Breastmilk Substitutes" other companies and associations such as the *Global Alliance for Improved Nutrition* (GAIN) are overlooked and there is no clarity on how violations are evaluated.

4 SUN ALLOWS GAIN AND BUSINESSES TO BE MEMBERS OF ITS LEAD GROUP. Such involvement limits SUN's ability to create policy that is in the interests of child health. GAIN works with hundreds of companies for 'a world without malnutrition.' In practice GAIN representatives lobby to weaken regulations to help its partner companies such as **Danone** (the world's second largest baby food company), **Mars**, **Pepsi** and **Coca Cola**, to create markets for processed foods in low-income countries.⁹ When 'market led approaches' focus on foods for infants and young children it is troubling. More so when products are promoted for the 'prevention of malnutrition' not just its 'treatment' and more still when their safety or effectiveness is not

proven.¹⁰ Instead of working to improve the quality of all commercial baby foods (where some nutrients are removed to extend shelf-life) GAIN has been diverted from its charitable aim.

At the WHO/FAO Codex Commission GAIN is lobbying against the 2010 World Health Assembly Resolution 63.23 that urges governments “to end inappropriate promotion of foods for infants and young children” and specifically “to ensure that health and nutrition claims shall not be permitted.”¹¹ Meanwhile industry associations are pressuring developing country governments to allow advertising of products for babies over 6 months that often have high levels of sugar, share branding with infant formulas, and carry micronutrient claims that prompt fears that breastfeeding and family foods are inadequate.¹² This commercial influence of health policy, so often hidden from public view, creates real risks to infant health.

5 SUN'S FOCUS ON 'EXCLUSIVE BREASTFEEDING IN THE FIRST 6 MONTHS' ONLY. The SUN Strategy (2012-15) does not mention continued breastfeeding alongside family foods.

6 EMPHASIS ON MICRONUTRIENTS RATHER THAN FOOD LEADS TO FUNDING BIAS. Analyses by ACF and the Institute of Development Studies (IDS) show a clear funding bias towards micronutrient product interventions. IDS concludes that: “Donors, academia and civil society should complement the extensive research on direct interventions with a similar process for indirect interventions that will address the underlying drivers of undernutrition in order to avoid tackling the issue with a fragmented approach.”¹³

PROBLEMS WITH PARTNERSHIPS & PLATFORMS

PARTNERSHIPS are, by definition, arrangements for ‘shared governance’ to achieve ‘shared goals.’ Indeed shared decision-making is their single most unifying feature and SUN itself refers to ‘mutual accountability’. The term ‘Partnership’ implies ‘respect, trust, shared benefits’ and with the ‘image transfer’ that is gained from UN or NGO ‘partners’ it has strong emotional and financial value especially for companies whose marketing practices damage health, the environment and human rights.

IBFAN’s experience with **MULTI-STAKEHOLDER PLATFORMS** in the European context (where there is already strong civil society representation) has identified many problems. For example:

- consensus cannot be reached on the most effective policies such as the **regulation of marketing**;
- there is a ‘lowering of the bar’ and emphasis on small incremental changes, **voluntary initiatives, self-regulation and self-monitoring** (according to industry’s own criteria);
- weak industry ‘Codes of Conduct’ with no legal power are promoted as adequate ‘governance’;
- industry-funded ‘lifestyle’ educational activities predominate, blurring the boundaries between marketing and education and providing ‘cover’ for ongoing irresponsible marketing.¹⁴
- Meanwhile the ongoing pressure to form partnerships with the private sector threatens the independence and watchdog role of the civil society organizations.

KEY POLICIES AND REPORTS:

The **SPECIAL RAPPORTEUR ON THE RIGHT TO FOOD** calls on countries committed to ‘scaling up nutrition’ to “begin by regulating the marketing of commercial infant formula and other breastmilk substitutes, in accordance with WHA resolution 63.23, and by implementing the full set of WHO recommendations on the marketing of breastmilk substitutes and of foods and non-alcoholic beverages to children, in accordance with WHA resolution 63.14.” He also called for “a clear exit strategy to empower communities to feed themselves.” In such circumstances, “when ecosystems are able to support sustainable diets, nutrition programmes, policies and interventions supporting the use of supplements, RUTF [ready-to-use therapeutic foods], fortificants and infant formulas are inappropriate and can lead to malnutrition, and the marketing of these food substitutes and related products can contribute to major public health problems.”¹⁵

WHA Res 55.25 (2002) urges governments: “to ensure that the introduction of micronutrient interventions and the marketing of nutritional supplements do not replace, or undermine support for the sustainable practice of, exclusive breastfeeding and optimal complementary feeding”

WHA Res 58.32 (2005) urges governments: “to ensure that financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflicts of interest.”

WHA Res 63.23 (2010) urges governments “to end inappropriate promotion of foods for infants and young children” and specifically “to ensure that health and nutrition claims shall not be permitted except where specifically provided for, in relevant Codex Alimentarius standards or national legislation.”

WHA 65.6 (2012) requests WHO “to provide clarification and guidance on the inappropriate promotion of foods for infants and young children cited in resolution 63.23, taking into consideration the ongoing work of the Codex Alimentarius Commission” and to “develop risk assessment, disclosure and management tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes consistent with WHO’s overall policy and practice.”

GLOBAL STRATEGY ON INFANT AND YOUNG CHILD FEEDING 2003: “As a global public health recommendation, infants should be exclusively breastfed for the first six months of life... Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond... diversified approaches are required to ensure access to foods that will adequately meet energy and nutrient needs of growing children, for example use of home- and community- based technologies to enhance nutrient density, bioavailability and the micronutrient content of local foods... Providing sound and culture-specific nutrition counselling to mothers of young children and recommending the widest possible use of indigenous foodstuffs will help ensure that local foods are prepared and fed safely in the home.”

In view of these concerns IBFAN and many of its allies, cannot support the SUN initiative. However IBFAN is open to discuss the following recommendations with governments, public interest groups and SUN leadership:

RECOMMENDATIONS TO MEMBER STATES AND SUN:

1 Protect continued breastfeeding alongside family foods - *after 6 months* - not just *'exclusive breastfeeding for six months.'*¹⁵ Begin, as the Special Rapporteur on the Right to Food recommends *"by regulating the marketing of commercial infant formula and other breastmilk substitutes, in accordance with WHA resolution 63.23, and by implementing the full set of WHO recommendations on the marketing of breastmilk substitutes and of foods and non-alcoholic beverages to children, in accordance with WHA resolution 63.14."*¹⁴ Allocate adequate funding to the Baby Friendly Hospital Initiative, independent monitoring, community-based skilled counselling and maternity protection legislation.¹⁷

2 Do not promote product-based nutrition interventions or market-led strategies unless their efficacy, safety and need has been proven by independent studies which are systematically reviewed and unless the underlying social determinants and root causes of malnutrition are addressed.

3 Avoid *'Multi-Stakeholder Platforms'* and the term *'partnership'* when referring to interactions with the Private Sector. Instead use descriptive terms such as *'corporations funding government programmes', 'discussion fora'* or *'government setting targets for corporations'*¹⁸ Ensure that *governance* is protected so that policy and programme setting is free from influence from those who stand to gain financially from decisions.

4 Assess conflicts of interests on the basis of evidence and on-the-ground monitoring funded and carried out independently from companies. Beware of analyses such as the GAIN-sponsored *Access to Nutrition Index*, which look only at company statements and policies.¹⁹

5 Ensure that food industries are not permitted to take part in nutrition education or counselling of parents and carers, since this is a clear conflict of interest that is not permitted by several WHA Resolutions. Education is not the food industry's area of expertise or responsibility and their messaging will always, at some level, be compromised and biased.²⁰

6 Pay particular attention to ensuring that inter-governmental standard-setting fora such as Codex Alimentarius and free trade agreements support the implementation of WHA Resolutions and other measures that protect public health.¹¹

7 Protect traditional food cultures, sustainable development and ecosystems through people-centred community-based approaches to nutrition that support small-scale farmers, fisher folk, pastoralists and foresters.

REFERENCES

- [1] Jones G. et al. *How many child deaths can we prevent this year?* (Child Survival Series) The Lancet 2003 Vol. 362.
- [2] *The Politics of Breastfeeding*, 2009) *Complementary Feeding: Nutrition, Culture and Politics* (2011) G Palmer, Pinter and Martin. *The Ecological Impact of Bottle Feeding*. Radford, <http://www.reducepackaging.com/impact-bottlefeeding.html>
- [3] Short R V, *Lactational infertility in family planning*. Ann Med. produced and sustainable food systems 1993 Apr; 25(2): 175-80.
- [4] Dewey, KG. *Nutrition, Growth, and Complementary Feeding of the Breastfed Infant*. Pediatric Clinics of N.American. Feb 2001; 48(1).
- [5] *Aid for Nutrition: Can investments to scale up nutrition actions be accurately tracked?* Action Against Hunger (ACF) 2012. "44% of investments in direct nutrition interventions were allocated to projects to reduce micronutrient deficiencies, 40% to treat malnourished children with special foods and 14% to promote good nutritional practices... Comprehensive programmes which deliver the full package of direct nutrition interventions were inadequate (only 2% of funding)." http://www.actionagainsthunger.org.uk/fileadmin/contribution/0_accueil/pdf/Aid%20for%20Nutrition%20low%20res%20final.pdf
- [6] SUN Strategy (2012-2015) Paras 6, 26. <http://scalingupnutrition.org/wp-content/uploads/2012/10/SUN-MOVEMENT-STRATEGY-ENG.pdf>
- [7] "Improve the food security of farming families affected by volatile food prices" Healthy Food, Healthy Child, FAO EU Food Facility Project in Cambodia to improve dietary diversity and family feeding practices. <http://www.youtube.com/watch?v=OrUX6F7ieVY>
- [8] *The Conflict of Interest Coalition Statement* endorsed by 161 NGOs. <http://coicoalition.blogspot.co.uk/>
- [9] Marc van Ameringan of GAIN speaking at SUN HLG meeting Sept12: <http://webtv.un.org/meetings-events/other-meetingsevents/watch/high-level-meeting-on-scaling-up-nutrition/1864981615001> (1hour 51mins)
- [10] WHO/UNICEF Joint Statement: *Iron supplementation of young children in regions where malaria transmission is intense and infectious disease highly prevalent*. 2006. http://www.who.int/nutrition/publications/micronutrients/WHOStatement_%20iron%20suppl.pdf
- [11] *Randomized controlled trial of meat compared with multimicronutrient-fortified cereal in infants and toddlers with high stunting rates in diverse settings*. Am J Clin Nutr. 2012 Oct;96(4):840-7. Epub 2012 Sep 5.
- [12] *Iron-Fortified vs Low-Iron Infant Formula Developmental Outcome at 10 Years* Betsy Lozoff, MD; Marcela Castillo, PhD; Katy M. Clark, MA; Julia B. Smith, EdD Arch Pediatr Adolesc Med. Nov 7, 2011.
- [13] IBFAN and GAIN's comments on the *Guidelines on Formulated Supplementary foods for older infants and young children* (CAC/GL 8-1991) are here: <http://info.babymilkaction.org/sites/info.babymilkaction.org/files/Comments%20Supplementary.pdf> GAIN is advocating health and nutrition claims. The 2011 Codex meeting was 40% industry. The Mexican delegation was 100% industry. See *The Business of malnutrition: breaking down trade rules to profit from the poor*. <http://info.babymilkaction.org/pressrelease/pressrelease24nov110>
- [14] <http://www.ibfan.org> *Creating new markets: 'Growing up' and 'Toddler' milks* <http://info.babymilkaction.org/update/update44page14>
- [15] *Aid for Nutrition: Using innovative financing to end undernutrition* <http://www.actionagainsthunger.org.uk/resource-centre/online-library/detail/media/aid-for-nutrition-using-innovative-financing-to-end-undernutrition-1/>
- [16] In 1999 Saatchi and Saatchi advised Nestlé, *"The benefits of cause-related marketing are long term... You are building a surplus account for the times when you have a crisis."* Nestle faces Ethical Dilemma, Marketing Week, 11 Feb 1999. P 31
- [17] *Special Rapporteur on the right to food Report*. 20.12.11 www2.ohchr.org/english/bodies/hrcouncil/docs/19session/A.HRC.19.59_English.pdf
- [18] *The Global Strategy on Infant and Young Child Feeding* 2003. Para 44 on Commercial Enterprises: *"Manufacturers and distributors of industrially processed foods intended for infants and young children... should ensure that processed food products for infants and children, when sold, meet applicable Codex Alimentarius standards and the Codex Code of Hygienic Practice for Foods for Infants and Children. In addition, all manufacturers and distributors...are responsible for monitoring their marketing practices according to the principles and aim of the Code. They should ensure that their conduct at every level conforms to the Code, subsequent relevant Health Assembly resolutions, and national measures that have been adopted to give effect to both."*
- [19] ILO *Maternity Protection Resource package From Aspiration to reality for all*. <http://mprp.itcilo.org/pages/en/index.html>
- [20] Hawkes C and Buse K (2011) Public health sector and food industry interaction: it's time to clarify the term 'partnership' and be honest about underlying interests. European Journal of Public Health, 21(4): 400-403.
- [21] GAIN's *Access to Nutrition Index* was acknowledged by GAIN to be a potential whitewash in relation to baby foods. It may still be used for other foods. <http://info.babymilkaction.org/update/update44page16>
- [22] *Tackling Obesity: How Companies Use Education to Build Trust*. Baby Milk Action Briefing <http://info.babymilkaction.org/Educationbriefing>

IBFAN CONTACTS:

Patti Rundall, UK
prundall@babymilkaction.org

Dr Arun Gupta, Asia
arun@ibfanasia.org

Elisabeth Sterken, N.America.
esterken@infactcanada.ca

Joyce Chanetsa, Africa
ibfan.jchanetsa@realnet.co.sz

Marta Trejos, Latin America:
martatrejos@gmail.com

Annelies Allain, International
Code
Documentation Centre:
ibfanpg@gmail.com

Ina Verzivolli, Geneva
ina.verzivolli@gifa.org



