

# IBFAN Response to the WHO NCD Global Action plan 2013- 2013 (v3)

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 warmly welcomes this latest draft of the WHO Global Action Plan (GAP) for the prevention and control of non-communicable diseases and the opportunity to comment. We are pleased that several of our suggestions, submitted in September, have been taken up. Our comments focus on issues where GAP could be further strengthened and loopholes closed. In general we support the points made in IASO, WCRF and the joint response of 20 international and UK based organisations.

## 1 Maintain WHO's lead role.

We are pleased that WHO's lead role "as the primary specialized agency for health" is recognized and hope that it can be maintained. (see section 5). As the only UN body with a specific health mandate WHO has a responsibility to ensure that the crippling costs of treating long-term chronic diseases and the impact on families, are given due consideration by Member States in the many areas other than health where action is needed and where there are many competing interests.

## 2 Protect breastfeeding and appropriate infant and young child feeding: (Paras 3, 11, 36a, Appendix 8)

We are pleased that the importance of breastfeeding and optimal complementary feeding is recognized in the over-arching principles and approaches. However it does not feature in the set of actions. Missing too is the word 'protection' - a safeguard which is needed to ensure that all women receive objective and consistent information and support, free of commercial influence. Protection is embedded in the *International Code*, the *Global Strategy on Infant and Young Child Feeding* and the WHA Resolutions, but is often overlooked. In order to ensure the coordinated and comprehensive life-course approach described, the 2003 Global Strategy on IYCF should be listed in Paras 3 and 8 (the *International Code* and Resolutions could also be mentioned here). The expanded set of Actions in Appendix 8 should reflect a new Para 36a, as amended by WCRF to read:

*"Promote, protect and support breastfeeding, including exclusive breastfeeding for the first six months of life, continued breastfeeding until two years old and beyond and adequate and timely complementary feeding and in this regard, strengthen the implementation of the international code of marketing of breast milk substitutes and subsequent relevant World Health Assembly resolutions."*

The provision of nutrition education and breastfeeding 'advertising' is a key part of the marketing strategies used by companies to reposition themselves as trusted promoters of child health. Unless the GAP consistently reaffirms the need to tackle marketing and the inappropriateness of such involvement, the baby feeding industry will use the references to 'promotion' as an open invitation to carry out such functions.

Appendix 8 Table of cost effective interventions should include the following:

1. Implementation of the Global Strategy on IYCF, the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant WHA Resolutions
2. Extension of Baby Friendly Hospital Initiative.
3. The provision of sound and culture-specific nutrition counselling to mothers of young children on making complementary foods - free from commercial influence. (1)

## 3 Provide clarity on Conflicts of Interest

Conflicts of Interest is a key cross-cutting issue that WHO has to tackle effectively. In the WHO Reform Process there have been repeated calls for clarity on WHO's COI procedures and caution regarding its relations with the Private Sector. All Member States seem to agree that WHO's 'norms and standards' setting processes, must be protected from undue influence from the commercial sector. But what does this really mean? (2,3,4,5)

We are pleased that the GAP now has 16 references to Conflicts of Interest – 5 more than before. However when embedded in a document that emphasizes partnerships and multisectoral - and sometimes multi 'stakeholder' – actions – several loopholes should be closed. Since food and nutrition dominate the risk factors for chronic diseases it is obvious that the promotion and marketing of unhealthy

foods and drinks must be tackled. In the context of NCDs, more than in other areas of health, defining what is meant by a 'conflict of interest' should be relatively easy – tobacco is not the only problematic industry!

Unless conflicts of interest are tackled adequately, they will be institutionalized as the norm, and through the back door, industries with a financial interest in the outcome of WHO's policies, will increase their influence on policy and decision shaping. International and national public health priorities and policies will inevitably be compromised and distorted.

The involvement of the private sector should also be carefully managed in implementation. For example, in Para 21 the Plan encourages Member States to *"forge partnerships to promote cooperation at all levels ... to promote universal health coverage as a means of prevention and control of NCDs."* It should be made clear here that WHO is not recommending that inappropriate companies – for example - the baby food industry - be in the business of providing health care – something that they would be more than happy to be involved in. Similarly Appendix 7 should clarify what is meant by involvement of the private sector in legislature, education etc. The term 'as appropriate' here is far from adequate.

While the industries themselves should be easy to identify, the boundaries between the private for-profit sector and public interest not-for-profit organizations have become blurred by the many not-for-profit NGOs, alliances and satellite bodies that have been set up by, or with the active involvement of, the for-profit sector. These new bodies often have multiple purposes, and alongside their public health objectives they assist commercial companies in the creation of markets for their products. The Global Alliance for Improved Nutrition (GAIN), for example claims to work to tackle malnutrition but also works with 600 partner companies (including Danone, the world's second largest baby food company, Mars, Pepsi, and Coca Cola) . At the 132nd WHO Executive Board (EB) Member States deferred GAIN's application for official relations status as an NGO, questioning its links with food corporations and its lobbying tactics. (6,7)

The GAP should acknowledge that the top strategic priority of many transnational marketing and media businesses (who contribute to the NCD epidemic) is to change traditional food patterns and cultures in lower and middle-income countries. The conquest of malnutrition in all its forms is inadvertently assisting companies as they seek to influence national, regional and global policies in their favour. Malnutrition is now a profitable 'business.'

## 4 Strengthen the reference to Codex Alimentarius Commission (Para 36h)

We are pleased that our recommendation to make specific mention of Codex has been taken up. Codex has importance in many areas in addition to labeling, for example in the setting of levels of salt, sugar and fats, so this citation should be expanded. There are three items relating to infant and young child feeding on the Codex agenda and Member States, especially those who are resource poor, will need WHO'S help to defend their sovereign right to regulate markets and protect health, sustainable development, indigenous foods including breastfeeding and optimal complementary feeding. ( 8.9)

Sustainable food systems, traditional food cultures and people-centered community-based approaches to nutrition are threatened by marketing that promotes dependence on imported processed packaged foods. See comments by the Special Rapporteur on the Right to Food and WHA Resolutions 55.25, 63.23 and 65.6. (10,11,12,13)

As recommended by IASO, GAP should *"develop strategies to support food and nutrition security through the encouragement of local food production of fresh and perishable foods, in line with recommendations from the GSIYCF, the UN Food and Agriculture Organization and other UN agencies and international organizations."*

## 5 The Global Coordinating Mechanism and Social Movement on NCDs (Paras 22a, 28 and Appendix 4)

While the Global Coordinating Mechanism does not specifically propose the inclusion of the private sector, the diagram in Appendix 4 includes Product Access and Product Development and Innovation. It is not clear who will be invited on to such a body, how it will function in relation to regular meetings of the World Health Assembly and Executive Board, and whether WHO's pivotal role *"as the primary specialized agency for health"* and can be maintained.

The 'private sector' is specifically mentioned in the description of the envisaged **Social Movement**. Since Social Movements are essentially bottom-up and people-led, it cannot be the role of Member States or the UN to lead them, although strong and inspiring advocacy documents could facilitate such action – as the International Code has done for the past 33 years. The corporations who contribute to the NCD epidemic would undoubtedly seize any opportunity to be involved in a 'Social Movement' and to be seen as partners sharing the same objectives as health advocates. In our view such involvement could be nothing other than a disaster.

Indeed Coca Cola is currently running adverts claiming that "Good things happen when people come together.... Keeping our families and communities healthy and happy is a journey we're on together." [www.coca-cola.co.uk/comingtogether](http://www.coca-cola.co.uk/comingtogether)

IBFAN's experience with Multi-Stakeholder Platforms in the European context has identified many problems when too much is given 'space' to presentations from food, drink and related commercial entities about voluntary initiatives to address NCDs. (see Box on Page 4)

## 6 Monitoring, evaluation and accountability

Monitoring is an essential component of any action plan to improve health, but monitoring is only the first stage. Accountability measures and action should follow.

Monitoring must be free from commercial influence and must include on-the-ground evidence. Compliance cannot be judged by companies' policies and statements alone, which without strong evaluation could easily be mislead policy makers. (15)

As recommended by IASO Para 36 should include the following: "encourage the collection of information on food environments and develop indicators for assessment of food supplies and threats to food and nutrition security, including the marketing of breast-milk substitutes and foods and beverages to children, the quality of foods in kindergartens and schools, the availability and prices of fruits and vegetables, and other metrics for assessing the nature of food supplies and trends over time." and Para 39 (d) which deals with tracking ad monitoring should include "... and indicators of threats to food and nutrition security, for example indicators to monitor the promotion of breast-milk substitutes, or the exposure of children to the marketing of foods high in saturated fats, trans fats, free sugars or salt."



IBFAN's Infant feeding and Obesity poster - evidence indicating that breastfeeding provides a window of opportunity for obesity prevention and may help in the development of taste receptors and appetite control.

## REFERENCES:

### Complementary feeding, food security and sustainability

1 "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=0rUX6F7ieVY>

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."

### Conflicts of Interest

2 Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. The Lancet, Volume 381, Issue 9867, Pages 670 - 679, 23 February 2013 [www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2962089-3/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2962089-3/abstract) "We assess the effectiveness of self-regulation, public—private partnerships, and public regulation models of interaction with these industries and conclude that unhealthy commodity industries should have no role in the formation of national or international NCD policy. Despite the common reliance on industry self-regulation and public—private partnerships, there is no evidence of their effectiveness or safety. Public regulation and market intervention are the only evidence-based mechanisms to prevent harm caused by the unhealthy commodity industries."

3 WHO Reform and Public Interest Safeguards: An Historical Perspective, Judith Richter, Social Medicine ([www.socialmedicine.info](http://www.socialmedicine.info)) 141 Volume 6, Number 3, March 2012

4 Global partnerships and Health for All Towards an institutional strategy. 2005 consultancy report for WHO's GPR by Judith Richter <http://info.babymilkaction.org/sites/info.babymilkaction.org/files/Richter%20Global%20Partnerships%20and%20health%20for%20all.pdf>

5 Conflicts of Interest and Policy Implementation Reflections from the fields of health and infant feeding. by Judith Richter <http://info.babymilkaction.org/sites/info.babymilkaction.org/files/COIbooklet.pdf>

### GAIN

6 The 132nd EB decided to "... postpone consideration of the application for admission into official relations from The Global Alliance for Improved Nutrition..." and called for "information concerning the nature and extent of the Alliance's links with the global food industry, and the position of the Alliance with regard to its support and advocacy of WHO's nutrition policies, including infant feeding and marketing of complementary foods." EB Resolution 132/R9 [http://apps.who.int/gb/ebwha/pdf\\_files/EB132/B132\\_R9-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_R9-en.pdf) <http://info.babymilkaction.org/pressrelease/press-release31jan13>

7 GAIN's commercial partners: [www.gainhealth.org/partnerships/business-alliance/members](http://www.gainhealth.org/partnerships/business-alliance/members)

## REFERENCES continued:

### Codex and the right to food:

8 EU and US block Thailand's proposal to reduce sugar in baby foods  
FAO/WHO Codex Nutrition Committee (CCFSNDU) Chiang Mai, Thailand, 3.11.06, [http://www.ibfan.org/news-2006-eu\\_us.html](http://www.ibfan.org/news-2006-eu_us.html)

9 *The Business of malnutrition: breaking down trade rules to profit from the poor.* '40% of the 268 delegates were food industry, with 59 attending as members of Business Interest NGOs (BINGOS).' <http://info.babymilkaction.org/pressrelease/pressrelease24nov110>

10 *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](http://www2.ohchr.org/english/bodies/hrcouncil/docs/19session/A.HRC.19.59_English.pdf) [www.ibfan.org/news-2012-0302.html#rapporteur20120607](http://www.ibfan.org/news-2012-0302.html#rapporteur20120607)

The Special Rapporteur 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."

11 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"

13 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."

14 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."

15 *An Access to Nutrition Index, sponsored by the Global Alliance for Improved Nutrition (GAIN) proposed monitoring breast milk substitutes marketing by focusing only on compliance with companies' own policies and statements. The idea was abandoned following our complaints. GAIN accepted that the scheme risked being a whitewashing exercise and promised to drop the section on Breastmilk Substitutes. The revised ATNI Index is to be launched 12.3.13 but still rates companies according to company policies rather than on-the-ground monitoring. "The Index also aims to serve as an independent source of information for stakeholders interested in engaging with the food and beverage industry on nutrition issues."*

## 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. 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.<sup>14</sup>
- Meanwhile the ongoing pressure to form partnerships with the private sector threatens the independence and watchdog role of the civil society organizations.

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