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Baby Milk Action submission to the

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| Online consultation on Climate Change,  Food Security and Nutrition |
| 14 April 2015 |

1. **What are the *main issues* for policy-makers to consider when linking climate change on the one hand and food security and nutrition on the other, in particular when designing, formulating and implementing  policies and programmes?**

**Policy makers must**:

* Prioritise ways to **conserve** natural resources
* Disincentivise the marketing of products that have a high environmental burden or the potential to harm health.
* Ensure policy setting processes are free from commercial influence
* Adopt, as a minimum requirement, the *International Code of Marketing of Breastmilk Substitutes* and all subsequent relevant Resolutions as binding Regulations and integrate them into all relevant Codex standards.[[1]](#footnote-1)
* Adopt policies and practices that support  biodiverse multi-variety, multi-crop ecological production that can adapt to changing weather patterns, allowing  farmers to freely share seeds across communities, countries and continents.
* Avoid innovative quick fixes and seeds, instead focus on reducing mono cropping and practices that deplete soil quality.
* Implement transparency measures that require that lobbyist and lobbying expenses be made public
* Address the increasing influence of big economic actors on public decision-making and global democratic governance.
* Bring in effective regulations that stop corporations violating human rights – and beware of voluntary commitments.
* Support the efforts of the Human Rights Council working group to draft a binding Treaty to protect people from corporate human rights abuses.
* Avoid business language and terminology and indiscriminate/inappropriate use of business terms such as ‘stakeholder’ ‘partnership’ ‘non state actor’ etc
* Define Corporate Social Responsibility (CSR) as marketing and ban publicity surrounding CSR activities
* Adopt measure to protect whistle-blowers.[[2]](#footnote-2)
* Adopt accountability mechanisms that require independent, on the ground monitoring of what companies *DO* **-** not just what they *SAY* they do.

**Conservation**

Innovative products are often seen as win win routes to jobs and economic growth. However their potential risks are often overlooked, and strategies to conserve natural resources are sidelined.

While innovative thinking is important, innovative products must be underpinned by a commitment to truly independent testing, evaluation and post-market monitoring. Impact assessments need to consider health and development – not just effects on business, as is the current case in the EU..

**Infant and young child feeding**

Breastfeeding is the first and perfect ‘food system.’ There is no food more locally produced or sustainable than breastmilk. The protection of breastfeeding and strict control of the marketing of formulas and processed foods for babies should be considered as an integral part of a package of measures to conserve carbon and water.

**Water usage in formula manufacturing** It takes 800 litres of water to manufacture a 1 litre of milk and 4700 litres of water to make a kilo of milk powder

The water usage on dairy farms used in the production of formula is also substantial.

**Water at Household Level**

To prepare the feeds for a three month old baby, a litre of water is needed each day. Two litres are needed to boil bottles and teats and more to wash and rinse the bottles, that should be boiled for 10 minutes (up to 60 minutes per day).[[3]](#footnote-3)

**Baby food market**

Breastfeeding has to compete in a highly profitable and competitive market - estimated to be worth US$ 41 billion a year – and where breastmilk itself is being commoditised and its ingredients patented. The need to protect breastfeeding becomes more urgent in emerging markets where “elitist” and “scientific” products are promoted with claims for unfounded health benefits, such as the suggestion children fed on formula will have better eyesight or be more intelligent.

Meanwhile corporations are investing in public/private partnerships across a broad spectrum of players in public health and development. Through these partnerships and the new trade agreements, industry influence is growing and facilitating industry’s top strategic priority to change traditional food cultures. Babies are the perfect entry point for market-driven solutions. The efforts of governments to bring in effective legislation is becoming even more of an uphill battle. Meanwhile, the market for formulas for older babies, many with high levels of sugar, is being fuelled with cross-branding and deceptive marketing tactics.

**Risks of artificial feeding** While many more people now have better access to drinking water, sanitation and health care, the world is still an unequal place: 2.5 billion – more than one third of the world’s population – still have totally inadequate sanitation. Artificial feeding of an infant instead of breastfeeding in such settings can literally mean the difference between life and death. In such circumstances Infants not breastfed are 15 timesmore likely to die from pneumonia and 11 timesmore likely to die of die of diarrhoea.[[4]](#footnote-4) Breastfeeding could prevent 13% of all under-5 deathsAppropriate complementary feeding could prevent a further 6% Breastfeeding is far more effective than any other preventive intervention, such as water and sanitation (3%).[[5]](#footnote-5)

120m Europeans are at risk of poverty or social exclusion; 22% of EU population have access to water with lower compliance. Climate change, extreme weather and floods will increase these risks. Diarrhoea attributable to poor water and sanitation is estimated to account for over 5% of all deaths in European children 0–14. Infants and young children at greatest risk of water-related disease

**Formula is a high value added product**. According to a report by industry analysts, CoriolisA[[6]](#footnote-6), for the New Zealand authorities, ‘if you turn milk powder into infant formula, you get ten times as much for it’. It is particularly profitable for manufacturers – the formula companies – who Coriolis state typically earn $7.43 (before interest, tax, depreciation and amortisations – EBITDA) on the $25.58 that they receive for a tin of formula costing $44.18. In other words, about 30% profit, before tax etc.

**Breastfeeding is cost saving:** Aside from the acknowledged risks of artificial feeding, the economic impact of low breastfeeding rates is substantial. Investing in services that support women who want to breastfeed is potentially cost saving. For example, increasing the number of months breastfeeding has potential cost savings of at least £31m (at 2009-2010 value) in breast cancer treatment in women.[[7]](#footnote-7)

See also IBFAN’s *World Breastfeeding Costing Initiative***.[[8]](#footnote-8)**

1. **What are the *key* institutional and governance *challenges* to the delivery of cross-sectoral and comprehensive policies that protect and promote nutrition of the most vulnerable, and contribute to sustainable and resilient food systems?**

It is essential that governments and UN bodies have strong **Conflict of Interest** safeguards in place that keep the policy setting process free from commercial influence.

Governments have a duty to uphold the rights of citizens. However, in the context of ‘multi-stakeholder’ PPP ideology, the false notion is created that voluntary self regulation is preferable to binding legislation. (see above)

The participation of Corporations as (more than) equal “stakeholders” in public health policy setting and planning is a further threat and is contrary to the spirit behind conflict of interest regulation. It obscures the fact that corporations “primary interest” is not to act in the public interest (Jonathan H. Marks 2013) and that their legal fiduciary duty is to maximise profits for their shareholders. Corporations are not *“stakeholders”* in public affairs, and should not be made so through principles of “inclusiveness”

Partnerships by definition are arrangements for *‘shared governance’* to achieve *‘shared goals.*’ *Shared decision-making is their single most unifying feature*. They imply **‘***respect, trust, shared benefits’ and* pave the way for *voluntary self-regulation***.** Corporations derive strong emotional and financial benefits from the *‘image transfer’* from UN or NGO ‘partners’.

Of particular concern is the World Economic Forum’s *Global Redesign Initiative* that proposes that some issues taken off the agenda of the UN system and addressed by *‘plurilateral, often multi-stakeholder, coalitions of the willing and the able.’*  WEF seems to envisage a world managed by a coalition of multinational corporations, nation states (including through the UN System) and *select* civil society organisations.

According to David Michaels, appointed by U.S. President Obama to head the Occupational Safety and Health Administration (OSHA), *“I am convinced that conflict of interest cannot be “managed” It must be eliminated*. *Too much is at stake.”*

3**) In your experience, what are key *best-practices* and lessons-learned in fostering cross-sectoral linkages to protect and improve nutrition while preventing, adapting to climate change and reducing and removing greenhouse gas emissions in projects?**

**World Breastfeeding Trends Initiative** (WBTi) and **World Breastfeeding Costing Initiative** (WBC*i*) The WBT*i* is an innovative Tracking, Assessing and Monitoring (TAM) web tool that provides objective scoring and colour coding of countries progress in implementing measures to protect and support breastfeeding. Launched by IBFAN in 2004/05 in South Asia and then to other regions. It has been used in 82 countries.

The WBC*i is* another tool to assist IBFAN’s Global Drive for Financial Investment in Children's Health and Development through Universalising Interventions for Optimal Breastfeeding.

<http://ibfan.org/wbti-and-wbci>

<http://worldbreastfeedingtrends.org/>

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1. The *International Code of Marketing of Breastmilk Substitutes (IC)* and the subsequent relevant WHA Resolutions (that clarify and update the IC) are designed to remove obstacles to breastfeeding and ensure that breastmilk substitutes are used safely if needed. They aim to protect everyone from misinformation and commercial promotion – protecting both breastfed and artificially fed babies. They are not just for developing countries: they are *minimum* requirements for *ALL countries***.**

   The *Convention on the Rights of the Child*. Article 24 of CRC calls on governments to provide parents with information on nutrition and breastfeeding and the CRC General Comment No. 15 explains what this means. It stresses the obligation for States to protect, promote and support breastfeeding through the implementation of the World Health Assembly *Global Strategy for Infant and Young Child Feeding. (GSIYCF)* It also sets a direct obligation to companies to abide by the IC universally. Nations that ratified the Convention are bound to it by international law and thus have clear obligations. Governments must not allow anything undermine a human right international law and thus misinterpret duty/obligation under it. [↑](#footnote-ref-1)
2. Whistleblowing: Food Safety and Fraudby Yasmine Motarjemihttp://www.babymilkaction.org/archives/837 [↑](#footnote-ref-2)
3. Linnecar A, 1989, WHO, 2008; IPCC, 2014a, *Formula for Disaster*

   <http://bpni.org/ibfan-newswire-2014/9>]

   <http://www.eea.europa.eu/soer-2015/synthesis/report/5-riskstohealth#section5-4>

   <http://www.euro.who.int/en/health-topics/environment-and-health/water-and-sanitation/data-and-statistics>

   <http://www.eea.europa.eu/soer-2015/synthesis/report/5-riskstohealth#section5-4> [↑](#footnote-ref-3)
4. Unicef 2012 [↑](#footnote-ref-4)
5. Jones G et al. (2003) *How many child deaths can we prevent this year?* The Lancet, no 362, 65-71.) [↑](#footnote-ref-5)
6. Coriolis (2014), Infant Formula Value Chain, prepared for the New Zealand Board of the Pacific Economic o-operation Council, New Zealand. Available at: <http://nzpecc.org.nz/20901/index.html> [↑](#footnote-ref-6)
7. *Potential economic impacts from improving breastfeeding rates in the UK.* Pokhrel S, et al. Arch Dis Child 2014;0:1–7. Doi:10.1136/archdischild-2014-306701

   [Http://adc.bmj.com/content/early/2014/11/12/archdischild-2014-306701.full.pdf+html](http://adc.bmj.com/content/early/2014/11/12/archdischild-2014-306701.full.pdf+html) [↑](#footnote-ref-7)
8. <http://ibfan.org/wbti-and-wbci>

   <http://worldbreastfeedingtrends.org/> [↑](#footnote-ref-8)