

WHY A CODEX INSTRUMENT IS NOT AN APPROPRIATE OPTION



IBFAN
defending breastfeeding

UNICEF Discussion Paper on a Standard for Ready-to-Use-Foods (CX/NFSDU 15/37/8)
Agenda Item 8 37th CCNFSDU, November 2015

IBFAN values its long collaboration with UNICEF to protect children's right to health, adequate food and nutrition, with special focus on those suffering from inequalities as well as those affected by man-made or natural disasters. IBFAN understands that just like our network, UNICEF recognises the importance of focusing on long-term sustainable strategies that are firmly based on human rights principles and that address both immediate needs and the underlying causes of under and over nutrition. Both IBFAN and UNICEF protect, promote and support breastfeeding and the use of bio-diverse, culturally appropriate and locally made complementary and family foods. However, the following comments outline the risks IBFAN sees in using the Codex process for specialised products for malnourished children.

1 This item should not be on the Agenda before WHO's systematic review is ready. The 36th CCNFSDU noted that "...it was premature to decide on the development of a Codex standard or guideline for RUTF. The Chairperson therefore suggested that the decision be postponed until the next session of the Committee when the review from WHO would be available and there would be a better basis for a decision."



2 The UNICEF Discussion Paper promotes RUTF as the first line of treatment for Severe Acute Malnutrition (SAM) to be included in all national programs and budgets. However, the evidence that RUTFs are effective when compared to other treatments remains weak.^{1,2,3}

3 The prevalence and mortality data for SAM appears to be inflated. UNICEF says 17 million children are suffering from SAM.⁴ WHO suggests a case fatality rate for SAM of 30-50%.⁵ A 30% case fatality would mean that 5.1 m of the 5.9m child deaths (86%) are due to SAM. This cannot be right.

4 45 % of all under-5 deaths in the developing world occur during the first month of life. These deaths are not caused by SAM so RUTF is irrelevant in these cases. In fact the disease burden from SAM is decreasing while childhood obesity is rising.^{6,7}

6 India, Bangladesh and Nepal have reduce SAM rates without using RUTF in their national programmes. The prevalence of SAM has decreased in all three countries. These changes must be due to the increased rates of early and exclusive breastfeeding alongside better health care, water, sanitation, etc.

7 India: The Government of India and UNICEF data shows that SAM rates have gone down from 6.4% (2005) to 4.6% (2013/14) with reductions of more than 50% in 8 states. Exclusive breastfeeding rates have gone up from 46% to 64% in the same period.⁸

8 Nepal: The reported prevalence of SAM in 2011 was 2.6%.⁹ In fact in 2015 the actual prevalence was found to be 0.29%.¹⁰ For just 1,119 children is there really a need for local production of a commercial product?

9 Bangladesh: The Government of Bangladesh data for 2011 and 2015 shows a decline of 0.9% in the prevalence of SAM. From 4.0% to 3.1% (BDHS 2011, BDHS 2015).



Other considerations:

■ Codex Instruments are used to grow markets.

Any Codex instrument - a Guideline or a Standard - can be used as a benchmark by the World Trade Organisation in trade disputes. In terms of trade the effect of either would be similar.¹² So even when safeguards are embedded they will expand markets - increasing the risk of 'spillover' and inappropriate use. *Is this appropriate for products that have such a highly specific and limited use? Will it lead to a proliferation of products targeting malnourished children?*

■ Governments may be forced to accept imported products that may not be needed or wanted.

National food policy and marketing regulations may then be altered or weakened. The Codex *Follow-on Formula* and *Foods for Special Medical Purposes* (FSMP) standards have had this effect. *FSMP marketing controls are inadequate to protect health.*

■ UNICEF 's mandate is to protect children's rights to health

not to facilitate the growth of businesses at any level.

■ **Codex is not the appropriate forum to debate sensitive humanitarian concerns** - issues that are best left to UN Agencies. The Codex process is not adequately safeguarded from conflicts of interest and permits undue influence by the manufacturers and distributors of the products under discussion.

■ Codex standards or guidelines are invariably a compromise between the marketing needs and the protection of public health and safety.

NOTES:

- 1 Karakochuk C, van den Briel T, Stephens D et al. *Am J Clin Nutr.* 2012;98 (4): 911-6
- 2 Schoonees A, Lombard M, Musekiwa A et al. *Cochrane Database of Systematic Reviews* 2013, Issue 6. Art. No.: CD009000. DOI: 10.1002/14651858.CD009000.pub2
- 3 Lazzarini M1, Rubert L, Pani P. *Cochrane Database Syst Rev.* 2013 Jun 21;6:CD009584. doi: 10.1002/14651858.CD009584.pub2
- 4 www.who.int/nutrition/topics/severe_malnutrition/en/
- 5 WHO. *International Global Health Observatory date – under 5 mortality.* 2015
- 6 Extrapolated from UN Inter-agency Group for Child Mortality *Estimation report on levels and trends in Child Mortality 2015* (WHO, UNICEF, World Bank Group, United Nations).
- 7 *Global obesity rise puts UN goals on diet-related diseases 'beyond reach'* Westernised diets blamed as figures predict failure to meet 2025 target of no increase in obesity or diabetes beyond 2010 levels. "... *Child obesity figures are also rising in many developing countries, particularly in the Middle East, Latin America, China and parts of south-east Asia...*" www.theguardian.com/society/2015/oct/09/obesitys-global-spread-un-goals-diet-related-diseases-fail
- 8 *Rapid Survey on Children* (2013-14) Ministry of Women and Child Development, Government of India and UNICEF. . http://wcd.nic.in/issnip/National_Fact%20sheet_RSOC%20_02-07-2015.pdf
- 9 www.unicef.org/evaluation/files/Nepal_Evaluation_of_Community_Management_of_Acute_Malnutrition_CMAM_-_Nepal_Country_Case_Study.pdf
- 10 1,119 of the 374,441 children aged 6–59 months screened. *Delivering essential nutrition services for children after the Nepal earthquake* www.thelancet.com/journals/langlo/article/PIIS2214-109X%2815%2900184-9/fulltext#
- 11 Fekadu Y et al. *Factors associated with nutritional status of infants and young children in Somali Region, Ethiopia: a cross-sectional study.* *BMC Public Health.* 2015 Sep 2;15:846. doi: 10.1186/s12889-015-2190-7.
- 12 *FAO Review of the Status and Objectives of Codex Texts Summary of highlights of report CX/GP 98/9 July 98.* J. GUIDELINES 29. "There are two basic groups of Codex texts known as 'Guidelines'. Those in the first group expand upon, interpret or provide information of the application of other Codex standards or texts; those in the second group are in the form of standards and could be used as such." <http://www.fao.org/docrep/meeting/005/W9809E/w9809e09.htm#bm9>

IBFAN RECOMMENDATIONS

- A Codex instrument is not an appropriate and proportionate response to this problem.
- WHO, FAO and UNICEF should instead provide guidance and support to national governments on the comprehensive prevention and treatment of SAM appropriate to national needs and cultural practices rather than on single product approaches.
- The risk of mortality associated with SAM cannot be mitigated by RUTF alone. The underlying causes need to be addressed.
- The use of RUTFs cannot be justified unless it is integrated into sustainable, local, family based solutions, with additional focus on building health care systems.