



Input on WHO recommended Approach for The Prevention and Management of Conflict of Interests in Policy Development and Implementation of Nutritional Programs at Country Level.

As National Minister of Health and Social Services in Namibia, I wish first and foremost congratulate WHO Secretariat especially the Department of Nutrition for an excellent job in promoting good and safer nutrition on global scale and for assisting member states by providing them with technical guidelines on this very important subject.

Secondly, Nutrition marketing, just like Pharmaceutical marketing, remains one of areas of concealed battle fields as far as commercial interest are concerned. And many a times the commercial sector always ends up being the winner as they use every avenue and often in a most coveted manner, to win over national and regional healthcare sector's hearts and minds.

It is therefore of utmost importance that member states and especially health sector leaders promote and protect WHO Frameworks and Technical guidance (which in actual fact are owned by member states) to ensure that the public and mostly the vulnerable are protected at all times against conflict of interest by non-state sectors even those that have collaboration agreements with WHO. WHO FENSA document, which is the first among UN Peers, should serve as our guiding documents. But as we all know drafting a document and endorsing it is one thing and implementing such document at especially country level is another.

In my view much of our failure to implement happens mostly at country level. This is where the potential for the conflict of interest in Nutritional Programs are most likely to occur.

We all know very well that in the wake of poor or malnutrition ravaging many of the developing countries, my own country, Namibia not necessarily excluded, an opportunity is created for commercial entities to promote their products, much of which has not been authenticated, just to take advantage of the prevailing dire situation.

At the Policy development level at country level, it is prudent that watertight policies are designed and implementation monitored to prevent conflict of interest at all times and where it occurs, it must be managed properly and in the way that attention is focused on prevention of reoccurrence.

A country that succeeded to keep conflict of interest at bay, usually manages to promote the health of its inhabitants successfully.

Let me use a Namibian example in the initial success and then later failure in regard to Friendly Hospital Initiative for promoting breast feeding.

In 1994 just 4 years after independence, all Namibian Public Hospitals were **100%** certified baby friendly. 10 years down the line (2004) we lost that good status, all due to the influence of commercial and marketing companies that manufacture and market breast substitution formulae. Up to now Namibia is battling to regain its glorious days as far as promotion of breastfeeding is concerned.

Commercial entities have not only successfully marketed their products but have also successfully captured the mindset of the public especially the potential mothers who now believe in and choose to feed their babies with formulae and breastfeeding substitutes instead of exclusive breastfeeding for the first 6 months as recommended by our guidelines.

Namibian laws that allows only 3 months of maternity leaves for mothers also just plays in the hands of these commercial entities as mothers only breastfeed for 2 to 3 three months during their maternity leave then resort to formula feed after that as they return to work..

I have recently recommended to National Assembly to consider increasing maternity leaves from current 3 moths to at least 6 moths to allow mothers to exclusively breastfeed their babies for a full and uninterrupted six months at home. This we believe also provide good bonding between mothers and their babies. I would have to wait to hear from my fellow Parliamentarians. In addition to this, we recommend mandatory feeding corners at places of work for working mothers to be able to continue breastfeeding their babies even as they return to work.

Another classic example in Namibia is the supposedly collaborative agreement between the Namibian Ministry of Education and the Coca-Cola Company on some school Projects or Programs.

I am not so sure what and how much of that offer by Coca-Cola to the Ministry of Education but all one sees now when traveling in many of Namibian urban centers especially in Township is big School boards with Coca-Cola logo embedded on it while the name of the school is written rather in smaller fonts on the same board. Clearly what catches the eyes first and last would be the Coca-Cola bill board to the extent that one may not be interested in reading further than the prominent and familiar colors of Coca-Cola. I plan to take this up with my counterpart at the Education Ministry in Namibia. As we all know there are sugar drinks which directly or indirectly contribute to overweight and frank obesity, diabetic and others.

They can therefore not be allowed to be promoted to our filters leaders but capturing their psyches early in their lives.

I therefore wish to recommend the following going forward and in support of WHO guidelines on prevention and management of conflict in National Nutritional Programs:

1. Promoting and adhering to the International Code of marketing of breast milk substitutes adopted in 1981 as well as all related World Health Assembly Resolutions on infant feeding and general nutrition.
2. Establishing stronger conflict of interest safeguards within Codex Alimentarius and at country level.
3. Introduction of statutory restrictions on advertising of food and beverages to children on televisions, in cinemas, print and social media at country level. This of course goes with strict

implementation and monitoring as well as regular evaluation at country level and within local context.

4. Introducing tax on sugar and sweetened beverages, energy drinks and high calorie non-staple food.
5. Introducing accountability mechanisms to monitor industry compliance and mete out penalties and disincentives to non-compliance.

In conclusion I wish to share our way forward in this matter.

Namibia is in a process of developing a written policy on preventing and managing conflict of interest in Nutrition. We also plan to establish a branch to reinforce this policy at the already established Anti-Corruption Office to deal with conflict of interest at public health level.

Lastly Namibia has integrated a code of marketing in the public and environmental Health Act (*Act 1 of 2015*). The Ministry of Health and Social Services takes precautions to safeguard the process from interference by external stakeholders such as those that make breast milk substitutes.

All member states and other agencies such as SUN must comply with WHO guidelines and recommendations on preventing and managing conflict of interest in Policy development and implementation at country level.

I thank you

A handwritten signature in black ink, appearing to be 'B. Haufiku', written over a horizontal line.

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