

Assessment

Global Nutrition Report: Towards a Global Governance in Nutrition

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INTRODUCTION

It was in June 2013, at the Nutrition for Growth (N4G) Summit ‘Beating Hunger through Business and Science’,¹ that a decision was made to publish a report on nutrition each year in order to review the global situation, highlight successes, recommend actions and hold signatories accountable in their efforts to achieve their voluntarily assumed targets in nutrition (Nutrition for Growth, 2013).² The result is the annual *Global Nutrition Report* (referred to hereafter as ‘the Report’). According to its copyright page, the Report is produced by an ‘Independent Expert Group (IEG) empowered by the Global Nutrition Report Stakeholder Group. The writing [is] a collective effort by the IEG members, supplemented by additional analysts and writers’. The Reports are published by the International Food Policy Research Institute

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1. The N4G Summit was co-hosted by the UK government through the Department for International Development (DFID), the Brazilian government and The Children’s Investment Fund Foundation. See the website for ‘Nutrition for Growth: Beating Hunger through Business and Science’: www.gov.uk/government/news/nutrition-for-growth-beating-hunger-through-business-and-science (accessed 26 January 2017).
 2. The Global Nutrition for Growth compact was endorsed by 90 stakeholders, including development partners, businesses, scientific and civil society groups and governments: <http://scalingupnutrition.org/news/an-historic-moment-for-nutrition-nutrition-for-growth-summit-in-london/> (accessed 10 June 2016).
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(IFPRI). The *Global Nutrition Report 2016. From Promise to Impact: Ending Malnutrition by 2030* is the third in the series.³

The Reports are aimed at those termed ‘nutrition champions’ and their allies.⁴ In essence they follow a more or less similar format, the differences lying in changed emphasis on specified recommendations. The 2016 Report is presented in nine chapters: Chapter 1 describes the ‘scale’ of malnutrition as of 2016, identifies the important indicators within the 12 Sustainable Development Goals (SDGs) that are relevant to nutrition and emphasizes the need for making the right political choices for better nutrition; Chapters 2 to 4 examine the achievements by countries and businesses against the commitments made since the N4G summit; Chapter 5 is intended to help policy makers in implementation by pointing out key strategies; Chapter 6 looks at the underlying drivers of nutrition status; Chapter 7 covers finance — who is spending on what and how much, the need to invest in both undernutrition and nutrition-related non-communicable diseases (NCDs) and the cost-effectiveness of such interventions; Chapter 8 focuses on improving data systems to provide credible, timely and useful information, essential for setting targets and commitments; and Chapter 9 concludes with a call to action to each stakeholder group along the lines discussed in the previous chapters.

The series of Reports lays claim to four ‘unique features’: that it is global in scope, ‘aims to speak to policy makers, practitioners, scientists, and advocates in all countries’, focuses on strengthening accountability in nutrition, and is as ‘independent and evidence based as possible’ (IFPRI, 2014: xiv). One can take issue with these claims: the first, for instance, cannot really be considered unique because other reports on nutrition published at the international level could also lay claim to a global scope. More importantly, the second and third claims are actually much narrower than their formulation implies: at the N4G Summit which launched the Reports, only 26 governments ‘addressing undernutrition’ signed up as ‘members’ (Nutrition for Growth, 2013: 1). Among the most notable absentees was India, a country with one of the highest prevalence rates of undernourished population.⁵ Furthermore, subsequent years have witnessed a decline in target setting and achievements, as the proportion of N4G signatories (across all sectors) *reporting on*

3. The two earlier reports being *Global Nutrition Report 2014. Actions and Accountability to Accelerate the World’s Progress on Nutrition*, and *Global Nutrition Report 2015. Actions and Accountability to Advance Nutrition and Sustainable Development* (IFPRI, 2014, 2015).

4. ‘Nutrition champions are organizations and individuals, operating in the spotlight or behind the scenes, who consistently strive to accelerate improvements in nutrition outcomes. Their allies are those who work with the champions because they have an interest in investing in nutrition, typically to further another goal — in conjunction with, or because of, efforts to improve nutrition’ (IFPRI, 2014: 3).

5. Although India is not a signatory, the states of Maharashtra and Uttar Pradesh are said to be part of the Stakeholder group. China, Pakistan, and the Philippines are other important absentees among the signatories.

their commitments fell from 92 per cent in 2014 to 65 per cent in 2016, with the decline most noticeable in the business group (from 83 per cent in 2014 to 30 per cent in 2016). The proportion *meeting* their commitments also declined, from 44 per cent in 2015 to 36 per cent in 2016 (2016 Report, pp. 33, 35). It is in this context of apparent waning interest among the stakeholders that the authors of the 2016 Report perceive the declaration of the UN SDGs of 2015 as a major opportunity. By getting their members to make ‘SMART’ (Specific, Measurable, Achievable, Relevant and Time-bound) commitments (2016 Report, p. xix), they hope to end ‘malnutrition in all its forms’ by 2030 (p. xviii). Indeed, from the authors’ assertion, it would appear that all it takes to imagine ‘a world without malnutrition [as the] “new normal”’ (p. 13), is to set SMART commitments.

This Assessment argues otherwise. It suggests that the underlying purpose of the Reports is not so much to tackle the problem of nutrition as to generate and mainstream a certain discourse to facilitate global governance in nutrition with a view towards capital accumulation. This is substantiated by examining the conceptual framework that forms the basis for the recommendations in the series of Reports and by delineating the interests that go into the making of their recommendations. The analysis is situated within the Indian public health debate.

CONCEPTUAL BASIS FOR RECOMMENDED ACTIONS IN THE GLOBAL NUTRITION REPORTS

According to the 2014 edition (IFPRI, 2014: 3), the Reports draw their inspiration for ‘actions to improve nutrition’ from a paper by Black et al. (2013), published two days before the N4G summit in June 2013 as part of a series in *The Lancet* (see Horton and Lo, 2013). The *Lancet* series of 2013 (referred to hereafter as the 2013 series) was put together by a consortium of scientists, led by Robert E. Black from the Johns Hopkins Bloomberg School of Public Health, which reviewed the progress made since an earlier *Lancet* series on undernutrition in 2008 (referred to hereafter as the 2008 series), also led by Robert Black (Horton, 2008).⁶ The 2008 consortium was called the ‘Maternal and Child Undernutrition Study Group’; its 2013 counterpart was the ‘Maternal and Child Nutrition Study Group’. As these names suggest, both series looked at maternal and child health; in the 2013 series, the focus was broadened from ‘undernutrition’ to ‘nutrition’ by including childhood overweight and obesity. However, the ‘new framework’ proposed in the 2013 series (Horton and Lo, 2013: 371) did not actually differ from the 2008 framework it was said to replace, as they both focused on the

6. The *Lancet* 2013 series is available at www.thelancet.com/series/maternal-and-child-nutrition and the 2008 series is available at www.thelancet.com/series/maternal-and-child-undernutrition

‘immediate’ causes of undernutrition. This was not surprising, as they were both adapted from the UNICEF chain of causation framework which typifies the biomedical model of disease causation (UNICEF, 1990). Moreover, what were claimed by the editors of the 2013 series to be ‘entirely new findings’ — such as health of adolescent girls, importance of fetal growth restriction (Horton and Lo, 2013: 371) — could not in any sense be considered ‘new’, as they already formed the staple of teaching and practice in the field of Maternal and Child Health.

In fact, what was new was the change in terminology: the concepts of ‘immediate causes’ and ‘underlying causes’ in the framework presented in the 2008 series (Black et al., 2008: 244) were replaced with ‘nutrition-specific’ and ‘nutrition-sensitive’ approaches in the 2013 series (Black et al., 2013: 428).⁷ The 2013 series recommended that, if 10 ‘evidence-based’ nutrition-specific interventions were scaled up to cover 90 per cent of children under the age of five, mortality could be reduced by 15 per cent (Bhutta et al., 2013: 468). These nutrition-specific interventions were: ‘periconceptional folic acid supplementation, or fortification, maternal balanced energy protein supplementation, maternal calcium supplementation, multiple micronutrient supplementation in pregnancy, promotion of breast feeding, appropriate complementary feeding, Vitamin A and preventive zinc supplementation in children 6–59 months of age, management of severe acute malnutrition, and moderate acute malnutrition’ (ibid.). Thus, what was ‘new’ in the 2013 series was the specification of interventions, almost all of which advocated biotechnological products such as micronutrient supplements and nutraceuticals as effective solutions to the problem of undernutrition.

The 2013 series also minimized the importance of nutrition-sensitive interventions that dealt with indirect causal factors, citing a lack of proof of efficacy as its justification. For instance, Ruel et al. (2013) examined ‘nutrition-sensitive’ interventions in four sectors (agriculture, social safety nets, early child development and schooling)⁸ but, with the exception of bio-fortified orange sweet potatoes, found a lack of conclusive evidence of a positive impact on nutrition. This was notwithstanding a brief commentary by Pinstrup-Andersen in the same series, which questioned reliance on data from randomized controlled trials (RCTs) as the only admissible evidence for advocating such interventions: ‘if pathway analysis shows that changes in the food system improve one or more of these [key] components — e.g., dietary diversity or women’s time allocation — and such improvements reduce micronutrient deficiencies, is such evidence really acceptable for policy guidance only if it is derived from RCTs?’ (Pinstrup-Andersen, 2013: 376).

7. For a definition of nutrition-specific and nutrition-sensitive interventions and programmes, see Ruel et al. (2013: 537).

8. Maternal mental health, women’s empowerment, child protection, water, sanitation, and hygiene, health and family planning services were some of the other nutrition-sensitive programmes identified.

What is remarkable about the two *Lancet* series is that pre-school feeding programmes — which in India, under the Integrated Child Development Services (ICDS), have been one of the mainstays for combating undernutrition in this age group — were dismissed in the 2008 series as an intervention for which ‘evidence showed little or no effect’ (Bhutta et al., 2008: 419), and did not figure at all in any of the papers in the 2013 series. Only in the management of severe acute malnutrition were ‘ready-to-use therapeutic foods’ (RUTF) seen as an acceptable evidence-based intervention (ibid.: 422).⁹

CRITIQUE OF THE 2013 SERIES: COMMERCE AND CONFLICT OF INTEREST

The marked turn towards bio-medicalizing the problem of nutrition in the 2013 series did not go unnoticed. Four days before the formal launch of the series in India, in a letter addressed to Jairam Ramesh, the Indian government’s Minister of Rural Development at the time, a group of Indian pediatricians and public health physicians urged the Indian government not to formulate policies on the basis of the series’ recommendations as this would lead to the creation of ‘an opportunity for commercial exploitation of malnutrition’.¹⁰ Their main contentions, as set out in a statement appended to the letter, were that the leader of the series and some of the other authors had direct links with the food products and micronutrient industry; that the model for assessing effectiveness had not included interventions such as safe water supply, sanitation and hygiene; that, by excluding trials which had shown unfavourable outcomes, the evidence base used was biased; that adverse reactions to micronutrient supplementation had not been taken into account; and that the recommendations were set to create markets for multinational food products such as RUTF for community treatment of severe malnutrition, in contravention to the stated position of the Indian government in parliament. Importantly, the group concluded that ‘the call for engaging with the “private sector” and unregulated marketing of commercial foods for preventing malnutrition in children raise serious concerns [and the] inherent conflict of interest will ensure that commercial considerations override sustainable nutritional goals’ (Sachdev et al., 2013).¹¹

9. It is also remarkable that childhood immunization did not figure as an important child-survival strategy.

10. The letter, dated 24 June 2013, was signed by H.P.S. Sachdev, A. Gupta, U. Kapil, P. Choudhury, A.P. Dubey, M. Shiva and C.P. Bansal; see: <http://bpni.org/documents/letter-to-ShriJairamRamesh.pdf> (accessed 10 June 2017).

11. In the statement as reproduced by the World Public Health Nutrition Association Secretariat, the date is erroneously stated as June 2014 instead of June 2013 (WPHNA, 2013). The statement was well covered by the Indian Press; see Nagarajan (2013); Pandey (2013); Sunny (2013).

Permeation of commercial interests in biomedical research is not new, and one of the ‘clearest and most-often discussed example[s] . . . involves doing research on a specific intervention while receiving research funding or personal remuneration from the company producing that intervention’ (Dunn et al., 2016: 2). Some journals (including *The Lancet*) make it mandatory for authors to sign a declaration on conflict of interest when, ‘for a given manuscript . . . an author has ties to activities that could inappropriately influence his or her judgment, whether or not judgment is in fact affected’.¹² Robert Black, the leader of both *Lancet* series, had pioneered work in zinc supplementation in children, and believed that undernutrition was not really a poverty issue but a ‘cultural’ issue and an issue of quality of food (Boseley, 2008: 197). In the 2008 series, Black had declared no ‘conflict of interest’, whereas by 2013 he declared that he was on the Boards of Micronutrient Initiative, Vitamin Angels, and The Child Health and Nutrition Research Initiative. Micronutrient Initiative, a Canadian-based organization, was involved in the funding and distribution of vitamins, micronutrient supplementation and bio-fortification of staple foods;¹³ Vitamin Angels is supported by the American online pharmacy Walgreens, the Worm Project, ProCabs Laboratories, and the VitaminShoppe;¹⁴ and The Child Health and Nutrition Research Initiative is part of the Global Forum for Health Research, an ‘independent Swiss foundation’, with bilateral donors and the World Bank funding ‘virtually’ all its activities (Independent Evaluation Group, 2009: xv). Black and Venkatesh Mannar, another member of the 2013 series consortium, were also serving on the Advisory Committee of ‘Nestlé Creating Shared Value’. And although it had not been declared under the conflict of interest statement, Mannar was the President of Micronutrient Initiative. Moreover, the Department of International Health at Johns Hopkins University, which Black heads, had had a long association with the Bill and Melinda Gates Foundation (BMGF) as a recipient of several grants.¹⁵ In September 2011, on the 50th anniversary of the Department, Bill and Melinda Gates were honoured with its first annual Global Health Leadership Award.¹⁶ BMGF supported the two *Lancet* series financially. BMGF is also very much involved with the research and promotion of bio-fortification of food crops, and it is noteworthy that the only nutrition-specific intervention unequivocally recommended by the 2013 series was bio-fortified orange sweet potatoes. BMGF is one of the principal funders of HarvestPlus, an

12. For Elsevier’s ‘mandatory author declaration’, see the website: www.elsevier.com/_data/promis_misc/JBMTauthor_declaration.pdf (accessed 14 February 2017).

13. As of 3 April 2017, Micronutrient Initiative became known as Nutrition International: see www.nutritionintl.org/ (accessed 24 April 2017).

14. See: www.vitaminangels.org/current-supporters (accessed 11 February 2017).

15. Database of BMGF: www.gatesfoundation.org/How-We-Work/Quick-Links/Grants-Data/base#q/k=Johns%20hopkins&page=10 (accessed 14 February 2017).

16. See: www.jhsp.edu/news/news-releases/2011/gates-award.html (accessed 14 February 2017).

organization researching and promoting bio-fortification, mentioned by name in the 2013 series.¹⁷

Financial gain is not the only form that conflict of interest might take; it can also operate through interpretation of evidence. Sachdev et al. (2013) aver that, in formulating recommendations in the 2013 series, unfavourable evidence was excluded from the evidence base. They refer to a study pertaining to a trial of vitamin A supplements to children under five years of age in the Indian state of Uttar Pradesh. Known as DEVTA (Deworming and Enhanced Vitamin A), this trial was conducted over a five-year period, and covered one million pre-school children in the ICDS programme; it was larger than all other vitamin A trials combined. It showed that there was no significant difference in mortality between the treatment and the control groups, contradicting the findings of earlier studies which had shown a 25 to 30 per cent reduction in mortality rates among children given regular vitamin A supplements (Awasthi et al., 2013, referred to hereafter as the DEVTA study).¹⁸ Importantly, although the preliminary results were available in the public domain as early as 2007, the final results were published only in 2013. Commenting on this delay, Garner et al. (2013: 1440) ascribe it to ‘belief disconfirmation bias’, that is: ‘[w]hen people are faced with evidence that disconfirms their beliefs they subject it to intense critical evaluation; but when exposed to confirming evidence they take the evidence at face value . . . people might reject good science because . . . they don’t like the results’. Although the DEVTA study had shown only a marginal reduction in mortality (less than 5 per cent), the authors minimized the importance of their study and, by highlighting the more favourable result of a meta analysis, concluded on a positive note recommending vitamin A supplementation, perhaps to facilitate its acceptance by the publisher and the global audience.

While drawing conclusions from meta analysis is not uncommon or outside the norm, Garner et al. (2013: 1439–40) point out that there could be an alternative interpretation: that vitamin A does not affect child mortality in all settings all of the time, and that ‘just the size of DEVTA shakes beliefs in current global policies promoting vitamin A and deworming to the core. Ironically, the largest drug trial in the world hasn’t settled the policy questions, but has generated uncertainties’. Although two papers in the 2013 series (Bhutta et al., 2013; Black et al., 2013) cited the DEVTA study, the authors chose to go by the results of the meta analysis with an affirmation

17. The other principal donors of HarvestPlus are the UK government, the US government’s Feed the Future initiative, the European Commission, and donors to the CGIAR Research Program on Agriculture for Nutrition and Health: www.harvestplus.org/about/our-mission (accessed 23 April 2017). CGIAR also receives funds from BMGF: www.cgiar.org/about-us/our-funders/ (accessed 23 April 2017).

18. In addition, the DEVTA study tested deworming with albendazole which also showed negative results.

that ‘we believe, that vitamin A supplementation continues to be an effective intervention in children aged 6–59 months in populations at risk of vitamin A deficiency’ (Bhutta et al., 2013: 458, emphasis added).¹⁹

In general, a declaration of conflict of interest is considered sufficient to establish transparency and inform the reader of a possible bias. However, Richard Smith, a former editor of the *British Medical Journal* (BMJ) and chief executive of the BMJ Publishing Group for 13 years, argues that disclosure alone cannot solve the problem of conflict of interest and that it may be necessary to declare the scale of the competing interest, for instance, the size of a financial conflict (Smith, 2006). Smith describes situations with potential for conflict of interest that editors of journals face, such as reprinting of articles, which is an important source of income for a journal. He cites, as an example, the dilemmas inherent in publishing papers on pharmaceutical products because of the possibility of companies buying large numbers of reprints of studies they had funded or that were favourable to their particular product (ibid.: 294). It cannot be denied that *The Lancet* stood to gain financially through both its series, given that BMGF funded the preparation of the 2008 series (Black et al., 2008) and provided financial support for the 2013 series (Horton and Lo, 2013).²⁰

Summing up my argument so far, the conceptual framework in the 2013 *Lancet* series, which forms the basis for the three Global Nutrition Reports, focuses on a sub-group of the population — the mother and child — and subscribes to a narrow biomedical understanding of the problem of nutrition. The framework adopted in the 2013 series is narrower than that used in the 2008 series and consequently the recommendations emanating from the 2013 series offer largely pharmaco-technological solutions to problems, to the exclusion of other solutions whose importance is minimized for want of proof of efficacy through RCTs.

It may not be too wide of the mark to say that the timing of the preparation and publication of the 2013 series to coincide with the first N4G summit held in London in 2013 was with the intention of mainstreaming a set of interventions that would find favour with donors and industry alike, as it spoke in the language of cost-benefit, investment-savings and most importantly provided a ‘scientific evidence base’ for the legitimization of

19. A Cochrane review (co-authored by Bhutta) in 2010 had concluded that vitamin A supplementation was effective in reducing all-cause mortality and recommended universal supplementation for children under five in areas at risk of vitamin A deficiency (Imdad et al., 2010). This review had incorporated only the preliminary results of the DEVTA study that had been made available in 2007. Further placebo-controlled trials of vitamin A supplementation in children were considered unnecessary (ibid.). While the 2010 Cochrane review was cited in Table 3 of the paper by Bhutta et al. (2013: 459), the DEVTA study which was published in 2013, prior to the *Lancet* series, was not included in the Table.

20. It is not clear what this funding covered. In the 2008 series, the acknowledgement of funding is made by Black, the leader of the consortium, whereas in the 2013 series, it is the Editors of *The Lancet* who acknowledge the ‘generosity’ of BMGF (Horton and Lo, 2013).

nutritionalizing food, which, as I have argued elsewhere (Sathyamala, 2016) is a framework for capital accumulation. But the N4G summit was attempting something more ambitious: a global structure of governance in nutrition. This will be discussed in the following section.

GOVERNING GLOBALLY: MAINSTREAMING A DISCOURSE

In the months following the release of the 2013 series, well-publicized launch events were organized in several countries (see Table 1). Donors' support in promoting the series reflected the wide acceptance of its contents, specifically the recommended interventions, by this community of powerful advocates. The first launch was in London on 6 June 2013, just two days before the N4G summit in the same city. The Johns Hopkins Bloomberg School of Public Health described the launch as follows:

The Lancet editor-in-chief Richard Horton and series authors Robert Black, Zulfiqar Bhutta, Marie Ruel and Lawrence Haddad presented findings from the Series papers The event included an in-depth panel discussion with [among others] Anna Taylor from the United Kingdom's Department for International Development and David Navarro from the Scaling Up Nutrition Secretariat.

. . . Key findings from the series were also incorporated into the Nutrition for Growth Compact in which leaders from government, civil society and business made a wide range of commitments to help reach 500 million pregnant women and children with nutrition interventions by 2020.²¹

In fact, the stage had been set much earlier and the N4G summit appeared to be the culmination of proposals first aired in the 2008 series by Morris et al. (2008: 609). These authors had argued for a global structure to bring together international actors working in nutrition; although fragmented, these actors were perceived to comprise a system because they were 'interlinked, financially, intellectually, and personally, and . . . also share[d] a common target group — the malnourished populations . . . their beneficiaries and clients'. Terming it an 'International Nutrition System', they argued for a new 'international architecture for nutrition' that would create a global governance structure representing these international actors from 'outside the worst affected countries' and 'facilitate their interaction with national actors' of these countries (ibid.: 618). In a conflict of interest statement, Saul S. Morris, the lead author of the paper, had declared that he was a former employee of BMGF and the UK Department of International Development; moreover, representatives of BMGF had participated in the series preparation meetings and 'occasionally discussed the progress of this paper' (ibid.: 619).

21. See the website: www.jhsph.edu/research/centers-and-institutes/institute-for-international-programs/completed-projects/global-nutrition-series/launch-events/london/ (accessed 12 February 2017).

Table 1. World-wide launch of The Lancet 2013 Series (Selected Events^a)

Date	Place	Hosts
6 June 2013	London	Imperial College, London.
13 June 2013	Washington, DC	The World Bank, USAID, Bread for the World and the 1,000 Days Partnership, the Bill and Melinda Gates Foundation.
28 June 2013	New Delhi	Public Health Foundation of India (PHFI) and the Coalition for Sustainable Nutrition Security in India (Nutrition Coalition), ^b with support from IFPRI and the Micronutrient Initiative.
2 July 2013	Dhaka	International Centre for Diarrhoeal Disease Research, Bangladesh, in collaboration with the National Nutrition Services of the Government of Bangladesh and Save the Children.
6 July 2013	Guatemala City	The Institute of Nutrition of Central America and Panama (INCAP) hosted a regional convention in Guatemala City which was broadcast through the web to seven other INCAP countries (Belize, Costa Rica, Dominican Republic, El Salvador, Honduras, Nicaragua and Panama) who coordinated national meetings for the launch.
21 August 2013	Islamabad	Save the Children.
27 September 2013	Ottawa	The Aga Khan Foundation of Canada, the Micronutrient Initiative and the Canadian Network for Maternal, Newborn and Child Health.

Notes:

^aThis list of events is not exhaustive; other countries that held a launch event were Ethiopia, Peru, Nigeria and Vietnam.

^bNutrition Coalition includes, among others, DFID, USAID, GAIN, World Bank, UNICEF, PHFI, IFRI (see Coalition of Sustainable Nutrition Security in India, 2010).

Source: 'Launch Events': www.jhsph.edu/research/centers-and-institutes/institute-for-international-programs/completed-projects/global-nutrition-series/launch-events/ (accessed 12 February 2017).

The editorial in the 2013 series began with the conclusion of the paper by Morris et al. in the 2008 series (Horton and Lo, 2013).

In 2010, the World Bank published a report entitled *Scaling Up Nutrition: What Will it Cost?*, which recommended the 'scaling up of a minimal package of 13 proven interventions from current coverage to full coverage of the target populations' (Horton et al., 2010: xix) to reduce child mortality and improve nutrition outcomes towards achieving the Millennium Development Goals.²² This was a 'modified' package from that listed in the 2008 Lancet series. The Scaling Up Nutrition (SUN) movement launched in September 2010 was the first attempt at creating a global structure of governance to bring the diverse international actors and countries with high prevalence of undernutrition under one umbrella to order to harmonize national agendas with the global

22. The lead author of the World Bank report was Susan Horton. Her proposal to use micronutrient supplements had ranked as the top solution at the 2008 Copenhagen Consensus (Horton et al., 2010: xiii).

one (Nisbett et al., 2014) and to promote the 13 interventions as the most cost-effective measures to deal with the problem of undernutrition. But in December 2012, an online consultation identified problems of coordination, discomfort with private sector engagement with nutrition, and insufficient resources for scaling up nutrition-specific interventions within the SUN movement (ibid.). Reich and Balarajan (2012: 12) pointed out that one of the political economy issues that needed to be resolved in globalizing nutrition was the ‘multiplicity of narratives’, with different players having sharply differing perspectives on the problem and its solution.

Balarajan and Reich (2016: 5) identified six political economy challenges in global governance in nutrition: leadership challenge (due to the lack of an institutional home for nutrition), coordination challenge, accountability challenge, framing challenge, hierarchy challenge and demonstrating effectiveness challenge. The intention of the N4G summit and the subsequent follow-up²³ efforts, including the publication of the Reports, is to resolve some, if not all, of these issues. The investment framework of such efforts has made the declaration of conflicts of interest redundant. The N4G summit was given the title ‘Beating Hunger through Business and Science’. As this name suggests, there was to be no apology for centre-staging the corporate sector and industry; the N4G openly celebrated their participation and lauded their commitment to invest in nutrition even as *The Lancet* 2013 series provided the stamp of a neutral scientific authority to its deliberations.

CEMENTING GLOBAL GOVERNANCE IN NUTRITION

The N4G summit listed several achievements; chief among them were endorsement of the ‘Global Nutrition for Growth Compact’, and new partnerships between business and science ‘to research new solutions and scale up effective technologies’ (Nutrition for Growth, 2013: 1). The Global Nutrition for Growth Compact (2013) was signed by 30 governments ‘addressing undernutrition’, 18 ‘donors and development agencies’, six ‘international partners’, 33 ‘business and science’ and 21 civil society organizations, and included a commitment of £ 2.7 bn (US\$ 4.15 bn) for tackling undernutrition directly, and another £ 12.5 bn (US\$ 19 bn) for ‘nutrition-sensitive’ programmes (Nutrition for Growth, 2013).²⁴ What was apparent from the list of endorsers was that the N4G was a consortium of primarily donors

23. A follow-up meeting was held in Brazil, hosted by the Brazilian government, on 4 August 2016, on the eve of the Olympic Games. The 2016 Report was launched in multiple locations on 14 June 2016 and in some locations at a later date. See: www.globalnutritionreport.org/events/2016-gnr-events/ (accessed 23 April 2017).

24. The categorization followed by the N4G in classifying the endorsers of the Compact is a bit curious: it is not clear why some members were put in one category rather than another. For instance, private philanthropies (BMGF, Children’s Investment Fund Foundation, UBS Optimus Foundation) were placed under the category of ‘donors and development

and businesses laying the foundation to build a top-down global governance structure to deal with the ‘global’ problem of undernutrition. However, the Independent Expert Group (IEG) behind the Global Nutrition Reports reframed ‘malnutrition’ as a global challenge and proclaimed that ‘[d]ealing with different overlapping forms of malnutrition [was] the “new normal”’ (IFPRI, 2014: xiii–xiv). The 2014 Report identified eight categories of undernutrition in children less than five years of age, three categories of undernutrition in women of reproductive age, and adult overweight in males, and made a composite index combining under-five stunting rates, anemia among women of reproductive age, and adult overweight for both sexes to arrive at ‘overlapping forms of malnutrition’ (ibid.: 23). Setting aside the fact that the nutritional status of only certain sub-sections of the population were deemed to be of importance (children under five, women in the reproductive age group, adults with obesity), while it made little *epidemiological* sense to treat manifestations of undernutrition as disparate entities, it made excellent *business* sense because it widened the clientele (market) for products recommended in the 2013 series.²⁵

All three Reports claim to be peer reviewed, with the process facilitated by *The Lancet* for the 2014 and 2015 Reports and by the *American Journal of Clinical Nutrition* for the 2016 Report — a change that indicates a further narrowing of an already limited biomedical perspective in nutrition, as promoted by the 2013 series. Given the obvious presence of the corporate sector, both as funders and as beneficiaries, the Expert Group producing the Reports goes to great lengths to convey ‘scientific neutrality’ by claiming that it is an *Independent* Expert Group and that the Report is ‘the *only* independent and comprehensive annual review of the state of the world’s nutrition’.²⁶ But what is striking about the Report is the all-permeating presence of funders such as BMGF and their hold on the entire process, either through direct funding or funding of the organizations that the Stakeholders Group, the Executive Committee and the IEG members belong to.²⁷ Skloot (2011) remarks that the sheer size of BMGF, ‘almost three times the size of its next-largest US rival’, makes it a ‘behemoth’ which is on ‘an unstoppable philanthropic treadmill’ and that such foundations, ‘[m]inimally regulated by state and federal agencies . . . are notoriously free of disciplinary pressures of any kind’. That such an ‘unaccountable’ foundation intends to hold governments accountable reflects the authority and power that BMGF seeks

agencies’, and organizations such as the Micronutrient Initiative, which had committed financial support, were placed under the category of ‘civil society organization’.

25. These included two additional interventions, zinc treatment for diarrhoea and iodization of salt, as well as the 10 nutrition-specific interventions recommended by Bhutta et al. (2013); see IFPRI (2014: 30).

26. From the website: www.globalnutritionreport.org/the-report/ (accessed 14 February 2017; emphasis added).

27. There is of course a disclaimer that they do not necessarily represent the views of their organizations.

to wield over sovereign states.²⁸ Involvement of the corporate sector and its foundations in charity is not new but as McGoey (2012: 185) puts it, the ‘tendency for a new breed of donors [is] to conflate business aims with charitable endeavors, making philanthropy more cost-effective, impact-oriented, and financially profitable’. The term philanthrocapitalism was first coined in an article in *The Economist* (2006); McGoey argues that ‘a key claim of the new philanthrocapitalism is that altruism is a useful business strategy’ (McGoey, 2012: 187).

CONCLUDING REMARKS

The critique presented in this contribution has focused on the overall thrust of the N4G towards garnering financial and political support for a set of interventions aimed at dealing with specified problems of nutrition. In the Reports, despite the broadening of the terms of reference from undernutrition to malnutrition by including obesity and overweight, it is clear that the primary focus continues to be on undernutrition of sub-groups of population, that is, children and women in the reproductive age group. While global nutrition targets have been set for reducing the prevalence of the identified manifestation of undernutrition through SMART commitments, the latest Report includes no such targets for the reduction of overweight and obesity (2016 Report, p. xx). For obesity and overweight, the 2016 Report speaks in vague terms such as ‘experience no increase in’, or ‘halt the rise in prevalence’, with serious gaps in availability of data, particularly from countries in Europe and Northern America which have high prevalence rates (pp. 15, 17). It is clear that for all the posturing, the main targets of the Reports are countries with high rates of undernutrition and not countries with high rates of overweight and obesity. It is also clear that by reframing undernutrition, with its obvious link to hunger and food deprivation, as malnutrition, with its association of eating wrongly, the historical process of dichotomizing food and nutrition to obfuscate the structural causes of hunger that began during the inter-war years (Sathyamala, 2016: 822) continues — and with it the expansion of a market for ‘nutrient’ products. While the coming together of the corporate sector and ‘development’ agencies has the potential for self-regulation, leading to a more responsible role for business in improving nutrition globally, unfortunately, the N4G move is towards the commercial exploitation of the problem of nutrition for growth of capital. If the Expert Group at the helm of the Reports truly wishes to prove its independence from commercial interests, it could begin by putting its house in order. For

28. BMGF is the largest private donor of WHO (Saez, 2017). In January 2017, in an open letter, over 30 civil society organizations opposed the endorsement of an official relation between WHO and BMGF under the Framework of Engagement with Non-State Actors (FENSA) because of a conflict of interest (Kadama et al., 2017).

instance, ensuring that the business groups involved in the Reports adhere to SMART commitment number 3 (2016 Report, p. 113) would go a long way towards making them ‘nutrition-friendly’ and would demonstrate that this is not, in fact, business as usual.²⁹

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29. SMART commitment no. 3 reads: ‘Food and beverage companies should set and report against a larger number of SMART targets to improve nutrition. Key areas are adherence to the International Code of Marketing of Breast-Milk substitutes, significant reduction in advertising and marketing to children, and the reduction of sugar, salt, and fat across their entire product lines’ (2016 Report, p. 113).

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