



Baby Milk Action/IBFAN UK response to the Online public consultation for the draft Global Action Plan (GAP) on Child Wasting. February 8th 2020

1) General comments on the draft Global Action Plan on Child Wasting?

These comments are hastily prepared - due to the impossibly short time allowed for this consultation which aims to arrive at a final draft Plan by 24th February 2020. The Plan proposes dramatic changes to nutrition planning for a very vulnerable population and more time should have been given for its consultation.

While strongly supporting the comments made by NAPI¹ we outline our main concerns and recommendations below:

- 1 The GAP should address the **underlying and structural causes of malnutrition and guard against over-emphasis on product-based, expensive, quick-fix, technological approaches** that can divert public funds for development away from support for sustainable preventive solutions while undermining confidence in exclusive and sustained breastfeeding, community support for home-prepared nutritious foods, biodiverse, minimally processed and culturally appropriate foods.² Inappropriate management of malnutrition can lead to increased consumption of ultra-processed foods and increased risk of overweight-obesity and related non-communicable diseases – problems that GAP refers to but does nothing to address.
- 2 **The need for COI safeguards:** While the production of products will, on occasion, be necessary, the GAP should much more clearly highlight the risks **undue influence of the Private Sector on nutrition planning** and the risks of market led approaches to distribution and access. GAP should strongly advocate that cross-sectoral approaches to end malnutrition follow sound **Conflict of Interest policies**. We find no mention of the need for COI safeguards in the document. GAP should advocate strong health care systems, cross agency action, surveillance and regulation of the private sector. Any public private funding arrangements must be carefully governed, independently monitored and those responsible for abuses held accountable.
- 3 **Minimise spillover of products targeting malnourished children** and ensure that any products used are appropriately targeted.
- 4 GAP must clearly state that **products should not be placed on the open market, nor promoted with health or nutrition claims or cross-promoted with breastmilk substitutes nor distributed in international and national food programmes unless under strict conditions and rules.**

¹ <http://www.napiindia.in/>

² Improve the food security of farming families affected by volatile food prices. FAO European Union (EU) Food Facility Project -- Cambodia: Healthy Food, Healthy Child <https://www.youtube.com/watch?v=OrUX6F7ieVY>

- Commercial products, especially imported products such as RUTF, should not be considered the first and only option.
- Products targeting malnourished children should be as safe, nutritious, additive and flavour free as possible. Flavourings of any kind lead to inappropriate use and should not be permitted;
- Packaging should be biodegradable;
- Packaging should carry a prominent protective message about the need for breastfeeding to continue to two years or beyond.
- Ingredients, especially additives, should only be present for the purpose of rendering the food safe, nutritious and appropriate, not for technical, cosmetic or shelf-extension purposes.
- Additives and any ingredients used for foods for malnourished children should ONLY be permitted following strict independent scrutiny regarding safety and necessity.
- Evidence regarding the efficacy of the product should meet WHO's definition of scientific substantiation: *'Relevant convincing / generally accepted scientific evidence or the comparable level of evidence under the GRADE classification'*. Such evidence should cover resource implications, sustainability, social, land, economic risks, how outcomes were measured and risk of bias.
- RUTF should not be considered the only treatment option for SAM and MAM. Evidence to favour RUTF against home-based foods is not sufficient and persuasive.
- RUTF products currently available are ultra-processed, high fat, high sugar products that may have long-term health implications. Extreme caution is needed to avoid commercial exploitation of wasting management by market based solutions.

5 Global Trade – why Codex is not the right fora for decisions relating to products for malnourished children.

The FAO/WHO Codex Alimentarius Commission, is the UN body that sets global standards for food safety, composition and labelling. As an NGO that has attended Codex meetings for more than 20 years, we are concerned that Codex has been asked on several occasions to prepare standards and guidelines on foods for malnourished children.^{3, 4} While Codex has an important role in ensuring that all foods and commodities are as safe and nutrition as possible, it is not the appropriate forum for discussions about vulnerable malnourished children. **Decisions at Codex invariably encourage increased global trade and are taken on the basis on politically and commercially influenced consensus, not on sound credible evidence.** Typically, over 40% of Codex participants represent the food and agriculture industries, and in recent years manufacturers of RUTF have sat on government delegations. Codex texts are -inevitably - a compromise between marketing needs and the protection of public health. Codex has, for example, substantially weakened organic standards and 'green lit' many GM foods, food additives, pesticide residues, synthetic hormones and other intrinsically unhealthy food components. Because one of the dual aims of Codex is to facilitate global trade, any Codex instrument will risk fuelling transnational corporate interest, so the Codex decisions relating to RUTF are very likely to subvert *"the UN Strategy to build capacity within countries to produce RUTF."*

In 2014, UNICEF proposed Codex should develop a global standard for RUTF to help national governments 'regulate the market and the production facilities in their countries'. UNICEF's proposal was rejected by developing countries who highlighted the risk that a standard would fuel commercial interest; increase the pressure on countries to accept these products and divert development funding to curative approaches. The European Union also questioned whether it was appropriate for Codex to discuss a product that was being presented as a medicine. UNICEF subsequently called for a 'guideline' (which carries similar risks) and Codex has continued on that basis. **WHO and UNICEF have promised to create additional Guidelines** to address remaining concerns about the use of RUTF - however we fear that the Codex GL will take precedence in terms of trade. We strongly advise that the Codex text – which currently fails to include sufficient safeguards - be 'sunsetting' and relevant sections integrated into the new UN GLs that could better safeguard child health.

³ GUIDELINES ON FORMULATED COMPLEMENTARY FOODS FOR OLDER INFANTS AND YOUNG CHILDREN (CAC/GL 8-1991).

PROPOSED DRAFT GUIDELINES FOR READY TO USE THERAPEUTIC FOODS (RUTF) (STEP 4)

⁴ IBFAN. Briefing on RUTF, 2017. *IBFAN briefing on Proposed draft guideline for Ready To Use Therapeutic Food (RUTF) to be discussed in the 39th session of Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU)*. <https://tinyurl.com/y6v3waer>

Other concerns:

Global heating/climate emergency: GAP must prioritize policies, practices and precautions that reduce global heating. It must strongly advocate that the expansion of global food trade does not lead to loss of traditional knowledge, poorer agricultural practices and increased consumption of ultra-processed foods.

Food safety systems: GAP should advocate publicly funded food safety systems that are entirely independent of commercial interest/influence/funding. Due regard must be paid to environmental sustainability and a precautionary approach should be taken. States must recognise that the risks and unintended consequences of novel food technologies (e.g. lab grown meats, gene editing, biofortified crops, etc.) are difficult to assess. The larger the corporation the bigger the incentive to hide problems. Support must be provided to whistleblowers who are prepared to expose problems in the interests of public health.⁵

Antimicrobial resistance: GAP should highlight the need for Codex standards to minimize antimicrobial resistance. Among the many factors that increase the risk of AMR in addition to global trade are poor animal husbandry and crop management, pharmaceutical promotion and over the counter sales that encourage inappropriate use of antibiotics. GAP should warn that in the absence of a proper regulatory environment, higher dependence on the private health sector and higher density of private health clinics is associated with increased AMR due to frequent overuse of antibiotics. GAP must promote WASH components within National Action Plans to reduce the incidence of infections. WASH, alongside stricter marketing regulations will protect breastfeeding – a practice that is critically important in reducing the incidence of infections in infants and young children.

Biofortification: The Plan should not refer to the term Biofortification, which IBFAN considers to be a misleading nutrient claim for which there is no criteria and which furthermore can cover genetic modification. We are not convinced of the claims that Biofortification radically reduces malnutrition are substantiated by credible evidence. We consider that the over-emphasis of the single nutrient approach runs counter to national nutrition policies and UN recommendations for food-based, bio-diverse approaches; Biofortification is a costly technology favoured and controlled by global agricultural industries.

Training needed to protect breastfeeding: GAP should recommend that humanitarian relief programmes include training on how to protect, promote and support breastfeeding, as well as how to support non breastfed children in ways that do not undermine breastfeeding. Since older infants and young children suffering from SAM or MAM have compromised capacity to digest and absorb solid foods, it is critical that breastfeeding or the provision of donor breastmilk be the primary intervention for rehabilitation. Breastfeeding and the provision of human milk provides the gut healing proteins, enzymes, peptides and the numerous oligosaccharides as well as critical immunological, protective constituents to promote healing of damaged tissue, eliminate accompanying infections and rehabilitate growth.

Humanitarian Fundraising appeals for food should never promote branded products. GAP should warn that food industry claims that they have humanitarian motives are not credible and are part of a marketing strategy, what we call “the Business of Malnutrition.”⁶

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⁵ Court condemns Nestlé for violating Swiss Labour Law regarding its food safety manager <http://www.babymilkaction.org/archives/23730>

⁶ <http://www.babymilkaction.org/archives/12664>. <http://www.babymilkaction.org/archives/12505>.

