

Online public consultation - Clarification on Sponsorship of Health Professional and Scientific Meetings by Companies that Market Foods for Infants and Young Children. (due by Monday 17 October 2022)

The purpose of this online consultation is to gather relevant information from affected stakeholders and civil society to ensure the clarification is fit-for-purpose, acceptable and feasible, and to identify potential unintended consequences of this clarification for the implementation of WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children welcomed by the 69th World Health Assembly.

<https://apps.who.int/nutrition/publications/infantfeeding/manual-ending-inappropriate-promotion-food/en/index.html>

https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R9-en.pdf

Comments are to be submitted by completing a form requiring the following information:

1.Name(s):

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2.Role or Job Title:

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6.Is the meaning of the document clear?

Yes

No (add comments below)

7.Please explain what is unclear and / or make suggestions for making it clearer.

The Information Note goes into detail about different 'types' of sponsorship but in doing so risks complicating health professionals decision making. Sponsorship is just one of many strategies that companies use to hijack the political and legislative process for their own benefit. The Note should help policy makers and health professionals understand the seriousness, context and health implications of accepting sponsorship because those who do understand are far more likely to be determined to end it and successful in doing so.

The paper, [Interference in public health policy: examples of how the baby food industry uses tobacco industry tactics](#) ¹ showing the six tobacco industry tactics that are recognized by the World Health Organization (WHO) should be mentioned in the Note.

¹"...We conclude that the baby food industry uses all six tactics: (1) manoeuvring to hijack the political and legislative process; (2) exaggerating economic importance of the industry; (3) manipulating public opinion to gain appearance of respectability; (4) fabricating support through front groups; (5) discrediting proven science; and (6) intimidating governments with litigation." <https://worldnutritionjournal.org/index.php/wn/article/view/155>

The comment made by IBFAN Italy is highly pertinent and should be born in mind: *"We think that professional associations (and we suspect that they were pushed to do so by their sponsors) were very clever when they decided to send WHO and UNICEF queries regarding what sponsorship is and what it is not. By having an information note from WHO and UNICEF (a very weak tool, anyway) on what constitute sponsorship, they will immediately make a list of financing and marketing activities that are allowed and/or devise new ones that will fall beyond those listed in the note."*

The Note should also make it clear that companies, especially large transnational corporations, are not tied to one or other particular product - their portfolios will change with acquisitions and takeovers that can be made in order to gain access over policies and prevent legislation. To achieve their purpose it can be more effective for a company to not to mention products. Indeed, to gain the trust of someone working with mothers and tiny babies, it is much more effective to refrain from hard sell tactics. It is worth remembering that the relationship between the company and the health worker may not be 'visible' as stated in Line 7 of Context.

8. Is there some type of sponsorship that is not discussed in the document but should be?

Yes (add comments below)

No

9. Please explain what type of sponsorship is not discussed in the document but should be?

The definition 'Health professional' is far too narrow, as are the terms 'scientific meeting' 'Colleges' and 'Associations'. The Note should avoid giving a definitive list of situations where manufacturers and distributors should not be providing sponsorship, but should highlight the COI risks of any company making foods or products covered by the Code and Resolutions (including bottles, teats and pacifiers (very often missing from WHO documents) and *any* products related to IYCF. The Note should include humanitarian and health NGOs many of whom perform health roles and any product that is nutritionally harmful (especially if ultra-processed), unnecessary or marketed in problematic ways that undermine parents confidence in their capacity to provide good nutrition for their children.

Ingredients companies. The risk of sponsorship from manufacturers of ingredients such as DSM should be included. These companies are often less well known but have played a large part in over-emphasising micronutrients and ultra-processed foods and supplements to the detriment of culturally appropriate bio-diverse family foods to the detriment of health and the environment.

Cross Promotion It is important that WHO includes a strong warning about manufacturers and distributors or ANY product cross promoted/cross branded with infant formula - at whatever age. We have reports of newborn babies fed formulas for 4-year old children and there are all manner of nutritional products targeting pregnant women claiming to increase the production of breastmilk, care for breasts and nipples, breast pumps and accessories, nutritional fortifiers etc. If there was - as there should be - transparency - any health professional taking sponsorship from

any manufacturers or distributors of the above products would lose the confidence parents might have in their advice.

Products targeting malnourished children. The Note should warn of the risks of sponsorship or commercial relationships with companies who market foods for malnourished children, including the high-sugar Ready to Use Therapeutic Foods (RUTFs), Micronutrient powders and supplements. While these products are needed in certain circumstances, it is critically important that the policies, planning and decisions regarding their use and distribution are not commercially influenced. It is clear that the baby food industry is eager to partner with humanitarian agencies to deliver products and IBFAN has been working to ensure that such products are not sold on the open market, promoted (including in emergency appeals) or that they carry claims.

11. Are there setting specific or contextual issues that should be considered.

The need for a wider remit: If WHO is serious about avoiding unintended consequences, it should acknowledge that human and planetary health are indivisible and take a human rights and 'One Health' approach, addressing threats to the environment and the right to food alongside threats to physical and mental health.

IBFAN appreciates the many WHO texts - eight WHA resolutions and many Guidelines - that contain Conflicts of Interest safeguards relating to infant and young child feeding. However, these all sit amongst other WHO texts that encourage 'partnerships' with the private sector. Terms such as 'shared desirable outcomes', 'values', 'genuinely committing', 'mutually reinforcing' and 'common goals' are ripe for exploitation by corporations and their front organisations. To date, the only clear prohibition for engagement cited in WHO's Framework for Engagement with Non State Actors (FENSA) is with manufacturers of tobacco or arms. Given the crises the world is facing, this inconsistent approach is unacceptably risky and inevitably creates problems for health planners.

An example of the confusion caused by WHO's mixed messaging is the \$2.2m grant accepted from Nestlé by the WHO Foundation in 2021. We understand that the grant has now been redirected and that the Foundation will accept contributions only from companies that do not compromise "*WHO's integrity, independence, credibility, and reputation.*" This is welcome but still leaves many open questions

Another example is Nutrition for Growth [N4G](#). We appreciated WHO's assurance that policy making should be free from commercial influence and its efforts, alongside UNICEF in successfully persuading the Government of Japan to exclude individual baby food companies from speaking at the Tokyo Summit. However Food Business Associations *were* invited - and it is unclear whether baby food companies donated to N4G. Most worryingly the Commitment Guide illustrated a Smart Commitment relating to infant and young child feeding, by giving a policy role to industry associations.

13. Implications for implementation or feasibility that we should consider.

The status and relationship of the Note and Guidance to WHA resolutions should be made clear and policy makers should be encouraged to incorporate its safeguards into

legislation or other legally binding format. Indeed without any legal backing it is likely to be ignored, so this is very important.

The Note could suggest ways to hold companies accountable for violations, including proportionate penalties for corporate interference, inappropriate use of engagements, bribery etc. It should encourage readers to be alert and aware that *any* commercial relationship could result in the undermining of breastfeeding and infant and young child health and that the need to properly assess and remove obstacles to health through legally enforceable measures should be a priority not a nuisance to be overcome. The harm to human health is invariably much greater than any risk taken by a company.

Impact on legislation. As mentioned before, the Note should explain clearly how sponsorship of health professionals can have a powerful influence on policy setting at national, regional and global level and why policy-setting must be safeguarded from commercial influence.

Paediatric Associations, such as the European Academy of Pediatrics and ESPGHAN have strong financial ties with manufacturers of products under the scope of the Code and this has had a profound influence on EU legislation and on Codex standards.

At the last Codex Nutrition meeting, ESPGHAN undermined the position of WHO, UNICEF, IBFAN, the EU and many Member States and successfully argued that the unnecessary, sweet-tasting, highly processed drinks for babies 12-36 months should be flavoured, greatly increasing the chance that they will be fed young babies inappropriately and will replace healthier, bio-diverse family foods and plain fresh milk. The European Academy of Pediatrics promoted a paper by Bogner et al (Frontiers in Pediatrics 2020) at a recent meeting in the EU Parliament, attempting to undermine WHO's policy on sponsorship. If health workers were aware of how and why companies use sponsorship and what the outcome can be, they may well be far stronger and consistent in opposing the practice.

14.If there is something else you would like to say about the content, please write it in the box below.

The Note seems to be focused only on the health care sector. Yet, sponsorship detrimental to IYCF can occur in many other sectors, such as early years, education settings, food banks/community food providers and local authorities. In all these avenues parents/carers/teachers and professionals other than health care professionals can be influenced across the whole system. The larger the company, the more likely they are to use education, especially nutrition education, as a way to reposition themselves as suitable 'partners' and as a channel for commercial messages that undermine public health recommendations. Nestlé, for example, has had nutrition education projects in many countries for decades and through this strategy has blurred the distinction between advertising, marketing and education, and played a key part in changing traditional food patterns and cultures to the detriment of health and the environment.

Exhibition Spaces. This section is very weak and should be rewritten to clearly forbid (if that's the right word) manufacturers and distributors of the problematic products outlined above from having exhibits. These exhibits are inevitably promotional and are a totally inappropriate way to convey the truly scientific and factual information intended by the Code.