



## Global Forum on Food Security and Nutrition • FSN Forum

### TEMPLATE FOR SUBMISSIONS

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<https://www.fao.org/fsnforum/call-submissions/addressing-governance-agrifood-systems-transformation>

#### Template for submissions

Please note that “transformative impact” refers to innovative, pro-active changes away from “business as usual”

#### 1. Proponent (name/institution/unit)

Patti Rundall, IBFAN Global Council

#### 2. Title of the example presented and the type of *governance-related* transformative intervention/measure (policy, legal, institutional, financial...)

The adoption of the International Code of Marketing of Breastmilk Substitutes in 1981, the adoption of subsequent clarifying and strengthening WHA resolutions and their subsequent implementation into national legislation. (Policy, legal, institutional)

#### 3. Location of the transformative intervention/measure (global/regional/national/sub-national; urban/rural)

Global policy, translated into law - to varying degrees - in 144 national governments.

#### 4. Which aspect, problem or challenge of the agri-food system was the transformative intervention/measure aiming to address?

The International Code was adopted by the WHA in 1981 with the key purpose of ending the unethical marketing of baby foods. It is a critically important safeguard for infant survival that protects parents’ rights to make informed decisions about infant and young child feeding free from commercial influence. The obligation of States parties to implement the Code and the companies’ obligations to comply with it has since been clarified under the international human rights law. Furthermore, the Independent Review Panel of the *UN Secretary-General’s Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030)* recommends developing a global human rights framework to address harmful marketing of foods for and to children.

The WHA Resolution that adopted the Code, WHA34.22, stressed that: “..the adoption of and adherence to the *International Code of Marketing of Breastmilk Substitutes* is **a minimum requirement** and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding.” *The need for sound information on infant and young child feeding is at the heart of the Code and the eight Resolutions that specifically called for Conflict of Interest safeguards.*

The baby feeding products industry has used the same six Tobacco industry tactics to undermine the Code and oppose the adoption of the 20 WHA Resolutions that clarify and strengthen it. Their aim has been to achieve minimal regulation and freedom to market without constraint: (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.

## **5. What transformational impact was the intervention/measure aiming to achieve (including in terms of the three pillars of sustainability)?**

Where the Code and resolutions have been effectively implemented and monitored as law, they have had an enduring and powerful impact on the protection of maternal and child health and survival. They have also had an impact from a human rights, economic, social and environmental perspective. The transformative change is a matter of record and has been documented and measured by WHO, UNICEF, academic and health authorities over 44 years.

## **6. What was the impact achieved in practice?**

Where the Code and resolutions have been effectively implemented in law and properly monitored, there is evidence of increases in breastfeeding rates and lowering of infant and young child mortality.

## **7. How was the transformative change obtained by the intervention/measure? (a) data and evidence collected, b) concrete ways to measure, c) actors involved)**

The change would not have occurred without the input and coordination from WHO, UNICEF and with consistent support from public interest NGOs and networks such as IBFAN.

## **8. What were the key challenges and trade-offs identified and how did a measure/intervention succeed in producing co-benefits and synergies [delivering on economic, environmental and social (including gender equality) sustainability] rather than favoring one option over the other?**

Commercial pressure and interference from the baby feeding products industries and the exporting countries that support them, to undermine the adoption of new WHA resolutions and limit market constraints. **Failure to adopt strong safeguards to protect policy setting from undue commercial influence** is a key reason why so many laws contain loopholes that lead to inadequate protection of maternal and child health.

**A major challenge has been the lack of policy coherence in trade rules.** Weak, industry influenced Codex standards have been regularly used in [attempts to stop governments bringing in strong marketing controls](#), with [interventions made at the WTO](#) concerning commercial milk formula marketing, labelling or safety testing regulations of another member state. Codex standards are regularly and incorrectly portrayed as a ‘regulatory ceiling’ for trade purposes. Governments have the sovereign right to adopt any legislation they consider necessary to protect child health as long as it does not violate international trade principles. [How the US waged a Global Campaign against Baby formula Regulations](#)

IBFAN's consistent advocacy at Codex has helped improve policy coherence. The standards on foods for infants and young children adopted after 1995, all refer in some way to the [International Code, the Global Strategy and/or the subsequent WHA Resolutions](#) on infant and young child feeding. The Revised [1987 Follow-up Formula Standard](#), adopted in November 2023, renamed the [Standard for Follow-up Formula for Older Infants and Product for Young Children](#) has many weaknesses but does refer to the International Code and Resolutions in its preamble.

IBFAN regularly raises concerns about Codex' lack of [transparency and poor conflict of interest safeguards](#). IBFAN advocates that the *Codex Code of Ethics for International Trade* continues to require Member States to "...make sure that the international code of marketing of breast milk substitutes and relevant resolutions of the World Health Assembly (WHA) setting forth principles for the protection and promotion of breastfeeding be observed."

IBFAN also calls for an assurance that the Codex Trust fund will remain publicly funded.

IBFAN's comments on the [Codex Strategic Plan](#) promotes the need for a transformation of the current the corporatized food system to a [One Health Approach](#) addressing not just human health, but the impact that food systems have on human, animal and planetary health. Codex must stop green-lighting harmful UPFs, drugs such as Zilpaterol and other risky technologies.

### **9. Who were the key actors and stakeholders involved in the design and implementation of the intervention/measures in question, and what were their respective roles and capacities to exert power and influence?**

See links below to various Chronologies outlining how it was recognized that a global tool was needed to control the activities of transnational corporations. The company campaigns such as the International Nestlé Boycott, the Senate Hearings led by Senator Edward Kennedy, the leadership of WHO, UNICEF, Member States, Civil society (IBFAN, the International Organisation of Consumer Unions (IOCU), the many mother support and health organisations.

### **10. Did any of these key actors and stakeholders oppose or resist the envisioned transformative intervention, and if so, what were their main motivations and interests, and how was this resistance addressed?**

See Quote by Halfdan Mahler, WHO DG, in *Fighting an Old Battle in a New World How IBFAN Monitors the Baby Food Market* By Annelies Allain, '...It is true that without the NGOs, without their constant lobbying, reminding us of our duty as public health officers, even harassing us for months on end, without all that, there would have never been a Code. WHO would simply not have had the courage to get on with it.'

The USA was the sole vote against the Code in 1981, and in the following 4 decades while resisting the adoption of new WHA Resolutions, allowed them to be adopted by Consensus. The USA voiced opposition to the inclusion of references to the Code in the Preamble of revised Follow-on Formula Standard, but allowed it to go through.

[How the US waged a Global Campaign against Baby formula Regulations](#) ProPublica, March 21, 5 a.m. EDT

### **11. To what extent is this measure transformative in improving the livelihoods of the most disadvantaged, and how does it contribute to a more inclusive food system?**

The World Health Assembly is the world's highest health policy setting body, and policy coherence with its recommendations would have a profound impact on the survival, health and livelihood of the most disadvantaged.

## 12. What means were used to demonstrate positive changes in the most disadvantaged sectors of the population, and what monitoring and accountability mechanisms were put in place to ensure proper implementation?

Monitoring of the International Code as law is a matter of record as are infant mortality and morbidity rates.

## 13. Key lessons that can be learned from your case (both positive and negative) and whether these could be applicable in other contexts with similar characteristics

Without policy coherence and effective legislation, poorly-resourced countries – where children stand to suffer the most – are left to tackle harmful cross-border marketing problems alone. Exporting nations and the corporations that profit from sales of baby feeding products, take no responsibility for their marketing and are never held financially responsible for the harm they cause. All the ‘costs’ to human health and the environment are externalized to governments, families and our planet.

## 14. Based on your experience, what gaps/areas of improvement still remain that need further action?

There are too many to list sorry:

See answers to Q8 for ongoing concerns about trade and [Codex Alimentarius](#). IBFAN is particularly concerned about the greenwashing – sustainability claims that are being used to promote baby feeding products.

Governments are now under acute financial pressure and more vulnerable than ever to offers of ‘assistance’ from the baby food industry. Baby food companies [exploited the COVID pandemic](#), donating formulas and baby foods, setting up ‘advice’ forums, offering ‘training’ (thinly disguised product promotion) to medical students and presenting themselves as trusted partners. The disinformation they spread – much of it digitally - eclipsed the regularly updated and evidence-based advice produced by WHO and UNICEF who highlighted the life-saving importance of breastfeeding in helping destroy harmful pathogens and building resistance to so many threats. We must learn from this for the next Pandemic.

‘Partnerships’ by definition are arrangements for ‘shared governance’ to achieve ‘shared goals.’ *Shared decision-making is their single most unifying feature.* They imply ‘respect, trust, shared benefits’. The ‘*image transfer*’ from UN or NGO ‘partners’ has strong emotional and financial value. Public Private Partnerships invariably result in weak voluntary commitments that, unlike strong legislation, can be ‘here today and gone tomorrow’.

The Scaling up Nutrition (SUN) – is a multi-stakeholder hybrid entity that claims to be an inclusive people’s ‘movement’. However, it legitimizes more corporate influence in public affairs. It lacks accountability procedures and democratic scrutiny and fails to meaningfully address the concerns of communities most affected by hunger and malnutrition. SUN’s definition of Conflict of Interest is confusing and incorrect and has been copied by many UN bodies.

## 15. What are your key messages/takeaways from this intervention/measure?

Codex must base its decisions- on independent and convincing evidence and science – not on politically and commercially influenced consensus.

Policy coherence and strong health protective Codex standards would make the adoption and retention of good national laws easier and reduce the likelihood of time-wasting challenges.

Governments and the UN should adopt adequate conflicts of Interest safeguards to protect their *independence, integrity and trustworthiness*.

‘Partnerships’ are, by definition, arrangements for ‘shared governance’ to achieve ‘shared goals’ shared decision-making is a unifying feature that implies ‘respect, trust, shared benefits.’ It makes no sense to ‘partner’ with a powerful transnational corporation that has no democratic accountability and whose aim is to compromise the freedom to act in the public interest.

The food industry’s top strategic priority has always been and still is to change traditional food cultures. Babies are the perfect entry point for market-driven solutions

The baby feeding industry’s refusal to respect and comply with UN recommendations, and government and institutional failure to adopt and implement effective regulations has undermined breastfeeding and healthy, bio-diverse family foods, fuelled the obesity and NCD epidemic.

## **16. Please feel free to share relevant links to resources and documentation regarding your intervention.**

[Marketing of breast-milk substitutes: national implementation of the international code, status report 2022](#) WHO UNICEF IBFAN.

IBFAN’s Code Documentation Centre (ICDC) From 1985-2017 published Global Monitoring reports and State of the Code charts and trained over 2,000 officials from 148 countries about the International Code.

government officials on the Code.

[Marketing of breast-milk substitutes: national implementation of the international code, status report 2020: summary](#) World Health Organization; United Nations Children’s Fund (UNICEF); International Baby Foods Action Network (2020)

[International Code of Marketing of Breastmilk Substitutes](#) and subsequent relevant WHA resolutions.

<https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/code-and-subsequent-resolutions>

[How the US waged a Global Campaign against Baby formula Regulations](#) ProPublica, March 21, 5 a.m. EDT

[The political economy of infant and young child feeding: confronting corporate power, overcoming structural barriers, and accelerating progress](#), LANCET | VOLUME 401, ISSUE 10375

[Compilation of IBFAN Press Releases, consultations responses to Codex since 2006](#).

<https://www.babymilkaction.org/archives/34620>

Russ K, Baker P, Byrd M, et al. *What you don’t know about the Codex can hurt you: how trade policy trumps global health governance in infant and young child nutrition. International Journal of Health Policy and Management 2021; 10(12): 983-97.*

Baker et al. *Globalization and Health (2021) 17:58. Advocacy at Work During the Codex Committee on Food Labelling Meeting*

[When the SUN casts a shadow – the human rights risks of multi-stakeholder partnerships](#)

[The risks of Multi-stakeholderism, Committee on Food Security, 15 October 2019, Rome, Italy – CFS 46 – VI](#)

[The Code and other safeguards threatened by UN Voluntary Guidelines on Food Feb.2021](#)

[7minute minute film: The International Code of Breast and IBFAN](#)

[A long Road – History of the Campaign to protect Infant health \(1939 -2000\) IBFAN](#)

[Timeline – Protecting Breastfeeding throughout History – the Evolution of the International Code of Marketing of Breastmilk Substitutes](#) Alive & Thrive