

Tackling Child Malnutrition Through Market/PPPs: *An emerging trend*

March 9, 2006, Dr Arun Gupta. Regional coordinator IBFAN Asia Pacific. (New Delhi)

There is clear emerging trend among the private sector seeking fast entry into the “baby foods” market. During February 2006, we encountered several requests to comment on such initiatives. Here are some examples. One, Gates Foundation and AED, 2nd UNILEVER and UNICEF coming together to alleviate child malnutrition through a new initiative “Bhavishya” (means future), and 3rd, Indian Hotels Company Limited for study of feasibility of weaning foods market in India. Here is a brief note on these.

1. UNICEF- UNILEVER Initiative: Bhavishya

Discussions have been around for quite some time, it was reported at the SCN 2005 that Unicef-Unilever collaboration is building up as a means to achieve MDG 4. On their behalf, two persons (from ‘Synergos’ and ‘Generon Consulting’ of USA) visited us in BPNI about 8 months back. They shared the vision of the new PPP and sought our comments and partnership. Background information provided captured state of poor India and sad state of malnutrition. They briefed us on “**Bhavishya Foundation**” to run an innovative project to tackle child malnutrition in two states- W. Bengal and Maharashtra through PPP. UNILEVER and its Indian counterpart Hindustan Lever was projected as the host of this philanthropy. (“Bhavishya” a hindi word means “Future”). Discussion lasted for about two hours, and led us to believe that there will be a ‘Bhavishya foundation’ for which they already have signed an MoU with UNICEF India, and according to them, UNILEVER will sit on its board with about 20% stake. When asked “Will there be a complementary feeding ‘product’ that UNILEVER has in mind to market in project area?”, their answer was “may be, there could be one”. We provided some arguments for not relying on “food-supply based solutions” as this is not the basic problem, and also tabled our concerns of ‘conflict of interest’ as well as of poverty. Concluding that there was a philosophical divide in the discussions, they finally said in the end, “we have already signed the MoU with Unicef India (and showed me a paper from distance), see if you want to be in or out”. I happened to discuss it with one of the Unicef officers who was looking after this project and he also tried to convince me about the need of PPP in this project. I shared my thoughts with him and shared copies of several documents on PPP. We also raised the issue, if it was a business proposal that would benefit UNILEVER, let it be stated and transparent. We did not hear after that. Our concerns were based on such contents of the document provided, “*As the director of the UNICEF Nutrition Program in India observed, solutions from a technical point of view are known, but the lack of collaboration between government, NGOs, and companies, together with obstacles inherent in existing structures, prevent real progress. In addition, the business community’s involvement is limited mostly to providing philanthropy, rather than developing and offering market-based solutions*” As Bhavishya project has now been launched in Maharashtra, at a meeting in Mumbai, our colleagues raised the issue. Here is brief note on this, which we received from Dr Raj Anand after participating at the meeting. UNICEF has now to ensure that concerns raised are taken care.

From: "Dr. R. K. Anand" <ranand@jaslokhospital.net>
> To: bpni@bpni.org, waba@streamyx.com
> CC: psgangal@hotmail.com, ssprabhu1@hotmail.com
> Subject: *Partnership for child nutrition*
> Date: *Mon, 27 Feb 2006 18:42:11 +0530*
> >BPNI / WABA
> >
> >Dear Arun & Susan
> >
> >I am glad we went to attend this meeting. We were well represented – Dr.
> >Gangal & Dr. Prabhu were with me. Mr. Gopi Menon, Mr. Turkar & Raji Nair
> >were happy to have us over there.
> >
> >Dr. Gangal mentioned about commerciogenic malnutrition. I could ask Unilever
> >to concentrate on their project (Shakti) of empowering women and not to
> >think of helping developing countries with a suitable complementary food.
> >Dr. Prabhu could refer to the Lancet survival series. I could get public
> >assurance from the Unicef’s Chief (India Country Representative) that we can
> >count on him if ever we have problems with any person in Unicef. We could
> >also remind people about the legal sanctions for marketing of infant formula
> >and complementary foods.
> >
> >Cheers!
> >
> >
> >
> >Raj
> >
> >cc: Dr.Prashant Gangal
> >cc: Dr. Sanjay Prabhu
> >

2. Gates Foundation asked McKinsey & Company and Academy for Educational Development (AED) to help the foundation in assessing the commercial sector barriers to and incentives for the introduction of fortified complementary foods and supplements for 6-24 months old children targeted at low income (C/D) class consumers in developing countries. The intent is clear that marketing of complementary foods is on its way. Hub countries defied are China, India, Senegal, South Africa & Zambia. Two representatives from AED visited BPNI to discuss this project with us. We raised issues like poverty and low purchasing power, they only assured that our concerns will be passed on and it will be done in a transparent manner. We raised the issues of conflicts of interest, and of knowledge and skills of mothers regarding consumption and selection of foods to be used for complementary feeding. We also discussed about marketing restrictions on baby foods for children upto 24 months through legislative framework in India, which was a little surprise for them. We have not heard any news from them after this.

3. Indian Hotels Company Limited exploring about market of complementary foods(baby foods): We were contacted via email reproduced below clearly shows the interest.

“IHCL is looking at weaning foods only (we are not interested in formula food). Our interest lies in learning whether Indian parents (esp working mothers) are willing to consider manufactured baby foods?. We notice that there seem to be very little similarity between the Indian diets and the baby foods on offer though internationally the trend has been to make the baby food similar to what the baby will eat as he grows up. What opinion do doctors have on this topic ?”

Comments:

All three examples point towards emerging market solutions to deal with child malnutrition. Such actions are fundamentally flawed, and possible without any evidence base. Available evidence suggest clearly that solutions don't lie there. (<http://www.bpni.org/cgi/epwarteile.pdf>) Findings from the latest March 2006 report of the World Bank "Repositioning Nutrition: as Central to Development"

(<http://siteresources.worldbank.org/NUTRITION/Resources/281846-1131636806329/NutritionStrategy.pdf>)

and another report "India Undernourished Children"

[http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-](http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/IndiaUndernourishedChildrenFinal.pdf)

[1095698140167/IndiaUndernourishedChildrenFinal.pdf](http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/IndiaUndernourishedChildrenFinal.pdf), point out that widespread child malnutrition in poor countries is usually not caused principally by lack of food, nor are large, politically popular programs to feed schoolchildren the right way to tackle a problem stunting the intellectual and physical development of more than 100 million children world-wide. The irreversible damage malnutrition causes to children occurs by age 2, long before they begin primary school. Report further argues that efforts to combat this scourge must concentrate on the brief window of opportunity between gestation and age 2, with a focus on teaching mothers to properly feed and care for infants and young children. Programmes should thus emphasise changing how mothers behave, for example, encouraging them to breastfeed exclusively for the first six months of life and seek quick treatment for their children's illnesses, rather than directly providing food. The report also points out that providing school-age children with nutrition education, iron supplements and deworming medicines are better ways to improve nutrition than simply providing them with meals.

Our concerns:

1. **Conflicts of interest and public health at the center-stage:** We would like to see that in any such work, there should be **NO** conflicts of interest keeping the public health at enter-stage. Considering these principles, all partners in "Bhavishya" project should ensure that they will not enter into marketing of baby foods during the project and after .

2. **Marketing solutions targeting poor people (as in Gates Foundation project), we feel it is exploiting and perpetuating poverty,** if poor people have to buy these expensive ready made foods as result of aggressive marketing. The projects should be based on aims and principles the *Global Strategy for infant and young child feeding*, which was adopted by the WHA in May and UNICEF Executive Board in Sep 2002. It clearly defines roles for private sector to stick to *International Code for Marketing of Breastmilk Substitutes*, and subsequent WHA resolutions on infant and young child nutrition, and also ensure uaility of their products. *'Innocenti Declaration on infant and young child feeding 2005'* also endorses this.

3. **Pressures of deregulation are bound to come** – India faced one such pressure in 2005 when its law protecting breastfeeding was about to be repealed. We would like to ensure that no such pressures are put in through the WTO process on countries where such projects are launched.

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