



# IBFAN

International Baby Food Action Network  
Red internacional de grupos pro alimentación infantil  
Réseau international des groupes d'action pour l'alimentation infantile

1998 RECIPIENT OF THE RIGHT LIVELIHOOD AWARD

c/o GIFA Geneva Infant Feeding Association  
Association genevoise pour l'alimentation infantile

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**NPH**

Dr Pekka Puska  
Director  
Noncommunicable Diseases Prevention and Health Promotion  
WHO  
Geneva, Switzerland

16 April 2002

Dear Doctor Puska,

Herewith I am submitting the International Baby Food Action Network's comments on the joint WHO/FAO draft report "Diet, Nutrition and Prevention of Chronic Diseases". The comments have been also submitted to Dr. Chizuru Nishida, as requested.

I would like to use this opportunity to thank you for selecting IBFAN as one of the reviewers to represent the non-profit sector and to provide feedback on the draft. We also appreciated your inviting us to participate in the 15 April 2002 meeting between WHO and consumer groups. We are prepared to continue this collaborative effort and will be looking forward to hearing from you about the next steps once specified.

We also appreciated your letter of January 11, 2002, and will contact you to meet with you when convenient and discuss other issues which we believe are of a mutual interest.

With best regards.

Sincerely,

Lida Lhotska and Alison Linnecar



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IBFAN Comments on the draft « Diet, nutrition and prevention of chronic diseases »,  
a report of the Joint WHO/FAO expert consultation, 18 January – 1 February 2002,  
Geneva

Prepared by GIFA-IBFAN, 16 April 2002

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IBFAN appreciated the opportunity to review the draft report and we wish to commend the experts who prepared the excellent background documents. We found the report extremely timely. Its comprehensiveness and overall approach represent a contribution much needed in this area of debate. An early involvement of non-profit NGOs like ourselves in the process is also much welcome. We hope to be involved in the follow up in order to support the process and eventually endorse the final outcome. At this stage, we are very pleased to submit the following comments:

Comments on the draft report:

- We appreciate that the report highlights some of the structural barriers to overcoming obstacles to preventing Non-communicable diseases and believe that further elaboration of these structural barriers alongside the medical/technical issues would be an important contribution to the development of an overall conceptual framework and strategy for future actions.
- We appreciate the emphasis on the life cycle approach which also brings out the importance of breastfeeding in the prevention of Non-communicable diseases and highlights the importance of preventive interventions early in the course of life for achieving lifelong benefits. In this context, it would thus be useful to make clear references to the latest developments in this area in WHO policy setting work, namely to the WHA resolution 54.2 which clearly defines optimal breastfeeding and infant feeding practices and to the draft Global Strategy on Infant and Young Child feeding, which is to serve as a guidance for the future work in this area.

It would also be important to note more explicitly that breastfeeding plays a unique role in both the pre-transitional and the post-transitional the group of nutritional and health issues. Firstly in the pre-transitional group optimal

breastfeeding is crucial for child survival, prevention of undernutrition and optimal development. Secondly in the post-transitional group breastfeeding plays a role, in addition to its well-known benefits, in the prevention of obesity, diabetes and better dental health.

With regard to the conceptual approach to the issue, we were wondering whether the concept of protection, promotion and support, used successfully in the field of breastfeeding, would not also prove helpful. It would allow for clear structure e.g. regulation of marketing/advertising would be an intervention within the protection area, media messages on healthy diet would fall under promotion and nutrition counselling under support. It would also help to define better the individual roles and responsibilities of individual groupings of players.

- The broad parameters for a dialogue with the food industry as defined on page 8 seem to us rather narrow. The report acknowledges on page 7, that commercial pressures are among the factors that constrained progress in the prevention of NCDs. It would thus seem appropriate to balance this fact with clearly expressing the need for strategies that would counter this pressure. Concerning the parameters for dialogue with the industry, we would prefer these to be more accurately named according to the objectives of the talk with the industry, e.g. interest negotiations, initial discussion etc. These talks should have specific objectives and the transparency needs to be ensured. Any such discussion should also contain unambiguous messages about non-negotiables: where there are clear rules defining industry's involvement and practices, the international community will hold them accountable for keeping to these obligations (e.g. compliance with the International Code of marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions in the case of the baby food industry).
- The section "Diet, nutrition and chronic diseases in the context" on page 15 provides a good opportunity for WHO's Department on Non-communicable Disease Prevention and Health Promotion to send out consistent messages and complement the work of other departments (NUT and CAH) by using the definition of optimal breastfeeding as defined in WHA 54.2: exclusive breastfeeding for 6 months and continued breastfeeding and continued breastfeeding for 2 years or beyond with safe and appropriate complementary foods. This also applies to page 30 where defining exclusive breastfeeding should go beyond a footnote currently only referring to another WHO document.
- We would much welcome if both the authors of the background documents and the drafter of the report would elaborate on the importance of early diet. There seems to be enough suggestive evidence about the effect of this diet on development of overweight/obesity. The research published earlier this month in the American Journal of Pediatrics argues that for each increase in weight of 100g per month above the average increase, the risk of child becoming an overweight 7-year-old increases by more than 25 per cent. If this holds, the first four months establish feeding patterns for life. The draft report should

thus put greater emphasis on the promotion of exclusive breastfeeding on demand when the child controls the intake and prevents overfeeding.

- The wording on page 25 in the paragraph “diet and disease” suggests that breastfeeding at birth is among eating behaviours that are closely linked to overweight and obesity. We assume that “breastfeeding at birth” means early initiation of breastfeeding within the first hour of delivery as per principles of the WHO/UNICEF Baby-Friendly Hospital Initiative, and should hence be referred to as such. Therefore re-wording of this particular statement to highlight the positive effect of breastfeeding on prevention of obesity, and conversely the role of artificial feeding, would be most helpful.
- The recommendations to the civil society on page 45 are very useful but rather narrow. The list as it stands does not recognize the role of NGOs in the shaping of global governance, does not highlight the importance of NGOs pressuring governments and international agencies to act in the best interest of people and not businesses. It also does not highlight the importance of their role as monitors and watchdogs. Yet, it is the NGOs who often bring attention to inappropriate practices, such as aggressive promotion of certain foodstuffs or poor labelling. We are enclosing two examples of such monitoring which was recently carried out by IBFAN in the area of our work. Many NGOs are also playing a critical role in the Codex Alimentarius discussions trying to address the imbalance between the industry lobby and advocacy for public health interests. Since the Codex Alimentarius Commission is seen in the draft report as a potential partner in the efforts to combat NCDs, the role of NGOs in support of this effort in the Codex work will become even more important and WHO’s recognition of this role would seem timely and appropriate.

*NB: It is our understanding that WHO has not yet defined the term “civil society” many of the existing definitions do not distinguish between citizen’s coalitions and business organisations. Because of the differing interests and mandates of these two groupings, and thus their roles, it would be most helpful to clarify the term “civil society” in the draft report.*

- The section on recommendations to governments should emphasize that the regulatory function of states goes beyond food quality, advertising and labelling. As in other commercial spheres, also in the food sector, governments have the responsibility to create and put in place mechanisms, incl. regulations, guidelines and legislation, which ensure that industry practices and products do not have adverse impact on consumers’ health.
- On page 47, nutrition education is targeted at consumers. Yet, some of the background papers recognize the problem of inadequate up-to-date knowledge and counselling skills among health professionals and nutritionists. It would thus seem important to include as a strategy option training in nutrition (incl. infant and young child feeding) for health professionals and nutritionists and allied professions both in the school curricula and as a re-training for those who already completed their education. This would gradually ensure consistent and accurate message and would be also fully compatible with the

proposed interventions in the draft Global Strategy on Infant and Young Child Feeding.

- The draft should also emphasize that one of the crucial responsibilities of international organisations such as WHO is to place the strategy on the prevention of NCDs high on the international public health agenda, and to advocate increased human, financial and organisational resources in support of the strategy (page 47). Indeed, consumers and health professionals look to and rely on WHO in its normative and standard-setting role.
- One of the key recommendations to the food industry that should be included in the draft report is to comply with existing regulations/laws in the areas of marketing and composition of products. Experience with marketing of breastmilk substitutes or in the area of ensuring a lower salt content in foods, shows that the industry is very reluctant to transform its words into deeds. An interesting illustration comes from France where AFSSA (Agence française pour la sécurité sanitaire des aliments – a food safety agency) and medical experts tried to negotiate with the industry an agreement to lesser salt content by 5% per year to reach 25% reduction in five years; to label salt content on packages; and to inform consumers about the dangers of too much salt. But the industry strongly opposed the labelling of the salt content as well as any monitoring of labels. Thus there is no regulation of the industry and no maximum permitted levels of salt. One should also reflect on the fact that by lowering the salt consumption and thus achieving decrease in CVD, the sales of drugs for treatment of CVD would drop. In Switzerland, the market of these drugs represents 750 million Swiss francs per year. The industry lobby at various levels to protect its profits should not be underestimated. Yet the report omits to mention this type of influence on policy-decision making processes.
- Finally, if we want to go beyond rhetoric (page 53, last paragraph), all responsibility for halting the epidemic of obesity, diabetes and other non-communicable diseases cannot be put only on the shoulders of those affected. While their roles differ, it is a responsibility of all players and at all levels: consumers, governments, NGOs, international agencies and the food industry.

#### Annex 2 on prevention of obesity:

On page 17a reference is made to obesity and low SES being influenced by “intelligence”. We question this statement and find the choice of words inappropriate. Acknowledgement of the negative impact of aggressive advertising, including through Internet, is a very important conclusion. It would be useful to explain that advertising should be seen as a part of a broader marketing strategy since some other aspects of this strategy may need to be clearly identified (as has been done in the area of marketing of breastmilk substitutes), and specific recommendations for action should be proposed to counter harmful marketing practices.

Page 24 emphasizes that breastfeeding initiation and duration rates can be increased if information is delivered. We would like to refer the authors of this Annex to the latest

supporting findings of research teams in Italy and Bangladesh. Both studies demonstrated critical role of support for mothers through counselling. (BMJ 2001;323:1358-1362, 8 Dec 2001 and The Lancet, 2000; 356 (9242):1643-1647).

Tables 1 and 2 at the end of this Annex provide a very useful summary and recommendations that do not appear fully in the body of the report, which is a pity. We would like to correct a mistake in Table 2, potential nutrition intervention strategies, breastfeeding, recommendations:

1/ The correct title of the Code is The International Code of Marketing of Breastmilk Substitutes

2/ Recommendation is made for the private sector to support and promote breastfeeding. This recommendation would run counter to WHA and UNICEF's conclusion that the industry should concentrate on the compliance with the Code and appreciate the potential confusion and detrimental effect of their active involvement in breastfeeding promotion. Already in 1992 the national authorities responsible for implementation of breastfeeding programmes were counselled on possible confusion and misunderstanding which may occur if industry is identified as a collaborative partner in promotion of initiatives such as the WHO/UNICEF Baby-Friendly Hospital Initiative. The 1996 WHA was "concerned that health institutions and ministries may be subject to subtle pressure to accept, inappropriately, financial or other support for professional training in infant feeding and child health" and thus called on member States "to ensure that the financial support for professionals working in infant and young child health does not create conflict of interest" (WHA49.15).

#### Annex 6 on prevention of dental diseases:

We understand that the focus of the section on prevention of dental diseases is on the impact of various foodstuffs on the dental health. Yet, it would be important to also mention the impact of feeding technique which in case of infants and small children seems to have a significant impact on their dental health. Tooth decay is far commoner among bottle fed infants than among breastfed. Baby bottle tooth decay (BBTD) has been found with decay of front teeth, which can be severe, regardless of what was given in the bottle. Cherokee and Navajo preschoolers in the USA had a rate of tooth decay caused by the earlier bottlefeeding up to 70%, with complete erosion registered in 61% of these cases. Elsewhere figures range from 14% prevalence (Japan), 15% (Croatia), 19% Kuwait to 54% (Malaysia) and 72% (Canadian Inuit) in children. The report should also highlight that promotion of baby teas by some manufacturers not only interferes with optimal breastfeeding pattern but also contributes to the deterioration of dental health in early age. Some companies had to face charges brought against them by parents.

The statement on page 29 of this arguing that prolonged breastfeeding is linked with "rampant carries" should be reconsidered in the light of the fact that prolonged breastfeeding is most frequent in Sub-Saharan Africa (including Uganda and Zaire – now Democratic Republic of Congo) and as the figures on page 10 of this section show the dental caries levels in those countries are much below levels of any other country.