

Private-Public Partnerships Drive One Solution to Vitamin and Mineral Deficiencies: “Fortify West Africa”

A review

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The 5 questions posed by the SCN¹ intended to contribute to the debate on private-public partnerships are relevant to the review of the paper² describing the “*Fortify West Africa*” programme. Yet in the process one is stimulated to raise more questions and especially to consider assumptions made

Firstly, although they assume that ‘positive’ engagement will transpire; that ‘compatible’ convergence will evolve; and that conflicts of interest can be ‘managed’, one quickly realizes that more questions of a critical nature that reflect on risks and long term outcomes are needed. What are the risks that need to be taken into account? Who will be at risk? Who profits? Who pays? What opportunities are lost and at what cost? Who will identify conflicts of interest and how will they be managed? Are but a few.

Secondly, the context of the interventions in the food and nutrition system of a country must, by necessity, also be examined. Here too, key concepts need scrutiny. Will the public-private intervention do damage to existing food cultures and practices? Are there economic consequences to the large-scale interventions being implemented - are they dependent on trade practices that precipitate increased disparity or continue long standing inequities? Will agricultural and food practices that contribute to food security be damaged by the industrialization of food commodities? How will farmers and fisherman be affected? Are public interests represented in the decision making process and ultimately who has ownership of the outputs of these large-scale collaborations.

Lastly and most importantly, what are the risks for low-income and impoverished populations within the target countries. These after all are the populations on which the interventions attempt to justify their claims. Yet, this is the population most at risk from malnutrition and the population least able to afford market driven nutrition interventions. If the private sector sees the possibility of reaping financial rewards from marketing to the ‘emerging consumer’ looking for convenient and fast foods, in resource poor populations, a momentum is created to maximize these profits and inevitably the real interests and needs of the poor are sidelined.

This review will attempt to address just a few of these concerns.

What is its aim and how does the project justify the public-private intervention?

The '*Fortify West Africa*' programme aims to increase the coverage of fortified wheat flour and cooking oils across West Africa through a private-public partnership using governmental regulatory support, resourced through private and public funding, the expertise and social mobility of non-governmental agencies and the technical capacity provided by the various industries needed for implementation. It will develop and implement a "social marketing" campaign, utilizing a regional logo *ENRICH1*, to brand the fortified foods.

To justify the increased consumption of fortified wheat and cooking oils, the '*Fortify West Africa*' paper cites, as most such programmes do, the appalling numbers of under-five deaths across the region, the staggering numbers of underweight, "wasted" and "stunted" children. Rightly so the paper notes that to meet the MDGs target for 2015, the need is to scale up nutrition interventions.

The justification falters where it claims that West African foods, which include – millet, sorghum rice, yams, sweet potatoes, cassava, their leaves, okra, palm oil, groundnuts, ground nut oil, cowpeas, seeds, squash and the many nutrient rich fruits – papaya, mangoes, guavas, bananas – domestic and wild animal foods, - 'fail to provide required levels of essential micronutrients to meet the recommended daily allowance'. On examining the Huffman ³(1998) paper, cited to support this broad claim, one finds a general overview, not a nutrient analysis of West African foods; indeed it is focused on the need to promote micronutrient intakes for women of reproductive age in developing countries. West Africa is barely mentioned and the few cursory examples given refer only to iodine, folate and riboflavin being inadequate in some parts of Africa. If this sweeping assumption used to justify the large-scale '*Fortify West Africa*' programme is indeed true, although deficiencies are frequently the result of illness and lack of access to sufficient quality food, then such a statement claiming the inadequacy of indigenous foods to justifying a this intervention should in the very least be appropriately validated by independent scientific research.

Interestingly, the paper does note the contextual agricultural challenges faced by the region – such as seasonal consumption patterns "resulting in limited access to micronutrient rich foods, especially those of animal origin". However fortification does not address these challenges. Are these nutritional restraints addressed through the '*Fortify West Africa*' project? Hardly so. There is much evidence that the provision of primary health care and access to adequate nutrient rich foods – facilitated through public policies for agricultural supports, fair trade policies in food commodities with the aim of achieving food security does reduce underfives mortality. One can only surmise that the substantial public/governmental and non-governmental resources co-opted into fortification programmes will distort the ability to address such crucial structural needs.

Again the paper fails to provide little or no analysis to address the causes of deficiency from an agricultural perspective. For example - local foods across West Africa are high in vitamin A – palm oil, mangoes, papaya, green vegetables, squash, eggs etc... Is availability an issue and if so what if the substantial resources put into fortification were to be put into public to public partnerships – farmers and consumers, would this increase production and availability of the many indigenous nutrient rich foods?

Fortification of wheat flour and cooking oils

The industry-public partnership chose two basic food commodities for its fortification programme – wheat and cooking oil.

Wheat is not a significant agricultural product across West Africa. Yet the consumption of bread (made from refined flour and then partially re-nutriented via fortification) is a Western introduction that has been accelerated as a consequence of urbanization over the past few decades. Simultaneously the import of wheat into the region has increased substantially.

The USDA World Markets and Trade⁴ reports wheat imports for Sub-Saharan Africa increasing from 10 million metric ton in 2007/08 to over 15 million metric ton for 2011/12. Wheat production remains largely stagnant at around 5 million metric ton annually, while consumption has increased to almost 21 million metric ton over the same period.

Shortages of local flours such as cassava flour are now contributing to the need for imports. Imports are mostly controlled by transnationals such as Flour Mills of Nigeria a subsidiary of a Belgian agricultural-industrial complex, able to take advantage of reduced import tariffs and production subsidies in exporting countries (US, Canada and the EU).

While imports are increasing, per capita consumption of wheat remains low. A Micronutrient Initiative⁵ (MI) assessment reports per capita wheat consumption for Burkina Faso, Mali and Côte d'Ivoire to be very low, ranging from 7 to 17 kg per year only. The MI assessment of the effectiveness of wheat fortification note that, 'For several African countries, fortification at large scale mills will only reach a small proportion of the population or provide low coverage of RDI because of the small amount consumed'. Can this mean that consumption is skewed towards the 'emerging consumer' market of West Africa?

In the case of palm oil, West Africa was at one time an exporter⁶ but today can no longer meet its own demands. Compared to the other oils, palm oil, sometimes referred to as a 'nutritional gem', is a valuable source of vitamin A (carotenes) and a popular ingredient in West African soups and stews.

Nigeria, the world's third largest producer of palm oil, remains a net importer with a gap⁷ between consumption and production of 4 million metric ton. Citing a lack of supports for improved infrastructure and more efficient processing, Thompson Ayodele⁸ of the Initiative for Public Policy Analysis, Nigeria comments in a critique of World Bank restriction on the funding of palm oil production, "It (WB) is also likely to support efforts by developed nations to impede imports from developing nations through standards such as the EU Renewable Energy Directive", while noting that improving palm oil production in West African countries such as Ghana and Nigeria, can contribute substantially to poverty reduction and food sustainability, both proclaimed missions of the World Bank.

The production of other cooking oils varies across the region – groundnut, cottonseed, shea butter and also some coconut oils are the commonly used. Fortification with vitamin A is relatively cheap – using FAO⁹ and WHO data, this is estimated by to be about \$6.4 million annually for Nigeria, the most populous country in West Africa. With 100% coverage roughly a lower prevalence of Vitamin A Deficiency of 20% can be anticipated. Stability and the use of antioxidants are concerns raised in the MI⁵ report in addition to packaging, exposure to light and cooking losses. The ability to monitor and regulate small-scale oil fortification industries has also been noted. Cooking oil Imports are not substantial – soya and canola are the primary import oils and generally are fortified.

Given that for both these commodities – cooking oil and wheat flour, imports are increasing, the question must be asked: will the 'Fortify West Africa' programme facilitate imports and continue the decline in sustainability for these basic food essentials? How will rising food costs impact on accessibility and how can the most vulnerable benefit?

Will 'Fortify West Africa' be effective?

Without specific information on how the effectiveness on vulnerable populations will be monitored and assessed, or the risks and unintended side effects, it is difficult to assess the efficacy of the 'Fortify West Africa' programme. Impact on young children, especially those undernourished or malnourished needs careful scrutiny. Monitoring programmes will be needed at all levels to ensure compliance with regulations, labeling and promotion of fortified product and above all to ensure that the marketing of fortified products dependent on commodity imports do not exacerbate the increasing gap between need and access.

In reality the complex and necessary structural changes needed to decrease global disparities and facilitate access to essential human needs are difficult to achieve. Decreasing dependency on food imports and achieving self-sufficiency must be a first priority for policy makers. Public resources should be directed first and foremost to

meet human needs and support the agricultural and technical infrastructures to facilitate this.

Hence, the co-opting of substantial public resources needed to roll out fortification programmes at national and regional levels, with limited effectiveness to reduce the shocking levels of malnutrition across the region may not be an effective use of limited national human and financial resources. The impact emphasis appears to be on regional and national industrial capacity to fortify and progress is noted as coverage of the programme rather than the effectiveness on the at risk population.

Other agendas?

The mantra, 'The business of malnutrition is good for business', is the principle promoted by the primary donor of global fortification programmes, the Global Alliance for Improved Nutrition (GAIN). Its business allies include food, drink and commodity giants: Coca Cola, Pepsi, Unilever, Cargill and more, with a central agenda for growing markets, monopolization of food commodities and reduction of trade barriers. With increased imports, the rising prices of food ^{10,11,12} imports and the accompanying reliance on fortification of basic commodities and food products to meet "nutrient" needs as indigenous food practices dwindle, it is the poor who face the risks of food insecurity. Can one realistically expect mortality rates for underfives to decrease? No doubt some reduction of vitamin A and other nutrient deficiencies will result in the better off segments of West African society. The food and nutrition needs of the poor go well beyond the provision of micronutrients.

What will be the impact of the marketing logo *ENRICH*? The project refers to the target population as 'consumers' to be targeted by the media and sensitized on 'the benefits of fortified foods'. One can assume that this will imply the use of nutrition and health claims on products such as white bread to 'reduce the risk of iron deficiency anemia'. What undermining impact will this have on the consumption of and trust in national and culturally significant foods? A shift from the nutrient rich foods of West Africa can only increase the "double burden" of obesity and undernutrition. The devastating effects of the loss of breastfeeding resulting from the promotion of infant formula feeding continue to this day, adding to the death toll of children across the region.

Is there a significant role for food fortification in the reduction of malnutrition in West Africa? Of course. The use of iodized salt is a good example. But when food fortification comes with claims and risks, a very careful assessment is needed to ensure that food security for the poor is not compromised; that imports and industrial food products do not replace the valuable agricultural heritage of West Africa nor the diverse and rich food practices of the many cultures of West Africa. Adequate food ensures prevention¹³. Fortifying and protecting these should be a first priority for all concerned.

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