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Nutrition and Business

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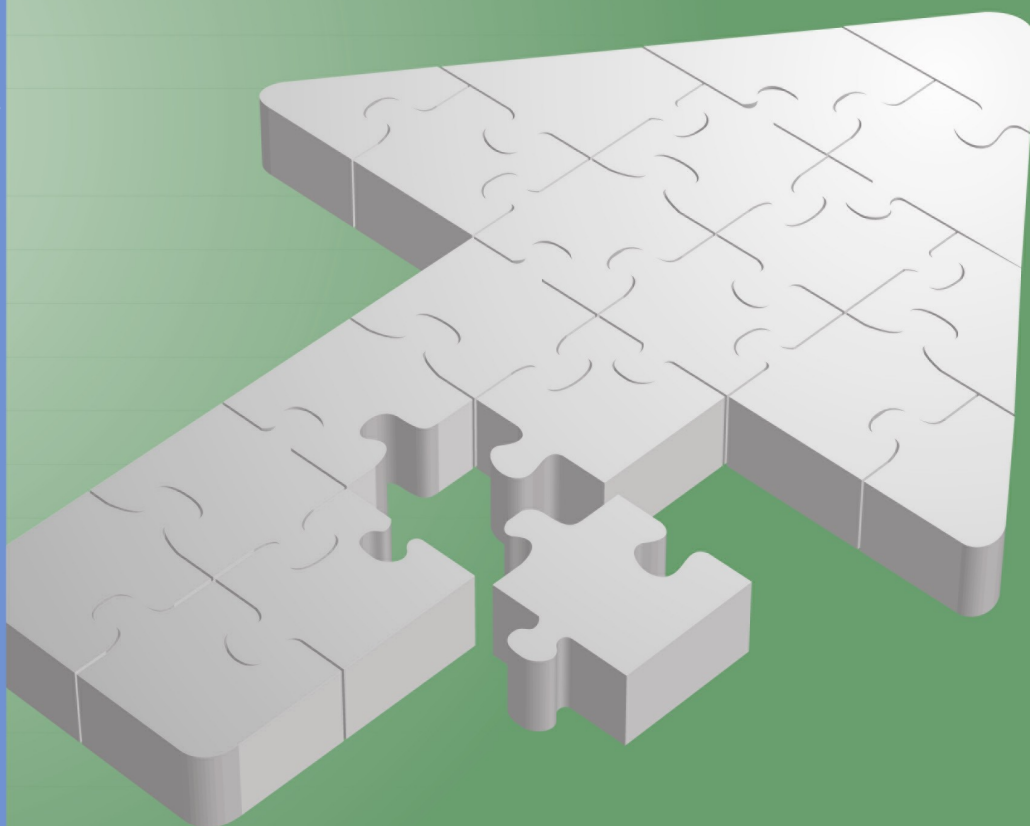
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About SCN News

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Editorial team: Denise C Coitinho Delmuè, Lina Mahy and Sabrina Ionata.

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CHAIR'S ROUND-UP



Dear SCN News reader,

As the Chair of the UNSCN, a role I assumed on 1 October 2011, I am very pleased to interact with you through our SCN News publication during this exciting time for nutrition. Historic global momentum on nutrition today is galvanizing nations and hundreds of stakeholders around the world to commit to address child undernutrition. New partners and movements are emerging and existing ones are ensuring they are best prepared to support global efforts.

The UNSCN is responding to this dynamic new environment through a comprehensive reform process, initiated under the guidance of my predecessor, Alexander Müller - whom I sincerely thank for his leadership and commitment. The first stage of the reform process established an Executive Committee (ExCom), composed of very senior level officials from FAO, UNICEF, WFP and WHO, and including the UN Secretary-General Special Representative on Food Security and Nutrition as a “standing guest”. Guiding the overall UNSCN efforts, the ExCom is a proactive forum for policy development, decision-making and management, and has met several times. As a true fieldworker at heart, my vision for the UNSCN is to evolve into an agile United Nations Nutrition Network focused on:

- Supporting policy and strategic coherence in nutrition across the UN system;
- Ensuring the UN system provides clear and consistent technical guidance in nutrition at the global and country levels;
- Serving as a repository of knowledge/data in nutrition across the UN system.

We are entering a new era of cooperation with new stakeholders working closely with national governments to support better nutrition in effective and innovative ways. Given the immense burden of undernutrition, fostering strong partnerships that capitalize on the unique expertise and capacity of various stakeholders, including the business sector, is essential. Open and constructive dialogues can help pave new paths forward to establish acceptable and sustainable efforts. I am pleased that the UNSCN, through this publication, is looking at how stakeholders can engage the business sector to sustainably address malnutrition.

Looking forward, I am confident that - together - the UN system, national governments and its many important partners can help improve the well-being and nutritional status of millions of the world's most vulnerable.

Best wishes,

Ramiro Lopes da Silva

UNSCN Chair

Ramiro Lopes da Silva, a Portuguese national, is Deputy Executive Director of the World Food Programme (WFP), and became the eleventh UNSCN Chair on 1 October 2011. Mr. Lopes da Silva began his career with WFP in 1985 as Food Aid Logistics Coordinator during the Great Horn of Africa and Sahel drought emergency. Since then, he has held senior management roles in operations in many countries, including Afghanistan, Angola, Ethiopia, Iraq, Pakistan and Sudan. He has held other senior positions in WFP including Director of Transport and Logistics, Special Envoy of the WFP Executive Director for the Afghanistan Crisis, Director of Emergencies and Deputy Chief Operating Office. In addition to his WFP responsibilities, Mr Lopes da Silva was the UN Assistant Secretary General and Humanitarian Coordinator for Iraq from 2002 to 2004, subsequently becoming in 2004, Senior Advisor to the United Nations Under-Secretary-General for Humanitarian Affairs.

EDITORIAL



The numbers of food and nutrition insecure in the world remain unacceptably high. The Food and Agriculture Organization of the United Nations' estimate for 2010 persisted at 925 million people suffering from hunger. A key indicator of food and nutrition insecurity is stunting - when children fail to grow to their potential and are too short for their age compared to standards. The World Health Organization (WHO) estimates that about 171 million children below the age of five were stunted in 2010. Moreover, 1.5 million children die annually due to wasting - perhaps the most severe acute manifestation of food and nutrition insecurity. At the other end of the spectrum of nutrition problems, overweight and obesity are increasing public health concerns worldwide, affecting people of all ages. As a consequence, rates of diabetes, cardiovascular disease and other diet-related conditions are escalating. While undernutrition, obesity and diet-related chronic diseases are often perceived as separate problems, they are closely linked and often

rooted in poverty, coexisting in poor communities and at times even within the same household.

Ensuring food and nutrition security to all and realizing the human right to adequate food are moral imperatives, critical challenges and a converging interest and shared responsibility of multiple stakeholders.

High and volatile food prices, climate change and an increased frequency of extreme weather events, increased linkages between financial, energy and agricultural markets due to growing demand for biofuels and the growing and uncontrolled financialization of food and agricultural commodities, urbanization, population growth: these are all major contributing factors to food and nutrition insecurity. Coupled with the incidence of disease, decreased household capacity of caring for their most vulnerable members, and food market environments where healthy choices are, recurrently, not easily accessible and affordable, they can lead to an increase in the prevalence of stunting, wasting and of nutrition-related chronic diseases.

Global efforts to achieve the Millennium Development Goal (MDG) of reducing the proportion of people who suffer from hunger by half in 2015 (MDG1) are being challenged by these factors. But even if this MDG is to be achieved by 2015, some 600 million people in developing countries would still be suffering from hunger on a daily basis. These same people could be the ones also affected by chronic diseases that are on the rise. Much more needs to be done to sustainably achieve food and nutrition security, and it must be done now.

Private initiatives are part of the solution. Millions of farmers and rural entrepreneurs form the bulk of agricultural production and investments. Private businesses, of all sizes, constitute the food supply chain as it evolves from the farm to the fork. Additionally, some of these businesses create foods for special therapeutic uses that can be life-saving. Other private initiatives, from a large variety of industrial sectors create employment, generate income, produce a vast array of goods and services, and, in this way, are also critical to sustainable, long term food and nutrition security.

The United Nations (UN) Secretary-General Ban Ki-moon acknowledged the business community as an essential partner for reaching the MDG goals in his 2010 report for the General Assembly ([Report A/64/665](#)). Furthermore, in his report to the UN General Assembly in 2011 ([Report A/66/320](#)), he recognized that the relationship between the United Nations and the private sector has entered a phase of maturation and that transformational partnerships are a tool to help achieving development objectives. However, he called attention to the remaining challenges for the UN to more fully take advantage of collaborations with the private sector. He requested that more long term and strategic considerations are taken into account that include "further building up measures to protect the Organization's integrity, promote a culture of transparency and ensure alignment with the priorities set by Member States".

Nutrition and business interests are overlapping more and more. Businesses are increasingly including product and social innovation as well as sustainability into their core corporate strategies and supply chains. Business is also continuously reaching out to new consumers, including the urban and rural poor, exploring emerging markets and engaging with other nutrition stakeholders. While these overlaps create opportunities for cooperation and convergence of interests for achieving food and nutrition security, they also carry controversy, and sometimes cause heated debate, especially on transparency and accountability issues. There are cases of actual or perceived conflicts of interest that undermine such convergence and diminish trust, jeopardizing potentially fruitful initiatives.

Low- and middle-income countries, engaged in scaling up nutrition, request ideas and examples on how to work with the business sector in ways that assure convergence of interest and manage potential conflicts, minimizing risks and maximizing benefits. Specifically, they are keen to see answers to the following questions:

1. Are there opportunities for a positive engagement with the business sector to improve nutrition? In which instances are the agendas of the public and the private sector compatible?
2. Is it possible to achieve convergence of interest by managing conflicts and thus for opening up more opportunities for development? What are the unexplored potentials and gaps?
3. What are the innovative approaches for engaging with the business sector in nutrition that have high potential to sustainably improve livelihoods?
4. What kind of issues should be considered when entering into a partnership agreement with the business sector?

The UNSCN, in 2006, developed a [Private Sector Engagement Policy](#) that lays out a series of principles and mechanisms that can help to manage and minimize the possible risk of conflicting interests. This SCN News 39 follows up and aims at adding to this long overdue and necessary debate by offering space for interested authors to not only showcase examples of public-private engagement where interests converged and generated positive results but also examine and present their insights on the potential risks, challenges and opportunities that such engagement brings. We invite the interested reader of the SCN News 39 to engage in this balanced and constructive dialogue on nutrition-business cooperation in ways that contribute to our collective endeavours of ensuring food and nutrition security for all while serving the purposes and principles embodied in the Charter of the United Nations.

Denise Costa Coitinho Delmuè

UNSCN Executive Secretary

on behalf of the editorial team

Denise C Coitinho Delmuè has been assigned to the UNSCN as Executive Secretary in May 2010. She has a diverse work experience in food security and nutrition having worked at country as well as global levels, in governmental policy and programming development and implementation as well as in the academic setting. As Director of Nutrition of the Ministry of Health of Brazil, her home country, she has developed, implemented and evaluated the Brazilian rights-based National Nutrition Policy and derived programming with measurable impact on child stunting reduction. At the international level, Dr. Coitinho held senior positions in UN agencies and worked as a consultant for International Financial Institutions and international nongovernmental organizations (NGOs). Dr. Coitinho worked as Director of the Nutrition for Health and Development Department of the World Health Organization based in Geneva and, successfully developed and was the first coordinator of REACH: Ending Child Hunger and Undernutrition Initiative, hosted by the World Food Programme in Rome. Dr. Coitinho has academic training in public health at the doctoral level and is also a researcher and senior lecturer in public health nutrition. At the University of Brasilia, she has conceptualized and implemented the first Food Security and Nutrition Policies Observatory of the American Region. In all positions held, Dr. Coitinho contributed to facilitate the dialogue and collaboration across partners, including from Governments, UN system agencies, NGOs and civil society organizations (CSOs) and has engaged productively with private sector partners to advance nutrition.

COMMENTARY

PUBLIC-PRIVATE ENGAGEMENT FOR DIET AND HEALTH: ADDRESSING THE GOVERNANCE GAP

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THE GOVERNANCE GAP

Engagement between the public and private sectors in nutrition is presently a topic of hot debate. The arena of healthy eating and non-communicable diseases (NCD) is no exception – as the discussions leading up to the 2011 UN High-Level Meeting on NCD attest. Indeed, for all the risks involved, engagement in some shape or form with the food industry is necessary. After all, it provides the food we eat.

Yet a governance gap exists in the realm of healthy eating. There is no clear governance structure that enables the World Health Organization (WHO) to engage effectively and efficiently with the food industry in the area of diet and NCD – that is, for the appropriate objectives, under the right terms, and with the right governance structure. Local level professionals and actors have nothing to follow but their common sense and economic incentives (which may clash) when faced with a request from a private company for collaboration. National governments often want to engage with the food industry when they think it can help achieve political, economic and/or health goals – but engagement inevitably creates unease among some stakeholders because of concerns over real or perceived conflict of interest. In other cases, governments may want to regulate the industry – but are swayed by lobbyists to leave well alone. Similar controversies rear their head when civil society and

medical groups take funding, or otherwise engage, with the food industry.

How to address these controversies and risks is highly contested. Listening to current discussions, it would appear that the options are limited to either developing “partnerships,” or issuing guidelines and conflict of interest statements that appear to aim to prevent engagement from happening at all. Yet there is clearly more – and should be more – to the governance agenda. So how can the nutrition community better equip itself to better govern such interaction?

THE CURRENT “ENGAGEMENT” ENVIRONMENT

The first (albeit rather basic) requirement is to understand that engagement takes many different forms. For example, the European Technology Platform Food for Life is hosted by food companies within a European Commission (EC) framework, and promotes the development of new and reformulated foods. The European Union (EU) Platform on Diet, Physical Activity and Health is, in contrast, hosted by the EC and aims to encourage private sector commitments to address obesity. The Canadian government's Sodium Working Group involved representation from the public and private sectors on its Steering Committee and drafted the country's recent sodium reduction strategy. In Europe, too, salt reduction strategies have involved public-private sector engagement, as have

other healthy eating-oriented activities such as food strategy development (Finland), fruit and vegetable and wholegrain promotion (Denmark), nutrition education campaigns (Czech Republic), education activities (e.g., [EPODE](#)), food labelling (Romania, the Nordic countries), and nutrition research (the United Kingdom). In the United States of America (USA), the “Healthy Weight Commitment Foundation” is an industry-led initiative that includes nutrition associations as partners. Elsewhere, Nestlé has formed a series of collaborations as part of its “Creating Shared Value” programme. These include the “Nutrikid” partnership between the Swiss Society of Nutrition and Nestlé Switzerland and Hungary, and “Nutrir” in Brazil through which trained Nestlé volunteers promote nutrition to schoolchildren through games and play. The company also funds the magazine of the professional nutrition association in Brazil.

At a global level, examples of formal engagements between the public and private sector in the area of nutrition are few, particularly as compared with the numerous Global Health Partnerships for infectious diseases (Buse and Harmer 2009). Some global advocacy bodies receive funding from the food or pharmaceutical industries, such as the Oxford Health Alliance, C3 Collaborating for Health, and The NCD Alliance. The Healthy Eating & Active Living Global Partnership (HEAL), hosted by the International Business Leaders Forum, has a

range of supporting and partner organizations, largely from the private sector but also the public sector, with the aim of finding ways that businesses can be “part of the solution” to chronic diseases. In 2009, the International Union of Nutritional Sciences (IUNS) announced a partnership with Unilever which aims, among other things, through collaboration with the food industry to “translate nutritional recommendations into food guidelines,” with a donation of funds from Unilever to the IUNS.

This commentary makes no claims to assess these interactions as either positive or negative as far as public health is concerned – all these initiatives have their advocates and (often fierce) critics. Rather, our concern is to reveal that engagement can take many forms. While all engagements involve participants from the state

and the private sector (others between civil society and the private sector cannot really be termed public-private partnerships), some are funded by government, others by industry, others jointly; some are hosted by the state, others by industry; some are led by public actors, others by the food industry; sometimes a large transnational company is involved, other times, a smaller local business; some involve only institutions of the state and the private sector, while others include civil society as well.

One particularly important distinction is between interactions which are governed by a body with representatives from both sectors, and those which are not. In the former, decisions about steering and governing the initiative are shared between the sectors; in the latter, both sectors

participate but decisions on setting agendas, allocating resources, overseeing and evaluating activities etc. are made by one sector or the other. The former can be described as a “partnership” with the latter describing a looser form of collaboration (Buse and Harmer 2009; Hawkes and Buse 2011).

In addition to these significant differences between forms of engagement, there are differences in the kinds of activities they undertake. As shown in Box 1, these activities include providing information, conducting joint research, increasing access to nutritious foods and dialogue to develop strategic responses to nutritional problems. These activities require different skills, functions and resources – implying differences in who should be involved and how.

Box 1. Core activities of public-private healthy eating initiatives

1. Health promotion and communication campaigns (e.g., information leaflets and posters)
2. Diet and nutrition education in formal and informal learning venues (e.g., building cooking skills)
3. Communicating information on food products (e.g., nutrition labelling, and “healthy food” logos)
4. Controlling advertising and marketing of food products (e.g., through advertising codes on marketing)
5. Increasing or decreasing access to food products (e.g., fruits, vegetables, vending machines)
6. Conducting or supporting research (e.g., on development of novel foods)
7. Developing or reformulating food products (e.g., reducing salt)
8. Developing recommendations, guidelines, advice and strategies for governments and industry (e.g., government forum that includes the food industry)
9. Encouraging private sector action in general, such as providing a forum for commitments (e.g., “Platforms”)
10. Funding for above activities connected to healthy eating

Public-private engagement thus involves different forms of engagement as well as differing types of activities. This goes some way to explain why there are such differing perspectives on public-private engagement: if one

person’s idea of “engagement” is a food company providing education kits in schools and another’s is a research collaboration, it is not surprising that they may hold different views on whether these interactions

should be developed in the first instance, and if so, how to govern such interactions. Different perspectives may also be expected between those with experience of a formally governed partnership with shared deci-

sion-making, those with experience of engagement that involves funding alone, and those for whom “engagement” just means a formally agreed place to hold a conversation.

As such, figuring out how to address the governance gap should not just be a discussion about setting up and governing “partnerships,” but about where engagement is needed to meet objectives (which it may not always be), and if so, what type of governance structure is needed to meet the objectives and undertake the activities involved. This process inherently requires some analysis and discussion on the potential risks involved.

THE POTENTIAL RISKS OF ENGAGEMENT

Engagement between the public and private sectors inevitably involves risks – for both sectors. As detailed in Box 2, engagement may deflect the public policy agenda, act to facilitate negative health outcomes of private sector activities, create tensions between public health actors who should be collaborating to advance the healthy eating agenda, damage the legitimacy of institutions of the state, and create transaction costs which may outweigh any public health benefits. For the private sector, the potential risks take a similar form: negative outcomes for their core business; no guarantee that actions by the public sector counter to their core business interests will cease; divisions and tensions within and between companies; and loss of legitimacy in the eyes of shareholders.

The risks stem from two basic sources. First, the functions of the public and private sectors are fundamentally different. The responsibility of the private sector is to generate profits for its owners and shareholders. This does not mean that the private sector does not have a public function: practically all governments

around the world have allocated the role of producing, distributing and providing food—as a product essential for public life and health and a means of generating economic activity—to the private sector. Yet this is profoundly different to the state’s role of managing the economy, and the responsibility of protecting its citizens, including their health. The second source of risk arises from the fact that sectors of the food industry produce and market goods that are *undesirable* from a dietary perspective (such as foods that are high in calories but low in nutrients). This is not the case with the entire sector, the fruit and vegetable industry being the notable example. But even here, fresh produce can be transformed and incorporated into high-calorie food products.

There are ways to mitigate and manage these risks. While statements about conflicts of interest and “guidelines for engagement” seem the most obvious, along with screening corporate participants for entry into collaboration, much more fundamental is to design a governance structure that in itself takes account of and addresses the risks involved. So, for example, for some public health objectives and activities, the risk profile may be such that the development of a formal “partnership” is preferable, with a governance structure characterized by shared decision-making, accompanied by guidelines for engagement, not least on conflict of interest. In others, though, the risks – and objectives and activities – may mean a partnership is ill-advised, and a looser, albeit formal, form of engagement is required. In other cases, there should be no engagement at all. In all cases, an honest assessment of the interests involved – for both the private and public sectors – must be made.

THE WAY FORWARD

Given rising levels of obesity and non-communicable diseases (NCD), we

see an urgent need to improve the governance of relations between the food (and pharma) industry and international agencies, institutions of the state and civil society in the area of diet and NCD. The emphasis to date on “partnerships” versus “conflict of interest” has muddied the waters. What is required is a serious discussion of governance more broadly and the development of pragmatic mechanisms and measures. Such mechanisms would facilitate engagement where needed, while recognizing that different interests are at stake and need to be met if sustained engagement is to be achieved. They would also acknowledge that different interests mean that there are circumstances where engagement is not appropriate.

Arriving at such mechanisms should involve, among other actions, a global process to identify where engagement with industry would help achieve defined public health objectives faster and more effectively, and the appropriate governance structures needed at different scales (not forgetting that different approaches may be needed between the large transnationals and smaller local companies). To do so, the World Health Organization (WHO) should host some form of expert consultation process, in which a broad range of expertise and experience is brought together to think through and make recommendations on what will work best – at the global, regional, national and local levels. More specifically, the consultation could address the following issues:

1. Clarify why engagement is needed – for what reason, and with what objectives, would different bodies need or want to engage with the private sector.
2. Review evidence of public health impact of different forms of interactions and of different types of activities.

Box 2. Risks arising from engagement between the public and private sectors in the area of healthy eating and NCD

Risks for the public sector

1) Engagement deflects the public sector from taking potentially effective actions to encourage healthy eating that are against the core business interests of the private sector participants, such as:

- the focus of action is on areas where interests merge rather than on other measures, thus shifting policy agenda away from areas of needed action
- the public sector internally self-censors itself in order not to compromise the engagement
- a culture of the “necessity” of engagement emerges, so leading the public sector to lose sight of the possibility that institutions of the state can take more effective actions in the absence of engagement

2) No guarantee that engagement will stop private industry from engaging in activities counter to public health, with the risk that the engagement will act to further these negative activities, such as:

- engagement becomes a public relations tool for companies that produce products or take actions counter to public health goals as part of their core business, thus facilitating the continuance of these core business activities
- engagement with a single company makes them appear “better” than other companies even though they also produce products or take actions counter to public health goals

3) Engagement, or the potential for engagement, leads to tensions within public bodies, between public bodies, and/or with civil society groups owing to differing perspectives on engagement, so weakening collaboration between bodies with otherwise similar objectives.

4) Loss of legitimacy in the eyes of the general public/media due to perceived cooptation by the private sector .

Risks for the private sector

1) Engagement could lead to negative outcomes on core business interests, such as:

- the outcome of the engagement is reduced sales of core products
- there is pressure to extend the objective/ activities of the engagement beyond the original mandate
- an outcome is a less favourable competitive environment (in the case of sector-wide engagement)
- the costs exceed the benefits

2) No guarantee that engagement will prevent public action counter to private sector interests.

3) Engagement leads to divisions within companies (for example, if departments responsible for reputation management and marketing department disagree about the benefits of engagement) or between them (such as when engagement is with trade groups with members with different perspectives and interests).

4) Loss of legitimacy in the eyes of shareholders if the engagement fails, or if it is perceived as admittance that the company is part of the problem.

3. Assess the risks posed by interactions, and review risk mitigation and management approaches and their effectiveness.

4. Identify areas to unlock the potential for further/future engagement on healthy eating and NCD, and areas not amenable to engagement given the inability to mitigate risks.

5. Propose guidance for interaction at all levels.

The WHO should host the process in order to ensure it is legitimate, accountable and transparent (without in any way implying *a priori* that the WHO should take a leadership role in

any such governance structure itself). To do so, the WHO needs a mandate and a Member State, or group of Member States, to provide the needed resources. It does not need to be a costly process, but it does need to be a thorough and thoughtful one, informed by evidence, a review of different possible structures etc., and conducted in full consultation with the private sector.

So, do we need to be cautious about rushing to a “partnership” solution? Yes. Do we need to be cautious about a process that places partnerships in their wider context and provides the framework for more effective govern-

ance of public-private sector engagement? No. On the contrary, we need to start this process. Now.

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Hosted on the UNSCN website www.unscn.org

IASC Global Nutrition Cluster Harmonized Training Package (HTP)

HTP hosted on the UNSCN website The UNSCN website hosts the Harmonized Training Package (HTP) developed under the Global Nutrition Cluster umbrella. The HTP is a unique international training resource and technical reference document bringing together the latest information on Nutrition in Emergencies (NiE). It is increasingly being used by different agencies and institutions in many different countries and in different contexts. The HTP version 2.0 is now fully available. The website allows you to [download all modules](#) in either WORD or PDF format.

What is the HTP? The HTP is not a ready-to-use training course. It cannot be used as an 'off the shelf' package. Rather it should be used by experienced trainers as a package of materials during the process of developing a training course. The HTP focuses on key nutrition areas in emergencies and protracted crisis situations. Its content is divided into 4 sections: Introduction and concepts (5 modules), Nutrition needs assessment and analysis (5 modules), Interventions to prevent and treat malnutrition (9 modules) and Monitoring, evaluation and accountability (2 modules). The HTP is a unique resource, comprised of 21 modules. Each module contains five parts: i) acknowledgements, ii) a *Fact Sheet* providing an overview of the module's topic, iii) *Technical Notes* for trainers and trainees that provide guidance on current practice, iv) a *Trainer's Guide* to help trainers develop a training course, and v) a *Resources* Document which lists relevant available resources.

Nutrition in Emergency Repository Also on the UNSCN website, you will find the [Nutrition in Emergency Repository](#) which is a special sub-section of the [SCN Food & Nutrition Resource Portal](#). It contains all relevant key documents referred to in the HTP modules and many more relevant resources and links.

Who developed the HTP? The need for the HTP was identified in 2006 by the Global Nutrition Cluster. HTP Version 1 was coordinated and developed by NutritionWorks in 2008 on the basis of a wide-ranging stakeholder consultation, in collaboration with cluster member agencies, individuals and academic experts. The Version 1.0 was funded through the Global Nutrition Cluster.

Cluster members decided to periodically update the HTP modules in order to keep abreast with technical developments. The 2011 HTP Version 2 update was undertaken in an Emergency Nutrition Network and NutritionWorks collaboration using the same editorial process and stakeholder involvement. HTP Version 2.0 was funded by the US Office for Disaster Assistance to the ENN.

Each module has been written by one expert author and reviewed by at least two other experts in the subject area. The authors and reviewers are from academic institutions, United Nations and nongovernmental organizations and expert consultants. Authors and reviewers of versions 1 and 2 are acknowledged at the beginning of each module.

THE ACCOUNTABILITY OF PUBLIC-PRIVATE PARTNERSHIPS WITH FOOD, BEVERAGE AND QUICK-SERVE RESTAURANT COMPANIES TO ADDRESS GLOBAL HUNGER AND THE DOUBLE BURDEN OF MALNUTRITION

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INTRODUCTION

In recent decades, transformative systems change has been a goal for diverse groups tackling the most urgent public health nutrition challenges affecting billions of people worldwide. Systems change is sought through new governance structures, innovative business models and participatory approaches that foster meaningful public and private sector stakeholder engagement and action (Institute of Medicine 2009; McLachlan and Garrett 2008; Morris et al. 2008; Traitler, Watzke and Saguy 2011; WHO 2004, 2008a).

Multisectoral collaborations, coalitions, strategic alliances and public-private partnerships (PPP)¹ are mechanisms through which stakeholders are pursuing systems change to address a range of nutrition needs throughout the life course. This approach entails replacing the “one issue, one business, and one non-governmental organization (NGO) paradigm” with new models that encourage stakeholders to interact in different ways (Global Alliance for Improved Nutrition [GAIN] 2010). No single entity has sufficient funding, resources, influence, expertise or reach to tackle the complex nutrition challenges in communities, at na-

tional and regional levels, or worldwide (World Health Organization [WHO] 2008b). Three rationales support pursuing strategic alliances and partnerships: to address unmet needs, to focus on specific under-resourced priorities, and to create synergy that adds value to target nutrition and health goals (McLachlan and Garrett 2008; WHO 2008b; Working Group on Global Health Partnerships 2005).

Strategic alliances and PPP are used to address emergencies, natural disasters and build disaster resilience (National Research Council 2010; Thomas and Fritz 2006); to alleviate poverty and mitigate global hunger and food insecurity (Agree 2011; IBRD/The World Bank 2011; United Nations [UN] 2009; US Agency for International Development [USAID] 2011); to tackle undernutrition and micronutrient deficiencies (GAIN 2009, 2010; Yach et al. 2010b); and to promote healthy lifestyles to prevent and manage obesity and lifestyle-related, chronic noncommunicable diseases (NCD) (Hancock, Kingo and Raynaud 2011; Kraak and Story 2010; Sridhar, Morrison and Piot 2011; Yach et al. 2010b).

Effective collaboration is difficult, takes time and involves building

trust. Partnerships may be fraught with controversy and ideological landmines. Partners may share different goals, values and understanding of problems that lead to disagreements and devaluing others' preferred strategies to address challenges (Austin 2000; Fawcett et al. 2010). An incompatible and poorly executed partnership can damage public trust, credibility and all partners' brand reputations. Despite these challenges, diverse groups are engaging in partnerships to improve people's diet quality and nutrition-related behaviours and health outcomes in countries worldwide.

PURPOSE OF THIS PAPER

This paper examines the partnerships, alliances and interactions of 15 transnational food, beverage and fast food² or quick-serve restaurant (FBQSR) companies with UN System organizations, government agencies and NGOs to address global nutrition challenges. These issues have generated intense controversy, especially in preparation for the United Nations (UN) Millennium Summit on Preventing NCD in September 2011 (Cohen 2011; Lincoln et al. 2011).

A range of contentious issues have been raised, including: power imbal-

¹ There are many definitions for a public-private interaction or public-private partnership (PPP). In this paper, a PPP is defined as collaboration between public and private sector actors within diverse arrangements that vary according to participants, legal status, governance, management, policy-setting, contributions and operational roles to achieve specific goals and outcomes (WHO 2011b).

² *Fast food* represents food, beverages and meals designed for ready availability, use or consumption and sold at eating establishments for consumption on the premises or take-out. In this paper, quick-serve restaurant (QSR) companies is the term used because it is used by the restaurant industry sector to describe a specific category of chain restaurants where fast food is sold and consumed, as opposed to full-serve restaurants or catering businesses.

ances among partners, ineffective management of inherent conflicts of interest, failure to establish strong safeguards to protect public health goals from being co-opted by commercial interests, inappropriate co-sponsorship and co-branding arrangements involving unhealthy food and beverage products, and a lack of clear boundaries between public-interest NGOs (PINGO) and business-interest NGOs (BINGO) (Brownell and Warner 2009; Buse and Harmer 2007; Freedhoff and Hébert 2011; Gilmore, Savell and Collin 2010; Koplan and Brownell 2010; Kraak et al. 2011; Lincoln et al. 2011; Ludwig and Nestle 2008; Monteiro, Gomes and Cannon 2010; Oshaug 2009; Richter 2004).

These issues have been extensively documented for tobacco, pharmaceutical and infant formula companies (Brownell and Warner 2009; Richter 2004). However, there are limited evaluations of PPP involving UN organizations, government agencies, NGOs and global FBQSR companies to address a spectrum of nutrition-related issues including global hunger, food insecurity, and the double burden of malnutrition (DBM) — undernutrition, overweight and obesity, and lifestyle-related NCD. Global FBQSR companies want to be recognized as legitimate partners who bring unique skills, assets and resources to address global nutrition challenges, and have requested “clear guidelines that articulate the domains within which partnerships are appropriate, effective and to be encouraged” (Mensah, Yach and Khan 2011).

We describe the scope of global hunger, food insecurity and the DBM before examining the resources needed and available (through private sector initiatives, interactions and partnerships) to help governments, UN system organizations and NGOs address these global nutrition challenges. We discuss the role of the private sector and examine selected examples of

partnerships involving transnational FBQSR companies. These examples are just a snapshot of existing partnerships as many of these stakeholders are engaged in an array of single-agency partnerships and complex multi-partner arrangements.

We recommend that prospective partners use a benefit–risk decision-making pathway tool (see Figure 1) and an accountability lens³ before engaging with transnational FBQSR companies to address global nutrition challenges. Accountability means that some stakeholders have the right to hold other stakeholders to a set of performance standards; to evaluate whether they have accomplished their responsibility in meeting these standards; and to impose penalties, restrictions or sanctions if they do not accomplish these standards (Grant and Keohane 2005). Two dimensions of accountability should be considered: *answerability*, involving organizations and FBQSR companies that seek to provide an account of their decisions and actions to relevant stakeholders; and *enforceability*, involving government regulation or industry self-regulatory mechanisms to ensure corporate compliance with international and national laws, established standards, and legally binding or voluntary codes of conduct (Newell 2008; Partnership Governance and Accountability Initiative [PGAI] 2011).

We describe a six-step benefit–risk decision-making pathway tool to guide partnership engagement decisions to assess opportunities, compatibilities, and benefits versus risks; develop objectives and outcomes; execute a formal agreement with input from legal counsel; and ensure monitoring, evaluation and accountability. We suggest that all partners adopt systematic and transparent accountability processes to balance private commercial interests with public health interests, manage conflicts of interest and biases, ensure

that co-branded activities support healthy products and healthy eating environments, comply with ethical codes of conduct, undertake due diligence to assess partnership compatibility, and monitor and evaluate partnership outcomes.

GLOBAL HUNGER AND THE DOUBLE BURDEN OF MALNUTRITION

Global public health nutrition issues are situated on a continuum of concern. Chronic hunger and food insecurity affect an estimated 925 million people in low- and middle-income countries (LMIC) (FAO 2010). Inadequate food and poor-quality diets contribute to undernutrition and micronutrient deficiencies causing nearly 8 million child deaths under five years and leading to child and adult morbidity (Black et al. 2008; Micronutrient Initiative 2009; UNICEF 2009). At the other end of the nutrition spectrum, poor-quality diets and sedentary lifestyles cause overweight and obesity among an estimated 43 million preschoolers under five years (de Onis et al. 2010), 155 to 200 million schoolaged children (Wang and Lobstein 2006), and 1.5 billion adult men and women worldwide (Finucane et al. 2011). Lifestyle-related NCD represent two thirds of the 57 million global deaths, of which nearly 80% occur in LMIC (Beaglehole et al. 2011; WHO 2011a).

Further complicating matters are the intergenerational nature (Delisle 2008; James 2005) and global manifestation of the DBM — the co-existence of maternal and child undernutrition (i.e. wasting, stunting and underweight) and micronutrient deficiencies (i.e. iron, vitamin A, iodine and zinc) with child or adult overweight, obesity and NCD in households, communities, and among vulnerable populations within and between countries (FAO 2006; Prentice 2006; Uauy et al. 2008). The UN System Standing Committee on Nutrition (UNSCN) acknowledged the

³ Accountability is a concept linked to institutional performance and is a driver of governance. Accountability influences *why* decisions are made and governance influences *how* decisions are made (PGAI 2011).

Key Messages

- Multisectoral collaborations, coalitions, strategic alliances and public-private partnerships (PPP) are mechanisms through which stakeholders are pursuing systems change to address a range of nutrition needs throughout the life course.
- PPP take place within a context of governments being publicly accountable for protecting and promoting the nutritional health of their citizens. Since the 1980s, governments have increasingly relied on market-driven solutions to address public health nutrition challenges. The UN System has reinforced this trend by emphasizing private sector engagement through partnerships.
- We examine the alliances, partnerships and interactions of 15 transnational food, beverage and quick-serve restaurant (FBQSR) companies with UN System organizations, governments and non-governmental organizations (NGOs) to address global nutrition challenges. PPP with global FBQSR companies have raised several contentious issues, including: power imbalances among partners, ineffective management of inherent conflicts of interest, and failure to establish strong safeguards to protect public health goals from being co-opted by commercial interests.
- We examine the signatory status of 15 global FBQSR companies to the UN Global Compact. Seven companies (i.e. Cargill, Danone, General Mills, Nestlé, PepsiCo, The Coca-Cola Company and Unilever) are signatories; eight companies (i.e. Burger King, Heinz, Kellogg Company, Mars Inc., McDonald's Corporation, The Hershey Company and Yum! Brands) are not signatories; and although Kraft Foods Mexico was a signatory, it was expelled in 2011 for not communicating progress.
- The UN Global Compact should be amended to contain clear principles that support nutrition, consumer health and wellness. Global FBQSR companies should be held accountable for the products they manufacture and market, as well as their collective policies and actions to prevent and mitigate undernutrition, obesity and the projected noncommunicable diseases (NCD) burden among populations worldwide.
- Prospective partners should use a benefit-risk decision-making pathway tool and an accountability lens before engaging with transnational FBQSR companies to address global nutrition challenges.
- All partners should adopt systematic and transparent accountability processes to balance private commercial interests with public health interests, manage conflicts of interest and biases, ensure that co-branded activities support healthy products and healthy eating environments, comply with ethical codes of conduct, assess partnership compatibility, and monitor and evaluate partnership outcomes.

importance of addressing the DBM in a special 2006 issue (UNSCN 2006) and more recently in the Sixth Report on the World Nutrition Situation 2010 (UNSCN 2010a).

Resources needed to address global public health nutrition challenges

An estimated US\$ 20 billion dollars annually is required to tackle the global DBM, which includes US\$ 10 to 12 billion to scale up 13 proven nutrition interventions in 36 priority countries to prevent and treat undernutrition (UNSCN 2010b) and at least US\$ 9 billion to implement five prior-

ity actions to reduce the risks of obesity and NCD (Beaglehole et al. 2011). Coalitions, multisectoral alliances and PPP are a potential way to raise and administer funds to address global hunger and components of the global DBM (GAIN 2009; Sridhar, Morrison and Piot 2011). Transnational FBQSR companies (see Table 1) and certain corporate foundations participate in several global alliances, coalitions and partnerships to address global nutrition challenges (Kraak et al. 2011).

Governments, businesses and private foundations have pledged billions of

dollars through global alliances to develop new food and agricultural policies (Agree 2011); to use PPP to mitigate global poverty, hunger and food insecurity targeted by the Millennium Development Goals (MDG) (IBRD/The World Bank 2011; UN 2009); and also to support complementary initiatives such as the US Government's *Feed the Future* (USAID 2011; US Government 2011). Resources have been pledged through the Global Alliance for Improved Nutrition (GAIN) to address micronutrient deficiencies (GAIN 2009). Both *Feed the Future* and GAIN

partner with several global FBQSR companies.

Transnational FBQSR companies have also pledged to promote healthy lifestyles to prevent obesity and NCD rates through the International Food & Beverage Alliance (2011); European Platform for Action on Diet, Physical Activity and Health (The Evaluation Partnership 2010); US Healthy Weight Commitment Foundation (2011); and five Public Health Responsibility Deal Networks in England (Department of Health 2011). Additionally, the UN Millennium Summit draft resolution on the Prevention and Control of NCD, which was discussed at the High-Level meeting in September 2011, encouraged multi-sectoral partnerships with private sector stakeholders to address NCD (UN General Assembly 2011).

Role of the private sector in addressing global nutrition challenges

The business sector has an important impact on health. It provides, manages and spends substantial levels of global health funding (McCoy, Chand and Sridhar 2009). The private sector also develops and markets products and services, creates jobs, provides employee health benefits, and influences global health governance processes (Buse and Lee 2005; Hancock, Kingo and Raynaud 2011). When appropriately structured and executed, partnerships with businesses can potentially address specific cost and investment challenges; improve the efficiency and quality of service delivery through sophisticated distribution systems; and provide public sector stakeholders and NGOs with access to financial and in-kind resources, influential networks, communications expertise and technology transfer (Conway, Gupta and Prakash 2006; Hancock, Kingo and Raynaud 2011; Nikolic and Maikisch 2006).

Commercial investment decisions are predicated on building a business case today that will lead to an economic benefit and a competitive

edge tomorrow (Webber and Mercure 2010). Businesses are focused on several concurrent challenges, which include responding to: (1) global trends of emerging markets; (2) the “global grid”—a highly integrated and connected global economy; (3) environmental, social and consumer issues; (4) corporate and public governance issues; (5) the structure of the industry in which it competes; and (6) sustaining customer engagement (French, LaBerge and Magill 2011; McKinsey and Company 2010).

Global FBQSR companies are accountable to many different stakeholders: to their board of directors, investors and shareholders to make profitable return on investments; to governments by adhering to laws and regulations; and to their employees and customers who purchase their products. If companies do not pay attention to these audiences, they lose legitimacy. These companies are aware that stakeholder engagement with all of their relevant audiences is critical to build brand equity and remain a trusted, legitimate and profitable business (Bonini, Court and Marchi 2009).

GLOBAL HEALTH GOVERNANCE, THE UN GLOBAL COMPACT AND CORPORATE SOCIAL RESPONSIBILITY PROGRAMMES

Global health governance

Global health governance is a term used to describe the current actors, actions and agendas used to make progress toward population health outcomes. It represents the collective actions adopted by governments, businesses and civil society to promote and protect population health. Governments, UN System organizations, NGOs, donors (i.e., private and corporate foundations and bilateral agencies) and businesses are all part of the global health governance system (Dodgson, Lee and Drager 2002).

Global health governance is relevant to addressing global hunger and the

DBM because of the transnational nature of interactions among many stakeholders within and across borders in the globalized food system. Since the 1980s, governments have increasingly relied on market-driven solutions to address public health nutrition challenges. The UN System has reinforced this trend by emphasizing private sector engagement through partnerships (Richter 2004).

There has also been an emergence of social entrepreneurship and cause marketing to address global poverty (Scott et al. 2011), and a trend toward voluntary “civil regulation”—a type of global economic governance that relies on socially focused, voluntary codes of conduct or standards to govern international businesses, as opposed to stronger forms of government-supported legally-mandated standards for businesses (Vogel 2008). When business standards are not legalized, accountability operates primarily through reputation and peer pressure, rather than in more formal ways (Grant and Keohane 2005). Several of the global FBQSR companies listed in Table 1 are headquartered in the United States (US), and are accountable both to US and international government laws and regulations, such as Codex Alimentarius and the World Trade Organization.

The UN Global Compact

The UN Global Compact (2011) was launched in 1999 by former UN Secretary-General, Kofi Annan, at the World Economic Forum in Davos, Switzerland to stimulate private sector actions to support UN goals and serve as an alternative to international regulatory systems (Business.un.org 2009). The UN Global Compact is the largest corporate citizenship initiative in the world that promotes ten voluntary principles of responsible corporate citizenship to support human rights, labour, the environment and anti-corruption (Fall and Zahran 2010) (Table 2). By 2007, more than 3000 companies

from 100 countries, and over 700 civil society, international labour organizations and academic institutions were engaged in the Compact to encourage businesses to contribute to solving globalization challenges (UN Global Compact Office 2007).

Several UN System organizations have acknowledged the important role of the private sector, and specifically the food industry, to help achieve nutrition and food security goals (UN 2009; WHO 2004; WHO 2010a; 2010b). In 2010, UN Secretary-General Ban Ki-moon emphasized the important role of the business community in achieving the MDG by 2015 (UN General Assembly 2010).

However, explicit principles to guide corporate activities that will promote optimal nutrition and health through sustainability planning are noticeably absent from the UN Global Compact. Due to the absence of clear principles, certain UN System bodies have developed specific private sector engagement guidelines. Between 2000 and 2010, WHO released guidelines for working with the private sector to achieve health outcomes that defined commercial enterprises and provided clarification for cash donations, contributions-in-kind, seconded personnel, product development, meeting sponsorship, hosting meetings, and using WHO's name or emblem (WHO 2000; 2008b; 2010a; 2010b).

The UNSCN is a "food and nutrition policy harmonization forum that promotes cooperation among UN agencies and partner organizations in support of community, national, regional and international efforts to end malnutrition, in all of its forms, in this generation" (UNSCN 2011). In 2007, the UNSCN released a proposal for guiding private sector engagement and PPP interactions (UNSCN 2007).

A 10-year evaluation of the UN Global Compact Office criticized the initiative for lacking a clear focus, failing to develop clear criteria to admit participating companies, and inadequate monitoring of signatory companies'

successful implementation of the voluntary principles (Fall and Zahran 2010). An additional concern raised is that the UN Global Compact allows certain companies to "blue wash" — which means they can improve their reputation by associating with UN System organizations (Ollila 2003; Utting and Zammit 2006).

We examined the signatory status of 15 global FBQSR companies to the UN Global Compact (see Table 1). We found that seven companies (i.e. Car-gill, Danone, General Mills, Nestlé, PepsiCo, The Coca-Cola Company and Unilever) are signatories; eight companies (i.e. Burger King, Heinz, Kellogg Company, Mars Inc., McDonald's Corporation, The Hershey Company and Yum! Brands) are not signatories; and although Kraft Foods Mexico was a signatory in 2006, the company was expelled in 2011 for not communicating progress (UN Global Compact Office 2011).

No QSR company listed in Table 1 is a signatory to the UN Global Compact. This finding is especially surprising given the partnership between Yum! Brands and the World Food Programme (2009) to address global hunger; as well as the 2002 partnership between McDonald's and UNICEF (UN News Centre 2002) that used cause-marketing and co-branding strategies to raise funds for World Children's Day to coincide with the anniversary of the UN's adoption of the Convention of the Rights to the Child in November 1989 (UNICEF 2009). This partnership generated intense controversy among public health, child protection and citizen groups who expressed that it would damage UNICEF's credibility related to its child nutrition and health work (Butler 2002; Ruskin 2002). UNICEF also attracted controversy in 2008 when it partnered with Cadbury (acquired by Kraft Foods Global in 2009) to sell co-branded candy and chocolate in Canada to raise funds to support children's education programmes in Africa ([Trick or Treat by UNICEF Canada 2010](#)).

Partners must critically evaluate whether and how UN System partnerships are formed, and to account for specific PPP contributions, contradictions, transaction costs and trade-offs (Utting and Zammit 2006). We suggest that the UN Global Compact be amended to contain clear principles that support nutrition, consumer health and wellness. Global FBQSR companies should be held accountable for the products they manufacture and market, as well as their collective policies and actions to prevent and mitigate undernutrition, obesity and the projected NCD burden among populations worldwide.

Corporate Social Responsibility (CSR) programmes

CSR programmes are used to address many issues for which society and other groups hold businesses accountable. CSR is an evolving concept defined in various ways since it emerged in the 1950s (Lee and Carroll 2011). Carroll (1999) identified four CSR dimensions (i.e. philanthropic, ethical, legal and economic) whereas Dahlsrud (2008) identified five CSR dimensions (i.e. contributing to environmental stewardship, integrating social concerns into business operations, contributing to economic development, interacting with all relevant stakeholders, and taking voluntary actions beyond legal obligations based on ethical values).

In 2010, the International Organization for Standardization (ISO) developed a consensus definition for "social responsibility" using a multi-stakeholder consultation process that involved representatives from 99 countries (ISO 2011). The seven core areas of "social responsibility" identified by ISO for businesses include human rights, labour practices, the environment, fair operating practices, consumer issues and community involvement and development (Bowens 2011; ISO 2011).

CSR programmes are a form of voluntary disclosure used by companies to communicate with relevant stake-

holders to describe how they invest in communities and how well they adhere to the UN Global Compact principles. CSR is also used to rescue or improve a company's tainted reputation, gather information about new and emerging markets, and cultivate consumer brand loyalty through strategic philanthropy (Bonini, Court and Marchi 2009; Keys, Malnight and van der Graaf 2009; McKinsey and Company 2008; Porter and Kramer 2002).

CSR programmes of global FBQSR companies

The food system is multifaceted and has diverse sub-sectors. Global FBQSR companies face a complex set of requirements and societal expectations regarding animal welfare, the environment (i.e. energy, water use, and waste management); the quality, healthfulness and safety of its processed food and beverage products; and social conditions (Hartmann 2011).

Global FBQSR companies have traditionally addressed social responsibility and environmental sustainability identified in the UN Global Compact using the "triple bottom line" approach that includes *people* (social), *planet* (environmental), and *profits* or *prosperity* (economic) (Elkington 2004). However, nutrition, consumer health and wellness were excluded both from the "triple bottom line" and the Global Reporting Initiative (GRI 2011) — a network-based organization that developed the widely used G3 Sustainability Reporting framework. The GRI framework is a system for companies to mainstream and voluntarily disclose their performance and progress made toward specific financial, social, environmental and governance indicators (GRI 2011; Nikolaeva and Bicho 2010). The GRI system lacks specific indicators for companies to assess progress toward achieving nutrition, consumer health and wellness outcomes. Indeed, one CSR rating ranked six global FBQSR companies (i.e. Gen-

eral Mills, Heinz, Yum! Brands Inc., PepsiCo, The Coca-Cola Company and McDonald's Corporation) on their "Best Corporate Citizens" list (CRO 2009) for actions supporting the environment, climate change, human rights, philanthropy, employee relations, financial management and governance (CRO 2009). Actions targeting nutrition, consumer health and wellness goals were not even among the criteria assessed for the performance of these companies.

Only recently have global FBQSR companies developed more extensive CSR efforts focused on addressing hunger, food insecurity, nutrition, consumer health and wellness. Table 1 provides a list of each company's CSR programme theme (Table 1). Companies have also developed pledges, commitments and voluntary reporting structures to show that they are expanding healthier food, beverage and meal products; and engaging in responsible marketing practices to promote healthy products to children worldwide (IFBA 2011). Independent evaluations of these private sector efforts are needed (Kraak et al. 2011). More extensive progress should be pursued by global FBQSR companies to expand pledges to cover all relevant practices that promote nutrition goals and healthy lifestyles to prevent and mitigate hunger, undernutrition, obesity and the DBM burden (Koplan and Brownell 2010; Kraak and Story 2010; Porter and Kramer 2002).

The conduct and philanthropic activities of companies influence consumers' brand loyalty, purchase intent and product purchases (Hartmann 2011). Consumers expect companies to behave ethically, and a negative CSR reputation can be more damaging for a company than a positive CSR profile (Hartmann 2011). Some public health professionals, citizens groups and legal practitioners are skeptical of and mistrust CSR programmes because they have been used to deflect public attention from business activi-

ties that contribute to obesity and NCD (Cuganesan, Guthrie and Ward 2010; Herrick 2009; Lang and Rayner 2010). Certain companies' CSR programmes can mislead the public into believing that more is being done to meet public goals than is actually feasible given these companies' primary accountability to their shareholders to maximize profits (Reich 2008).

Previously secret tobacco company documents show that CSR and corporate philanthropy have been used as a public relations tool to enhance a company's image through high-profile sponsorships (Brownell and Warner 2009; Tesler and Malone 2008); to reframe issues and shift attention away from the health risks of companies' products and marketing activities (Brownell and Warner 2009; Friedman 2009); to alter public perceptions about companies to build credibility (McDaniel and Malone 2009); and to lobby against public health policies (Brownell and Warner 2009; Ludwig and Nestle 2008; Tesler and Malone 2008).

Global FBQSR companies could gain the trust of diverse constituencies by using CSR programmes in productive ways. Companies could show that they are making meaningful changes in food and beverage product reformulation; developing meaningful indicators and criteria for self-regulation; marketing ethically and consistently across national borders; and creating a long term strategy that addresses both business and public health nutrition goals that prevent and mitigate undernutrition, obesity and NCD.

There is also a need to develop accountability mechanisms that increase transparency and hold companies accountable for their marketing practices. The Access to Nutrition Index (ATNI) is a new initiative, jointly funded by GAIN, the Gates Foundation and Wellcome Trust (ATNI 2011) that could potentially serve this function. An Index is being developed to rate the performance of global food

and beverage companies in providing healthier products to address both undernutrition and obesity. The developers suggest that publicly sharing information about companies' production and marketing practices may potentially develop processes that allow benchmarking of companies' performance (ATNI 2011).

MAXIMIZING BENEFITS AND MINIMIZING RISKS OF PARTNERSHIPS

An in-depth discussion of partnership challenges is beyond the scope of this paper but explored elsewhere (Buse and Harmer 2007; Fawcett et al. 2010; Koplan and Brownell 2010; Kraak and Story 2010; Kraak et al. 2011; Nikolic and Maikisch 2006; Working Group on Global Health Partnerships 2005). All partners should adopt systematic and transparent accountability processes to navigate and manage six challenges: balance private commercial interests with public health interests, manage conflicts of interest and biases, ensure that co-branded activities support healthy products and healthy eating environments, comply with ethical codes of conduct, undertake due diligence to assess partnership compatibility, and monitor and evaluate partnership outcomes (Kraak et al. 2011).

A six-step, benefit–risk decision-

making pathway tool is available that can help to promote synergy and accountability for specific outcomes (Kraak et al. 2011) (see Figure 1). The tool can guide partnership engagement decisions to assess opportunities, compatibilities, and benefits versus risks; develop objectives and outcomes; execute a formal agreement with input from legal counsel; and ensure monitoring, evaluation and accountability. Other partnership assessment tools are available (Lasker, Weiss and Miller 2001; PGAI 2011).

Each partner should establish processes and outcomes that should be independently evaluated to create support for the partnership and demonstrate accountability to external groups (Bailey 2010). Partnerships can be evaluated for infrastructure, leadership, function, synergy and governance processes. Partnerships should also be evaluated for adding value to achieve nutrition and health goals, objectives and outcomes; produce measurable changes within organizations, systems, and the community; reduce health and social inequities; and achieve sustainability outcomes to build and institutionalize capacities to address global nutrition challenges (Barr 2007; Butterfoss 2009; Kraak and Story 2010; Lasker, Weiss and Miller 2001; Shortell et al. 2002).

CONCLUSIONS

Partnerships present both opportunities and risks to all partners. PPP occur within a context of governments being publicly accountable for protecting and promoting the nutritional health of their citizens. A well designed and executed partnership can develop good governance structures to support transformative systems change that is more likely to improve nutrition and health outcomes. An incompatible and poorly executed partnership can damage public trust, credibility and all partners' brand reputations.

This paper is intended to stimulate a dialogue within the global nutrition and public health community of practitioners regarding the need to develop clear guidelines for partnering with transnational FBQSR companies. We propose that all partners use an accountability lens and adopt systematic and transparent processes to manage conflicts of interest, develop good governance practices, and navigate partnership goals and outcomes. We offer a benefit–risk decision-making pathway to help partners maximize benefits and minimize risks when collaborating to address global hunger, food insecurity and the DBM. Doing so will help to achieve nutrition and health outcomes for populations worldwide.

Table 1. Profiles of global food, beverage and quick-serve restaurant (FBQSR) companies

Company (source)	Headquarters (city, country)	Estimated annual revenue* in US\$ (year)	Numbers of countries with commercial enterprises	Fortune 500** or Fortune Global 500*** company ranking (2011)	Mission statement or CSR program theme	Company relationship with UN System
Burger King (2009)	Miami, Florida, US	2.5 billion (2009)	74	n/a	BK Positive Steps	Not a signatory to the UN Global Compact
Cargill (2010)	Minnetonka, Minnesota, US	108 billion (2010)	66	Private, family-owned business see footnote	Growing Together	Signatory to the UN Global Compact since 2011

Table 1. Profiles of global food, beverage and quick-serve restaurant (FBQSR) companies (cont.)

Company (source)	Headquarters (city, country)	Estimated annual revenue* in US\$ (year)	Numbers of countries with commercial enterprises	Fortune 500** or Fortune Global 500*** company ranking (2011)	Mission statement or CSR program theme	Company relationship with UN System
Danone (2010)	Paris, France	21.5 billion (2010)	72	433***	Bringing Health Through Food to as Many People as Possible	Signatory to the UN Global Compact since 2003
General Mills (2011)	Minneapolis, Minnesota, US	16 billion (2010)	100	166**	Nourishing Lives	Signatory to the UN Global Compact since 2008
Heinz (2009)	Pittsburgh, Pennsylvania, US	10 billion (2009)	50	232**	The Original Pure Food Company	Not a signatory to the UN Global Compact
Kellogg Company (2009)	Battle Creek, Michigan, US	13 billion (2009)	180	199**	Bringing Our Best to You	Not a signatory to the UN Global Compact
Kraft Foods (2010)	Northfield, Illinois, US	48 billion (2010)	160	49** 167***	Creating a More Delicious World	†Kraft Foods Mexico has been a signatory to the UN Global Compact since 2006 but was expelled in 2011 for failure to communicate progress. Kraft Foods acquired Cadbury in 2009. ††In 2008, UNICEF and Cadbury Canada entered a three-year partnership to raise funds for children's education in Africa. This partnership was opposed by public health advocates.
Mars Inc. (2010)	McLean, Virginia, US	30 billion (2010)	56	Private, family-owned business see footnote	Our Principles in Action	Not a signatory to the UN Global Compact
McDonald's Corporation (2010)	Oak Brook, Illinois, US	24 billion (2010)	100	111** 403***	The Values We Bring to the Table	Not a signatory to the UN Global Compact ‡McDonald's announced a partnership with UNICEF in 2002 to raise money for World Children's Day that coincided with the anniversary of the UN System adoption of the Convention of the Rights of the Child in November 1989. ‡‡This partnership was opposed by public health advocates.

Table 1. Profiles of global food, beverage and quick-serve restaurant (FBQSR) companies (cont.)

Company (source)	Headquarters (city, country)	Estimated annual revenue* in \$US (year)	Numbers of countries with commercial enterprises	Fortune 500** or Fortune Global 500*** company ranking (2011)	Mission statement or CSR program theme	Company relationship with UN System
Nestlé S.A. (2009)	Vevey, Switzerland	111 billion (2009)	86	42***	Creating Shared Value	Signatory to the UN Global Compact since 2001 ### In 2009, Baby Milk Action filed a complaint with the U.N. Global Compact Office alleging that Nestlé's CSR reports were misleading and the company had violated the Compact principles.
PepsiCo (2010)	Purchase, New York, US	57 billion (2010)	200	43** 137***	Performance with Purpose	### Partnership with the WFP to enhance humanitarian relief delivery (2009) Signatory to the UN Global Compact since 2008
The Coca-Cola Company (2010)	Atlanta, Georgia, US	32 billion (2009)	200	70** 256***	Positive Living	Signatory to the UN Global Compact since 2006
The Hershey Company (2009)	Hershey, Pennsylvania, US	5 billion (2009)	50	402**	Bringing Sweet Moments of Hershey Happiness to the World Every Day	Not a signatory to the UN Global Compact
Unilever (2010)	Rotterdam, Netherlands and London, UK	53.9 billion (2009)	170	136***	Creating a Better Future Every Day	Signatory to the UN Global Compact since 2000
Yum! Brands (2009)	Louisville, Kentucky, US	10.8 billion (2009)	110	214**	Serving the World	Not a signatory to the UN Global Compact #### Partnership with the WFP to support Yum! Brands World Hunger Relief Campaign and to raise funds to support WFP's school feeding program for children (2009)

*Estimated annual revenue represents income that a company receives from its normal business activities from the sale of goods and services to customers.

Revenue figures are derived from each company's annual or corporate social responsibility report and/or website.

**CNN Money. *Fortune 500 2011. Our*

annual ranking of America's largest corporations. May 23, 2011. ([online](#))

The Fortune 500 is an annual list compiled and published by *Fortune* magazine

that ranks the top 500 US public corporations as ranked by their gross revenue after adjustments made by Fortune to exclude the impact of excise taxes companies collect.

*** CNN Money. *Fortune Global 500 2011. Our annual ranking of America's largest corporations.* July 25, 2011. ([online](#))

The Fortune Global 500 is a ranking of the top 500 corporations worldwide as measured by revenue. The list is compiled and published annually by *Fortune* magazine.

NOTE: Cargill Inc. is a private, family-owned business ranked as the largest privately held, multinational corporation headquartered in the United States. If it

were a public company, it would be ranked among the top 10 companies in the Fortune 500 ranking.

Mars, Inc. is a private, family-owned business that is ranked as the fifth largest privately held company in the United States.

†Source: U.N. Global Compact Office (2011) Participants. ([online](#))

††Source: Trick or Treat or UNICEF Canada (2010) *Lancet* 376:1514. ([online](#))

‡Source: UN News Centre (2002) UNICEF teams with McDonald's to raise funds for children. July 19. ([online](#))

‡‡Source: Butler P (2002) UNICEF in McDonald's link row. August 3. ([online](#))

‡‡‡Source: Baby Milk Action (2010) Nestlé, the UN Global Compact and OECD Guidelines. 21 May. ([online](#))

‡‡‡‡Source: PepsiCo. PepsiCo Foundation and United Nations World Food Programme announce partnership to enhance humanitarian relief delivery around the world [press release]. ([online](#))

‡‡‡‡‡Source: World Food Programme (2009) Yum! Brands, KFC, Pizza Hut, Taco Bell Launch World Hunger Relief Effort to raise awareness, volunteerism and funds with Christina Aguilera as campaign's global spokesperson [news release]. ([online](#))

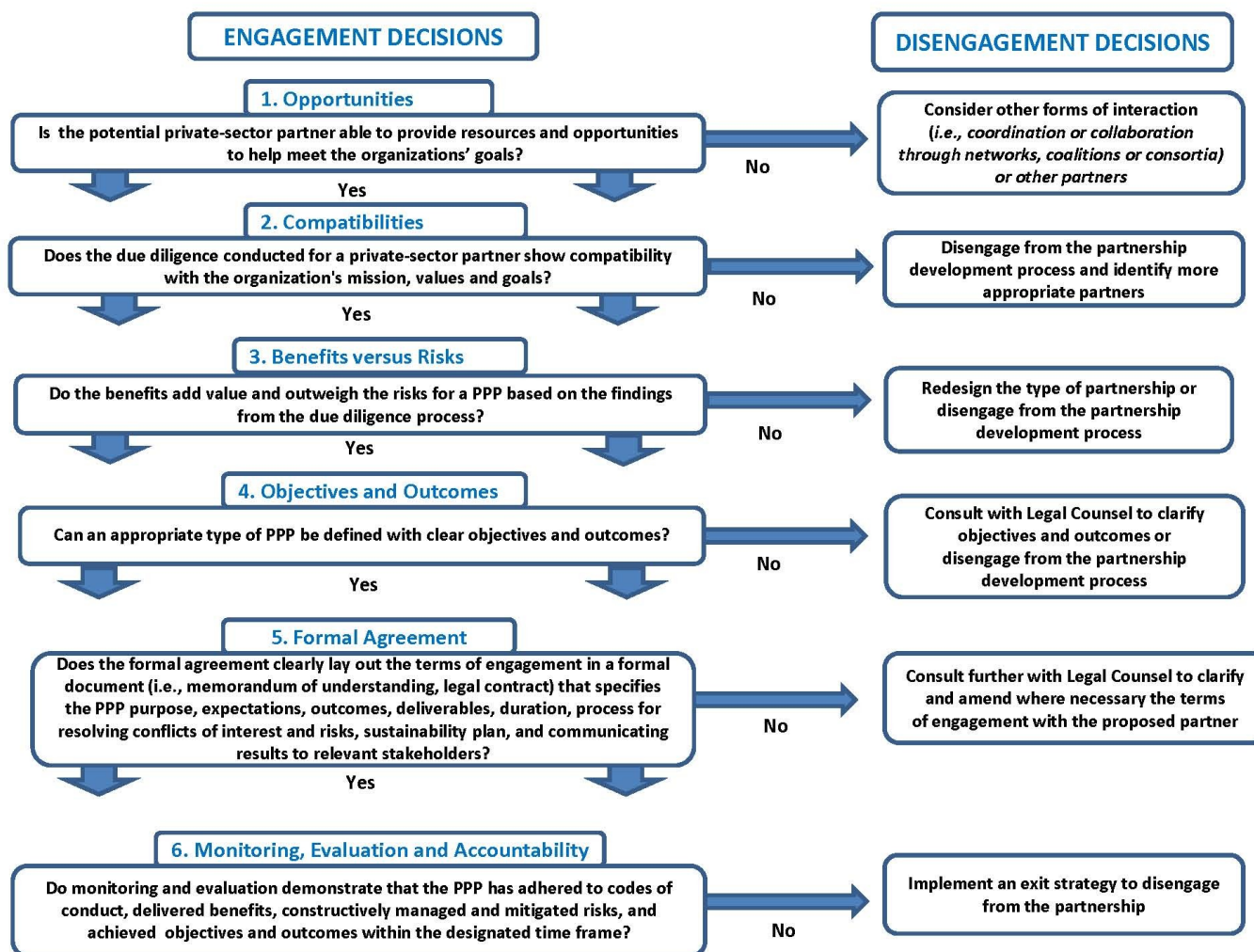
Source for Table 1: Adapted from Kraak VI, Harrigan P, Lawrence M, Harrison P, Jackson M, Swinburn B (2011) Balancing the benefits and risks of public-private partnerships to address the global double burden of malnutrition. *Pub Health Nutr* 2011 (in press).

Table 2. Ten voluntary principles of the UN Global Compact to support corporate citizenship and sustainability

Issue Area	Principles
Human Rights	1. Businesses should support and respect the protection of internationally proclaimed human rights. 2. Businesses should make sure that they are not complicit in human rights abuses.
Labour	3. Businesses should uphold the freedom of association and the effective recognition of the right to collective bargaining. 4. Businesses should support the elimination of all forms of forced and compulsory labour. 5. Businesses should support the effective abolition of child labour. 6. Businesses should support the elimination of discrimination in respect of employment and occupation.
Environment	7. Businesses are asked to support a precautionary approach to environmental challenges. 8. Businesses should undertake initiatives to promote greater environmental responsibility. 9. Businesses should encourage the development and diffusion of environmentally-friendly technologies.
Anti-corruption	10. Businesses should work against corruption in all its forms, including extortion and bribery.

Source: Fall PL, Zahran MM (2010) *United Nations corporate partnerships: The role and functioning of the Global Compact*. United Nations: Geneva. ([online](#))

Figure 1. Benefit–risk decision-making pathway for organizations to assess public-private partnerships with transnational food, beverage and quick-serve restaurant companies to address the global double burden of malnutrition



Note: For prospective partners to put this decision-making pathway into practice, steps 1-5 are non-negotiable and all need to be “yes” before proceeding with a potential public-private partnership (PPP). Step 6 is the ongoing and final de-

cision-making required to ensure that the PPP will optimize benefits and minimize risks to all partners and target populations.

Source: Adapted from Kraak VI, Harrigan P, Lawrence M, Harrison P, Jackson M,

Swinburn B (2011) Balancing the benefits and risks of public-private partnerships to address the global double burden of malnutrition. *Pub Health Nutr* 2011 (in press).

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THE POTENTIAL OF PUBLIC-PRIVATE-CIVIL SOCIETY PARTNERSHIPS IN HUMANITARIAN EMERGENCIES: AN NGO PERSPECTIVE DRAWING FROM EMERGENCY PROGRAMMING IN PORT-AU-PRINCE, HAITI

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Fruit vendor, partner of the project, in one of the 4 markets of intervention in Port-au-Prince, Haiti

INTRODUCTION: URGENCY, UNCERTAINTY AND INCREASED NEED

The world faces today one of the biggest challenges ever: how to feed 9 billion people in 2050, in the face of climate change, increased market instability and the growing competition for the use of natural resources. This challenge becomes even more pertinent considering that the progress towards the Millennium Development Goals over the start of the 21st century has slowed and, in some of the most affected countries, even regressed. In addition, before the food and economic crisis even started in 2007, hunger was on the rise. The Food and Agricultural Organization of

the United Nations (FAO) estimates that 925 million people are undernourished worldwide in 2010 (FAO 2010). Of these, 55 million suffer from the most severe form of hunger, acute malnutrition (ACF 2010a).

The sheer scale of human vulnerability will grow ever greater¹. Greater vulnerability means greater need and an increased number of affected people. The total number of people affected by natural disasters has tripled over the past decade to 2 billion (ACF 2010b), with climate change being a major determinant of nutritional vulnerability (Crahay et al. 2010). The rapidly increasing urban population further increases the complexity of

ensuring global food and nutrition security. By 2030, 60% of the world's population is expected to live in cities, with up to 2 billion people living in slums and in informal settlements². Up to 1.4 billion people could be affected by urban disasters by 2020 (IFRC 2010). In addition, humanitarian actors are confronted with exacerbated state fragility (Feinstein International Centre and Humanitarian Futures Programme 2010) as well as the emergence of new players in the humanitarian arena, such as the military, an increasingly complex diaspora and the private sector, whose motives for engaging in humanitarian assistance are fundamentally different.

Not surprisingly, humanitarian agencies are faced with questions about their ability to help the increasing number of people affected by emergencies. They are looking for creative and efficient solutions to tackle future vulnerability, without compromising the humanitarian principles of humanity, neutrality and impartiality. In the food and nutrition sector, business as usual is becoming less common. The proportion of "traditional" in-kind assistance, such as donor-sourced in-kind food aid, is decreasing even in emergencies (WFP 2010, Harvey et al. 2010). Other types of programming, such as cash- and market-based interventions³, are gaining ground and present opportunities beyond the traditional boundaries of humanitarian response, including collaboration with the private sector.

¹See e.g. [Feinstein International Centre and the Humanitarian Futures Programme](#) (2010)

²See e.g. Food for the Cities at www.fao.org/fcit

³Cash-based programming includes Cash for Work (CFW), cash transfers and vouchers.

At the same time, technical innovation and information have reached most parts of the world, and for example mobile networks can now be found in exceedingly remote areas. The continuing developments in technology may have significant impacts on humanitarian action, provided that agencies find ways to harness and keep abreast of the new developments.

This article looks at how humanitarian organizations can collaborate with the private sector in emergencies, drawing from Action contre la Faim's (ACF) cash-based programming in Port-au-Prince, Haiti, after the January 2010 earthquake. The following section describes the fresh food voucher programme that was put in place in the immediate aftermath of the earthquake to address the nutritional needs of the affected population. The final section presents conclusions and discusses outstanding questions regarding public-private-civil society partnerships in emergencies.

KOUPON MANGÉ FRÉ⁴: COLLABORATION WITH THE PRIVATE SECTOR IN DELIVERING CASH-BASED EMERGENCY ASSISTANCE

Context

An earthquake reaching seven on the Richter scale hit Haiti on 12 January 2010 at 16:53 local time. More than 220 000 people died and 1.5 million people were left homeless, with the vast majority living in non-official settlements in the Port-au-Prince region (United Nations Security Council 2010). Assets were virtually entirely destroyed, and sanitary risks related to poor water and sanitation conditions quickly became apparent. Ac-

cess to, and availability of, adequate food was compromised as traditional supply channels were severely disrupted and income sources drastically reduced. Of the population, 52% was categorized as food insecure (CNSA et al. 2010), and an ACF nutritional screening⁵ showed a significant increase in the number of children at risk of acute malnutrition (ACF 2010c). The prevalence of undernutrition in Port-au-Prince was relatively limited prior to the earthquake, even if micronutrient deficiencies were common. A nutrition survey conducted in Port-au-Prince in March 2009⁶ showed that 3.9% of the children were acutely malnourished while 18.1% were stunted (ACF 2010d). The Demographic and Health Survey conducted in 2005-2006 concluded that 4% of the babies were born underweight and that micronutrient deficiencies were widespread: 50% of pregnant women and around 60% of children under five years of

age were affected by anaemia and almost 30 000 babies suffered from mental deficiencies due to maternal iodine deficiency during pregnancy (Cayemittes et al. 2007).

The negative effects of undernutrition are all too well known: it perpetuates itself in a vicious intergenerational cycle, leading to higher mortality and morbidity, as well as impaired physical and cognitive development. Undernutrition also has global repercussions in that it negatively affects economic development, costing an estimated 2-3% of the gross domestic product (GDP) in most affected countries (World Bank 2006 in ACF 2010a).

Rationale of the project

To complement the existing humanitarian food and nutrition security response, which included the distribution of in-kind food aid⁷, ACF set up a fresh food voucher project, "Koupon



Meat vendor, partner of the project, in one of the 4 markets of intervention in Port-au-Prince

⁴Fresh food voucher in Haitian Creole.

⁵ 5 401 children from 6 to 59 months and 1,147 pregnant and lactating women were screened, between 13 March and 23 April 2010, using Mid-Upper Arm Circumference (MUAC) measurement and oedema detection in six areas of Port-au-Prince.

⁶ Anthropometric nutrition survey conducted between in March 2009, using SMART methodology and based on a sample of 982 children.

⁷ World Food Programme had put in place a general distribution of dry staple foods (wheat) and a blanket distribution of Supplementary Plumpy, BP5 and CSB-oil-sugar mix targeting children under five years of age and pregnant and lactating women.

Mangé Fré”, to diversify household diets⁸. Fresh foods, such as vegetables, fruits and animal-source foods are important sources of essential vitamins and minerals required for adequate nutrition and healthy growth. Where households are unable to access these nutrient-rich foods, micronutrient deficiencies are present, affecting young children and pregnant and lactating women in particular.

The project targeted 15 000 households, or roughly 90 000 individuals, during an initial period of three months. These final beneficiaries were selected by ACF using geographical and needs-based criteria. Each household received monthly vouchers of a total value of US\$ 25 which were exchanged for locally-

produced vegetables, fruits and fish, as well as meat in four markets in Port-au-Prince. In total, 163 small traders participated in the scheme, which also included nutrition education. The objective of the intervention was two-fold:

- To mitigate the risk of undernutrition, through improved access to diversified foods and nutrition education;
- To support and stimulate the local market.

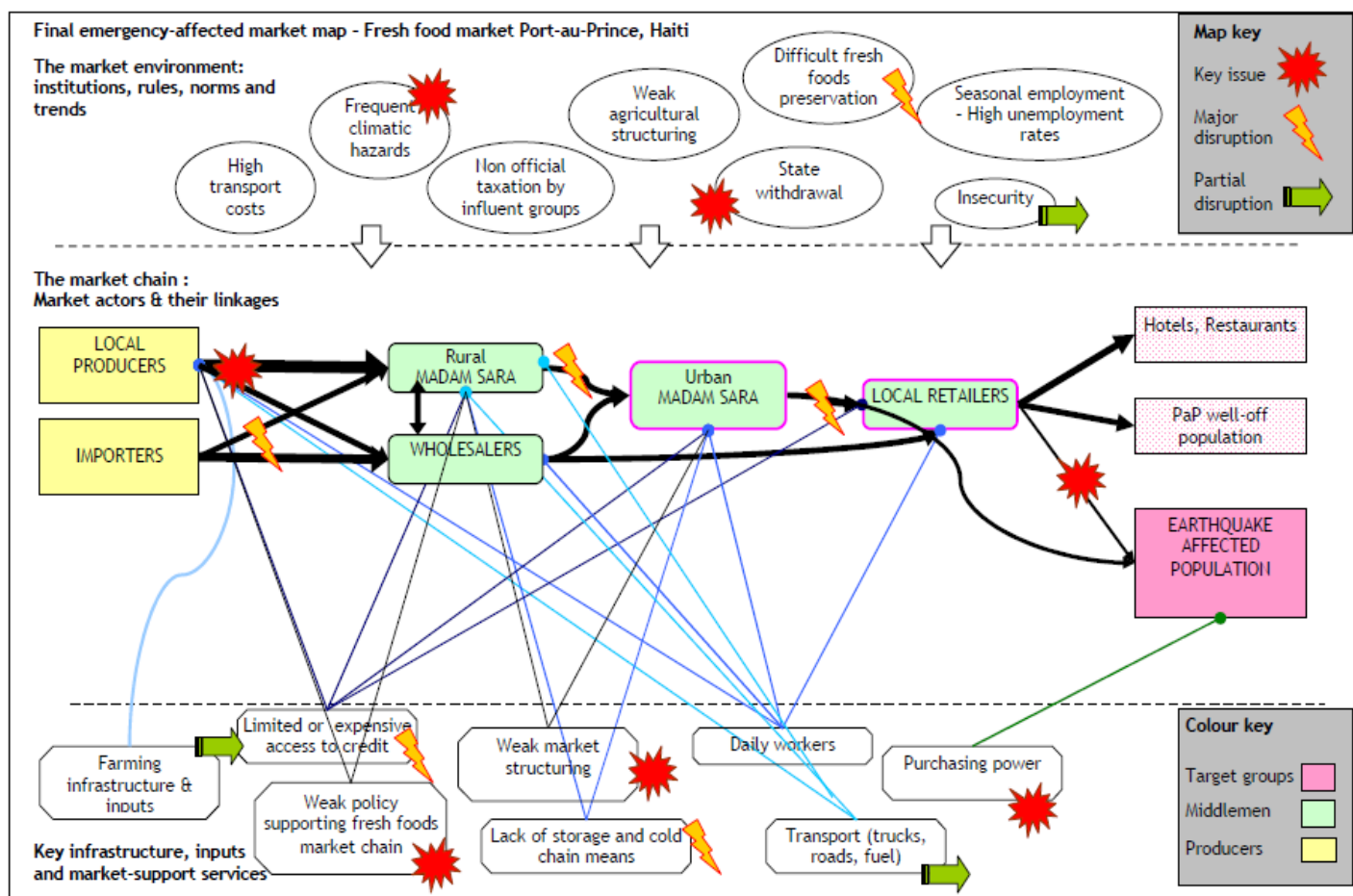
Geographical position, based on the location of the final beneficiaries, was the main selection criterion for the four participating markets. Other criteria included beneficiary preference, access to the markets and quality of

services, notably the variety of goods. The fresh-food traders participating in the scheme had to comply with the following criteria: i) be based in one of the selected markets; ii) sell a variety of fresh food products only; iii) commit to the scheme for its entire duration; and iv) not increase prices artificially during the project (but seasonal fluctuations were accepted).

Markets and banks: collaboration with the private sector on two levels

A market-based approach was appropriate even in the close aftermath of the shock. Rapid assessments showed that supply in the markets exceeded the demand, which was hampered by a general lack of purchasing power. More detailed assessments showed

Figure 1. Emergency-affected fresh food market map, Port-au-Prince, Haiti (ACF, 2010).



⁸ ACF also set up free cash grants and cash for work for additional 15 000 households in Port-au-Prince. Voucher-approach was chosen for this project given its specific nutritional aim. It was also deemed advantageous for the supply side, as traders and producers were guaranteed a certain degree of demand for fresh foods.

that the fresh food production areas outside of Port-au-Prince and the network of middlemen (*Madam Sara*⁹) were functional, but that the trade was slowed down due to disrupted communication networks and limited demand from Port-au-Prince (ACF 2010e)¹⁰. Figure 1 shows the impacts of the earthquake on the fresh food market system. In addition, prices remained relatively stable and comparable to pre-earthquake levels. It was hence deemed safe to stimulate the demand within Port-au-Prince through the provision of vouchers when the road network was re-opened¹¹. Once the small traders had signed up for the project, the “traditional” supply chain composed of private actors took over and ensured the service functioned, i.e. the delivery of fresh foods to the final beneficiary.



Example of fresh food basket worth 515 Haitian Gourdes (HTG), in Marché Lalue in April 2010

Cash availability in post-earthquake Port-au-Prince was limited and the security situation was tense. Most traders contracted credits in the morning to buy their daily stock, and were asked to reimburse these credits in the evening. Consequently, the voucher redemption system needed to be extremely flexible, rapid and reliable, whilst ensuring the safety of all stakeholders. It was clear from the outset that ACF alone could not manage the system, even if it had implemented voucher redemption and cash disbursement schemes on a smaller scale. Several private banks and microcredit institutions were assessed and finally Sogexpress, a subsidiary of the Haitian bank Sogebank, was selected. Sogexpress has several

sub-offices all over the city and is widely used by Haitians to send and receive remittances. They provided a highly flexible service, allowing traders to redeem their vouchers on a daily basis in any of their sub-offices, complied with ACF requirements on monitoring and control¹², and their fee was reasonable¹³. ACF transferred to Sogexpress the amount equalling the total value of vouchers to be distributed in the beginning of each month. Sogexpress then provided a monthly report of cash disbursements to ACF, and where necessary, reimbursed the outstanding amount to ACF.

Detailed and thorough monitoring was crucial given the multitude of

actors involved in the scheme. There was an ACF market monitor present every day in each of the four markets, who received grievances, assisted traders and beneficiaries and ensured that the vouchers were used correctly. S/he also monitored food commodity prices. ACF also organized regular visits to the Sogexpress offices. In addition, Post Distribution Monitoring (PDM) was implemented throughout the project, collecting information from final beneficiaries, participant and non-participant traders, as well as from Haitian market authorities, aiming to measure the impact of the project as well as collecting data on beneficiary satisfaction on the project implementation.

⁹ The national trade of subsistence crops, from the producer to the consumer, goes historically through a network of female middlemen called *Madam Sara*. These are itinerant traders, travelling from one market to another, buying and selling farming products with small profits. Port-au-Prince wholesalers and retailers get most of their supply through the *Madam Sara* network.

¹⁰ The study followed Emergency Market Mapping Assessment (EMMA) methodology developed by Mike Albu (Albu 2010).

¹¹ Note that the fresh food trade was confronted with issues linked to poor storage and transport infrastructure and overall low structuring of the marketing chain already prior to the earthquake.

¹² Sogexpress would systematically control the validity of each voucher, which all had a unique serial number, and check the ID of the trader, while the latter signed a receipt. This procedure took a couple of minutes.

¹³ ACF paid Sogebank a commission of 2.75% of the total transaction value.

PUBLIC-PRIVATE-CIVIL SOCIETY PARTNERSHIPS IN HUMANITARIAN EMERGENCIES: CONCLUSIONS AND OUTSTANDING QUESTIONS

Setting up an entirely agency-run distribution of fresh foods of similar scale within the given time frame would not have been possible due to logistical issues. Such factors included transportation and storage; the dispersed market chain composed of a multitude of small producers, traders and middlemen; as well as the time, human resources and security requirements of the voucher redemption system. Partnering with the private sector allowed each actor to draw on their comparative advantage as everyone concentrated on their core competencies. Sogexpress already had in place technological and security solutions adapted to handling large amounts of cash and an efficient distribution network. Partnering with a well known and trusted company encouraged the involvement of the traders in the project. On the supply side, private sector collaboration contributed to improve the efficiency of the system, given the knowledge of the actors of their own environment. Their motivation to make a profit most likely also contributed to the efficiency of the

scheme. ACF designed the project based on an assessed need, identified the project beneficiaries and ensured that the relief was effectively channelled to those in need, using thorough monitoring. Overall, monitoring results showed that the satisfaction was high, with 76% of the traders¹⁴ and 99% of the direct beneficiaries being satisfied with the project modalities (ACF 2010f).

There are a number of other successful examples where humanitarian organizations have collaborated with the private sector in delivering cash-based programmes, including in emergencies. For example, ACF, Concern and Oxfam used mobile phone companies to deliver cash in urban slums in Kenya, during the post-election violence in 2008. World Vision International collaborated with an international private company to deliver cash in Lesotho in 2007-2008. The Hunger Safety Net Programme in Kenya uses smart cards for their cash disbursement.

The potential of public-private-civil society partnerships for food and nutrition security is also highlighted in recent initiatives, such as the Scaling Up Nutrition (SUN) Movement. Cash-based programming is probably one

of the approaches that provide most opportunities for public-private-civil society collaboration in emergencies. The private businesses may be of assistance to the humanitarian sector by providing the scale, the expertise and the reactivity that humanitarian organizations alone cannot ensure anymore, given the changing face of emergencies. Partnerships with the private sector may also include access to new sources of funding. Additionally, the private sector may be well placed to help increase the sustainability and longer term positive effects of humanitarian aid. Examples include promoting banking literacy and inclusion of the poor into the market system, which is becoming increasingly important given the increased occurrence of protracted crises and the efforts needed to better link relief to longer term developmental goals. Further, partnerships may foster and encourage innovation and ensure better use of technology. As seen above, the private sector may also have a comparative advantage in delivering assistance to affected urban populations.

It is, however, important to remember that there are fundamental differences in the aims, objectives and operating principles between the pri-



Fresh food vendor and identification card provided by ACF to ease identification of participating vendors by vouchers recipients

¹⁴ Sources of dissatisfaction among the traders included long waiting times at the Sogexpress counter and recurrent breakdown of computer system due to electricity cuts.



Marché “Canapé Vert”, one of the four markets of intervention in Port-au-Prince

vate and the humanitarian sectors. General guidance, for instance the “Guiding Principles for Public-Private Collaboration for Humanitarian Action”, elaborated by the World Economic Forum and the Office for the Coordination of Humanitarian Affairs (OCHA) (2007), is helpful in facilitating a mutual understanding, but will not replace a careful context analysis and a thorough positioning, almost on a case-by-case basis. Safeguards, such as detailed monitoring systems and transparent communication and agreements, will be crucial regardless of the situation. They need to ensure that the fundamental humanitarian principles of humanity, neutrality and impartiality are respected, that interventions are delivered strictly on a needs basis, that the most vulnerable and the destitute are not excluded and that humanitarian core standards, such as “do no harm”, are adhered to in their broadest sense.

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Agriculture—Nutrition Community of Practice (CoP)

Recently, attention to the agricultural sector is growing, with a focus on leveraging agriculture to improve nutrition and health. Agricultural investments and programs can lead not only to increased production and reduced poverty, but also improved nutrition. As agriculture affects everyone, and many of those most at risk of undernutrition are directly engaged in agriculture, nutrition-sensitive agricultural policies and interventions are needed to reduce malnutrition globally.

Who are we?

We are a global network of professionals working on issues pertaining to the intersection of agriculture and nutrition. The group is informal, and designed to facilitate information sharing and networking.

How did we start?

This Community of Practice (CoP) arose in June 2010 because a number of experts from different institutions in Washington DC were asked to write policy briefs on how to link agriculture and nutrition. Six experts agreed to work together to harmonize their recommendations. In the process, it became apparent that an increasing number of people are working in this area, and there was a felt need to bridge with others who had some area of relevant specialization. The group continued to grow, and by the end of 2011 it has reached more than 240 members. It includes members of developing country governments, national and international NGOs, UN organizations, universities, independent professionals, bilateral institutions and donor organizations. The UNSCN has offered to provide a space on the UNSCN website for interested individuals to come together and join the Nutrition-Agriculture CoP.

What are the objectives of the CoP?

The CoP is designed to be a virtual space for sharing resources to build a common evidence pool, facilitating communication across sectors, and developing key messages to communicate to the broader development community. We wish to break down the silos that separate agriculture from nutrition through creating opportunities for cross-sectoral dialogue on issues of mutual interest. The group has facilitated face-to-face meetings at various conferences and events since mid-2010, held periodic thematic discussions by conference call, and disseminated research findings/tools/guidance materials. The outcomes of the group evolve with the needs of the members.



This CoP promotes thematic conference calls on topics proposed by group members, and an announcement-only email list. It also envisages to develop a human resource database of specialists working on issues linking Agriculture to Nutrition.

Join the Agriculture-Nutrition CoP!

You can subscribe by clicking [here](#).

HYBRID PUBLIC-PRIVATE DELIVERY OF PREVENTATIVE LIPID-BASED NUTRIENT SUPPLEMENT PRODUCTS: KEY CHALLENGES, OPPORTUNITIES AND PLAYERS IN AN EMERGING PRODUCT SPACE

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INTRODUCTION

In the past decade, Plumpy'Nut® has seen remarkable success as a means of treating severe acute malnutrition (SAM) among young children. This product triggered a revolution in the treatment of SAM by (i) inspiring a range of Ready-to-Use Therapeutic Foods (RUTFs) and (ii) enabling communities and even households instead of clinics or hospitals to treat SAM. Because of this widespread success and the interest it attracted from the humanitarian community, the structure of the RUTF product space emerged quickly and quite organically. Specifically, the structuring of this product space – which includes legal, regulatory, commercial, and distributional dimensions – was led primarily by the three major distributors: United Nations Children's Fund (UNICEF), Médecins Sans Frontières (MSF) and the World Food Programme (WFP). This structure now provides a valuable framework within which RUTF supply chains can continue to evolve in response to changing producers, purchasers and products. It also illustrates effective interaction between key nutrition stakeholders in the public, non-profit and private sectors united by a shared nutrition priority.

The recent success of RUTFs in treating SAM has sparked the development of an ever-expanding continuum of LNS products¹. Large-quantity RUTFs (e.g., Plumpy'Nut®) designed

to supply all of an individual's daily food energy requirements and treat SAM anchor one end of this continuum. Medium-quantity LNS products (e.g., Plumpy'Doz®, Plumpy'Sup®) – often called Ready-to-Use *Supplementary* Foods (RUSFs) – designed to supply more than half of daily food energy requirements and treat Moderate Acute Malnutrition (MAM) or prevent seasonal wasting occupy the middle of the LNS continuum. Small-quantity LNS products (e.g., Nutributter®) designed to supply less than half of daily food energy requirements and *prevent* undernutrition anchor the other end of the continuum. These preventative LNS (LNS-P) products specifically aim to prevent undernutrition among pregnant/lactating women and young children who have access to sufficient calories, but lack essential micronutrients and fatty acids.

While the effectiveness of RUTFs is well established, RUSFs and LNS-P products are still under clinical trial. As a technical matter, starting with RUTFs on one end and sliding across this LNS continuum implies modified micronutrient levels and formulations, calorie content and dosage rates. As a practical matter, however, sliding across this continuum also involves major changes to their delivery, consumption and prospective benefits. Many of these important changes and challenges stem from differences in intended usage across

the LNS continuum. While RUTFs are designed as a short-term emergency treatment to be consumed intensively as part of a short-term treatment regimen, LNS-P products are designed to be consumed daily (or at least regularly) to compensate for the lack of essential micronutrients and fatty acids, and thereby protect against malnutrition.

Differences between RUTFs, RUSFs and LNS-P products have important implications for their respective supply and distribution chains. The essential nutritional, legal and economic aspects of these products, while similar on the surface, are distinct in ways that raise unique challenges (and possibly opportunities) for the development, production and distribution of products along the LNS continuum, including how public, non-profit and private stakeholders interact.

In this paper, I explore how seemingly minor differences along this continuum of LNS products may translate into major differences in the structure of these “product spaces” – that is, in how RUSF and LNS-P products are likely to be produced, regulated, distributed and consumed differently than their RUTF cousins. These differences imply new challenges for effectively engaging and coordinating the interests and actions of different stakeholders. To simplify this exploration, I specifically contrast the established RUTF prod-

¹ The products listed as examples of these different LNS-type products are produced by Nutriset – the company that created Plumpy'Nut®. For a complete description of Nutriset's LNS product line, click [here](#). While other producers are now competing in this product space, it is perhaps easiest to see the continuum using a single producer's product line.

uct space with the emerging LNS-P product space and acknowledge that the RUSF product space shares some features of both².

LNS-P PRODUCTS WILL REQUIRE DISTRIBUTION THROUGH BOTH PUBLIC CHANNELS AND PRIVATE MARKETS

Many important differences between RUTFs and LNS-P products stem from the fact that the former are therapeutic while the latter are preventative. The donor community - always more reactive than proactive - has long prioritized the treatment of SAM over the prevention of malnutrition. Although some new initiatives allocate public funds to preventative interventions (e.g., the Scaling Up Nutrition (SUN) Movement, some recent Maternal Child Health and Nutrition (MCHN) programs at the United States Agency for International Development (USAID) that distribute fortified corn soya blends to prevent malnutrition, etc.), widespread distribution of LNS-P products in the urban and rural communities that face malnutrition risks will require a departure from business as usual. Specifically, if LNS-P products are shown to be efficacious, providing vulnerable populations with consistent and sustainable access to these complementary feeding supplements, while continuing to address the underlying causes of these malnutrition risks, will require either an unprecedented and unlikely expansion in donor funding or an alternative distribution model that includes both programmatic and private market channels.

While private market involvement in LNS-P product *distribution*³ can help close the gap between the vast need for malnutrition prevention and the limited public funds available to finance programmatic distribution, a few observations may shed additional light on the potential role of private market distribution. First, in many developing countries, the need for nutritional supplementation of pregnant/lactating women and young children may extend well beyond households below the poverty line since the provision of public investments in public health typically lag behind increases in private incomes. This means that a seemingly small move along the LNS continuum towards LNS-P may dramatically expand the pool of potential beneficiaries. International organizations will likely take the lead in setting standards, financing and distributing LNS-P to a vulnerable core of this pool, the rest – perhaps the majority – will depend on private market access.

Second, involving private markets in RUSF distribution means more than requiring people to pay for these products. While the undernutrition problem is unique in its complexity, experiences from other health products illustrate this point. A decade of research into the private demand for health products such as bed nets, deworming medicines and water disinfectant has shown that charging even small prices for these goods can quickly eliminate any private demand for them (Abdul Latif Jameel Poverty Action Lab 2011). Yet, many poor

households regularly buy products such as soaps, shampoos and snacks that are actively marketed by the private sector. We certainly have more to learn about effectively marketing nutritional and health products, but it is important at this stage to realize that distribution through private markets involves much more than charging a price for goods. The private sector's real comparative advantage comes in the rewards it provides to those who understand and effectively shape and meet consumer preferences, in the incentives provided to each participant in efficient and functional supply chains, and in the innovation it spurs among competitors to devise new and better ways of delivering products (e.g. in new packages or sizes, bundled with complementary products, etc.). Obviously, the private sector brings its own limitations, but it is important to keep in mind that it differs from public channel distribution in more ways than just putting a price on goods and services.

Lastly, we still do not know how effectively LNS-P products prevent undernutrition, and what we learn from ongoing efficacy trials such as those in the International Lipid-Based Nutritional Supplements (iLiNS) project (iLiNS 2011) and concurrent effectiveness studies will shape both public and private distribution of these products. In the case of RUTFs, the early Plumpy'Nut® evidence was stunning enough to induce both a reallocation of budgets towards RUTFs and a general expansion of

² While I do not explicitly discuss micronutrient powders (MNPs; e.g., Sprinkles), I acknowledge that these products are often classified along with LNS-P products as Food Supplementation Products (see for example the draft [UNHCR Operational Guidance on the Use of Special Nutritional Products to Reduce Micronutrient Deficiencies and Malnutrition in Refugee Populations](#)). Some dimensions of the contrast between RUTFs and LNS-P products may transfer cleanly to the contrast between RUTFs and MNPs, but there are also differences between LNS-P products and MNPs that imply that the implications for MNPs may differ in important ways. There are other nutritionally fortified products beyond MNPs that may compete with some LNS-P products, which I similarly do not discuss in this paper.

³ Essentially all the products along the LNS continuum are produced by private firms, but these products have been distributed almost exclusively through public procurement and programmatic channels. Thus, private market distribution of LNS-P products will represent a significant departure from business as usual.

support for nutrition interventions. Dramatic evidence of long-run benefits in the case of LNS-P products could similarly encourage the donor community to expand their funding of preventative supplementation for young children. Note, however, that any evidence that impresses UNICEF will also impress multinational firms like Pepsico and Nestlé. These firms clearly have an interest in this market. For example, Pepsico recently announced Enterprise EthioPEA, a major public-private venture with WFP and USAID to build domestic RUSF production capacity in Ethiopia that includes production contracts and technical training of farmers to expand chickpea production (PepsiCo 2011). With decades of experience marketing products in Africa and Asia, these multinational firms will heavily shape private markets for LNS-P products – if they decide this is a viable market.

MIXED PUBLIC-PRIVATE DISTRIBUTION OF LNS-P PRODUCTS WILL STRONGLY INFLUENCE THE STRUCTURE OF THIS PRODUCT SPACE

The mix of public channels and private markets that is likely to emerge in the coming years has profound implications for the legal and economic structure of the LNS-P product space and for the interaction between public and private players. This mix of distribution approaches will force players to seriously consider consumers' perspectives, often neglected, and truly engage them as key stakeholders. Who is the consumer? What do they want? How much are they willing to pay? In the case of programmatic distribution of RUTFs, international organizations or nongovernmental organizations

(NGOs) stand between the private producers and the beneficiaries, which dilutes the incentive for producers to treat beneficiaries as consumers. As an example of this effect, when recipient mothers recently expressed dissatisfaction with the taste of a particular RUTF product and requested a brand with a better taste, UNICEF considered requiring their suppliers to remove branded labels from the RUTF products they procure in an attempt to eliminate this problem by making different RUTF products indistinguishable from each other⁴ – a move that treats clinical and other field staff rather than mothers as the consumers whose consumption 'experience' matters. In the case of private market distribution, private producers must carefully incorporate these consumers' perspectives into the design of both their products and supply chains.

The importance of the consumer perspective in the development of private markets for LNS-P products raises a critical feature of the use of these products: LNS-P products must be consumed consistently – perhaps, daily – to provide potential physical or cognitive benefits to children, but any such benefits are only apparent years after these investments are made when the child grows to be stronger and more able both physically and cognitively. Furthermore, as with many health investments, even if such benefits ultimately come, it may be very difficult for caregivers, family members and neighbors to identify these as LNS-P benefits, as opposed to the benefits associated with a host of possible educational, healthcare or other investments or explanations.

With these observations in mind, five dimensions of the potential structure of the LNS-P space merit careful consideration. While each dimension is unique in important ways and sheds a different light on how the public, non-profit and private sectors interact, they are clearly interrelated.

Regulatory status

What legal options exist for regulating the production, distribution and marketing of LNS-P products? The Codex Alimentarius presents concerns, threats and (possibly) opportunities related to the structure of this product space, but changes in this domain move at a glacial pace. In a more rapid, recent development, the 2010 World Health Assembly (WHA) issued a resolution that totally precludes health or nutrition claims for products designed for infants and young children, except “where specifically provided for, in relevant Codex Alimentarius standards or national legislation” (WHO 2010). If this resolution were accepted and enforced strictly, it would dramatically impair the development of any private markets for LNS-P products⁵.

Producer & supply chain coordination

International organizations will likely coordinate the production and distribution of LNS-P products through public channels. While private firms will be responsible for building and maintaining their own supply chains in private markets, these private supply chains will likely be influenced by the structure of public distribution channels. Precisely how the public and private channels influence each other will depend largely on which

⁴ Personal communication.

⁵ Issue 41 (August 2011) of the [ENN Field Exchange](#) contains a useful exchange on the implications of the WHA draft guidelines for LNS-P products (pp.48-51).

and how private firms decide to enter the fray.

If the composition of firms involved in LNS-P production mirrors the current industrial structure for RUTFs, these specialized and relatively small producers will continue to be influenced directly by the public channel organizations. With such an industrial structure, there will also be good reasons for producers to coordinate amongst themselves – perhaps by forming a producers’ association. If instead a few large multinational firms such as Nestlé and Pepsico ramp up and dominate LNS-P production and marketing, the private market may be less influenced by public channels. These firms would independently create and coordinate their supply chains based on their extensive experience distributing and marketing consumer goods to poor consumers in places near and far.

Product safety, quality control & marketing

In the past decade, the international organizations have developed their own auditing and certification processes to ensure the safety (e.g. sanitation, input quality) and quality (e.g. formulation, shelf life) of RUTFs they procure through public channels. These processes assess both facilities and products based on International Organization for Standardization (ISO) and other standards. While this quality control continues to be done internally and separately by UNICEF, WFP and MSF, a set of shared standards and protocols have emerged as a *de facto* certification process. To date, these organizations have coordinated their audits somewhat, but have not integrated their efforts as collaborating procurement players. Even though smaller NGOs would like to piggyback on these auditing and

certification efforts, large organizations are understandably resistant to assuming the role of third party certifiers.

These experiences with RUTF quality control will shape quality control options in the case of LNS-P products. The existing “in house” RUTF auditing procedures that certify production facilities could quite easily extend to LNS-P products since many current RUTF producers will likely produce LNS-P products as well. While extending the RUTF certification in this way may occur to some extent, the auditing organizations will almost surely insist that their certification not be used in private markets.

In many ways, certification in private markets will be more challenging and more important than in public channels. Private supply chains will have to find a way to ensure product quality and to transmit this information effectively to consumers. This will require effective branding on the part of LNS-P distributors as a way to build trust and provide quality information to consumers. Given the nature of LNS-P products, any branding and marketing effort must be based on credible and verifiable commitments to social responsibility. If multinationals choose to enter the LNS-P market, they will no doubt leverage their established brands in this effort. While smaller, specialized RUTF producers such as Nutriset may have recognized brands in some locations (e.g., Plum-py’Nut®), developing the necessary marketing expertise to effectively and broadly connect with consumers will require massive new investments, a departure from business as usual and great care to avoid mishaps. Whether multinational firms or specialized producers enter this fray, any campaign to brand LNS-P products and communicate with consum-

ers could be significantly constrained by the 2010 World Health Assembly resolution mentioned above.

Branding alone will not, however, be sufficient. If private demand for LNS-P products emerges, the threat of low quality and cheaper knock-off products with less or no nutritional value may present a real threat. Consumers may be unable to discern any differences between these knock-off products and high quality LNS-P products because long-term preventative benefits are extremely difficult for consumers to see and to attribute. Proper certification of LNS-P product quality, though complicated, may therefore be critical to these markets. Again the industrial structure matters in this regard. If major multinationals with established brands begin producing and distributing LNS-P products, third party certification may not be essential. If many specialized producers wish to survive in private markets, however, they will likely have to collaborate as a producers’ association and rely on third party certification based on standards set by an authoritative institution (e.g. the World Health Organization (WHO)). While such a certification for high quality and “recommended” LNS-P products could be pivotal to private markets in such a case, it would also entail additional costs. If borne by the private sector, these costs would squeeze inevitably tight profit margins for LNS-P products. If borne by the public sector as part of a general campaign to ensure food quality and safety, these costs may make public health trade-offs yet more difficult.

Product space “neighbors”

Even if LNS-P products are novel in their formulation, have important impacts on early childhood nutrition, and are cost effective, consumers will

not see them as unique. In many contexts they will be surrounded by neighboring products that similarly aim to improve childhood nutrition such as micronutrient powders⁶ (recently recommended by WHO [WHO 2011]) and fortified cereals and blends. Nutritionally, these neighboring products may not substitute for LNS-P products, but they may appear to be near-perfect substitutes to consumers faced with a growing variety of supplements and other nutritional products. These competing products and their regulatory, legal and commercial structure will shape the evolution of private markets for LNS-P products.

Consumer behaviour

In programmatic distribution, international organizations try to select the most cost-effective and sustainable intervention to treat or prevent malnutrition given local preferences and then work through local partners to implement this intervention. Although compliance of recipients can be a concern in such a programmatic approach, consumers in private LNS-P markets will have substantially greater latitude in deciding whether, when and how frequently to use LNS-P products in complementary feeding. We do not know whether daily supplementation is necessary to reap the full benefits of LNS-P products, but periodic or infrequent usage may deliver far fewer benefits.

LNS-P distribution, whether through public or private channels, must therefore include careful training and education to ensure it is used properly as a complementary feeding supplement. Ensuring proper consump-

tion will demand an effective communications campaign to succeed where many similar efforts have failed. Compared to handwashing campaigns that use ultraviolet light to show the immediate effect of washing hands, for example, campaigns to motivate mothers to use LNS-P products in complementary feeding may be more challenging since inherently long-run benefits are difficult to showcase in the short-run. The 2010 World Health Assembly resolution charges governments with the responsibility to provide this training and education and virtually bans any private sector involvement. Such restrictions would require genuine public-private partnerships: instead of public channels and private markets operating in parallel, they would have to be carefully integrated, which can be challenging in practice.

In most settings, even relatively poor households have some discretionary income, which is often spent on small candies or other snacks. This may mean that purchasing power per se will not be a major constraint on LNS-P markets, but consistent or daily consumption of LNS-P products could nonetheless strain many households in poor areas. For those choosing to purchase a steady supply of LNS-P, it is important to understand how they would finance these purchases. Would they purchase and consume less of other foods? If so, what is the net nutritional effect of these reallocated household budgets?

Similarly, it will be important to consider what households perceive as viable alternative investments to LNS-P products. For example, an informed mother in a poor household might

reasonably wonder how the benefits of mixing LNS-P in her young child's food compare to instead giving her an egg and a mango each day. While it may be challenging or impossible and expensive⁷ for even an ambitious and informed mother to perfectly replicate the nutritional profile of LNS-P products using local foods alone, it is not hard to see how she might see cheaper alternatives as close enough – particularly given the competing demands for her attention and resources. Clearly, nutritional campaigns should strive to provide such a mother with adequate and accurate information to improve these dietary decisions, but the broader set of constraints she faces fundamentally shapes the value of this information to her. To wit, this mother faces other important tradeoffs between any of these nutritional investments in her child's health and educational or other investments in her child's future. These broader investment alternatives may influence (and be influenced by) households' responses to LNS-P products appearing in private markets.

Table 1 summarizes each of these five dimensions of the LNS-P product space with several key questions. This is by no means an exhaustive list of considerations. Instead, these questions aim to illustrate each dimension and initiate useful dialogue.

THE STRUCTURE OF OTHER NUTRITIONAL AND HEALTH PRODUCT SPACES CAN PROVIDE A USEFUL COMPARISON

A similar intriguing mix of direct and indirect influences of public channels and nascent private markets is appar-

⁶ See footnote 2.

⁷ When a child is 6-11 months old it is challenging to meet all micronutrient needs without the use of fortified products in many contexts. Beyond 12 months of age, it gradually becomes more feasible to provide similar nutritional benefits with local foods, but cost – particularly of animal-source foods – and seasonal fluctuations in local food sources may continue to constrain these local alternatives.

Table 1. Key questions for each of the five key dimensions of the LNS-P product space

LNS-P product space dimensions	Key questions
Regulatory status	<p>What legal options exist for regulating the production, distribution and marketing of LNS-P products?</p> <p>How will the Codex Alimentarius and 2010 WHA resolution shape these regulatory options?</p>
Producer & supply chain coordination	<p>How much direct and indirect influence will UNICEF, WFP, MSF, and other international organizations have on LNS-P supply chains?</p> <p>What mix of large multination and specialized private sector firms will emerge in the LNS-P product space? What effect will different private sector compositions have on how the LNS-P product space is coordinated?</p>
Product safety, quality control & marketing	<p>How will existing quality control processes developed by international organizations for RUTF production and products shape safety and quality controls for LNS-P products?</p> <p>How will private sector firms brand and market LNS-P products to convey product safety and quality? Will multinational firms be able to effectively leverage their expertise and existing brands to market LNS-P products?</p> <p>Will an LNS-P producers' association or other third party organization be required to establish and enforce certification of LNS-P products? In any certification process, what role will the WHO or ISO standards play?</p>
Product space "neighbors"	<p>What products will compete with LNS-P products for consumers' attention?</p> <p>Should LNS-P distributors see legitimate neighboring products such as micronutrient powders as threat or opportunity to bundle or build multi-product marketing campaigns?</p>
Consumer behaviour	<p>How and how frequently will consumers choose to use LNS-P products? How will intentional deviations from prescribed usage affect the long-run impact of these products on health outcomes?</p> <p>How effectively will information campaigns – whether led by public or private players – convey long-run benefits and thereby affect consumer behaviour?</p> <p>How will broader constraints, concerns and trade-offs faced by mothers affect their procurement and consumption of LNS-P products among other competing investments in the future of their children?</p>

ent with other products that aim to improve health and nutritional outcomes. Contrasting the structure of these product spaces with the emerging LNS-P product space yields several insights. Based on similarities, parallels can suggest lessons for navigating the challenges described above. Differences indicate unique features of LNS-P products. First, consider Insecticide-Treated Nets (ITNs),

which share some features with LNS-P products. Concerns about the viability of pure public channel distribution of ITNs have motivated efforts to expand private markets. As with LNS-P products, the benefits of ITN usage are not always immediately apparent, and the quality of the insecticide treatment is often unobservable. Although ITNs are intended to be used nightly, they are not pur-

chased for daily consumption like LNS-P products. In the absence of subscription-type service, the fact that LNS-P products are supposed to be consumed regularly poses a real challenge to private market development.

Through the [Bed Net Dialogue](#), coordinated by [GBCHealth](#), several private companies coordinate the pro-

duction and distribution of quality bed nets and rely on a certification process to streamline public procurement processes (GBCHealth 2009). The coordination of private suppliers around a set of WHO standards could be a useful model for LNS-P producers. Given the challenges outlined above, however, such a coordinated effort may need to reach further than the Bed Net Dialogue currently does and include the coordination of private marketing activities. Moreover, establishing standards may be more difficult in the case of LNS-P products.

Next, consider crop biofortification, which shares product space similarities with LNS-P products even if their respective nutritional approaches and target beneficiaries are quite different. Crops that are biofortified to produce micronutrients can provide health benefits. Although GoldenRice, the highest profile biofortified crop, is genetically modified, [Harvest-Plus](#) uses primarily conventional plant breeding techniques to biofortify crops such as beans, maize, sweet potato, cassava, millet and wheat with iron, vitamin A, and zinc. As with LNS-P products, any health benefits associated with eating these biofortified crops are unobservable in the short term. For some of these crops, especially open pollinated varieties, private markets may not play much of a role, but for others a mix of public channels and private markets is envisioned.

As a parallel to a mother's decision to use LNS-P for complementary feeding, consider a farmer's decision to grow a biofortified crop. The fact that biofortification traits are bred into existing and familiar crops makes the farmer's decision easier. Instead of confronting a completely new purchasing decision and facing the prospect of making the decision regularly

or even daily, the farmer purchases or otherwise procures seeds or vines as they always have and does so relatively infrequently. Whereas the LNS-P decision is akin to establishing a good habit, which can be challenging, the biofortified crop decision involves a slight modification to an existing decision, which – although easier – may still constrain adoption in some contexts.

As for the integration of public and private channels, the fact that biofortification adds micronutrients directly into a staple crop simplifies the design of hybrid distribution channels. To the extent that farmers access seeds through private channels, the small marginal cost of adding a biofortified trait could be subsidized as part of a public channel. Since LNS-P products are not bundled with the foods with which they are ultimately mixed, no similar hybrid distribution approach is apparent for LNS-P products.

Finally, regulatory dimensions of biofortified crops may be informative. In cases where crops are biofortified through genetic modification (e.g. GoldenRice), a host of biosafety regulations obviously apply. Yet the presence of biofortified traits alone has not triggered much discussion or concern about regulation of vitamin content because by design the vitamin concentration is fixed at levels that make overdoses very unlikely. Whereas certification and labeling are critical aspects of the LNS-P product space as a whole and of some biofortified crops, these regulatory dimensions are less critical in the case of biofortified crops that are easy to distinguish from their non-biofortified cousins by an observable feature such as color (orange in the case of beta-carotene enriched crops).

CONCLUSIONS

In the past decade, the success of Plumpy'Nut® in treating SAM has triggered widespread changes in public programmatic delivery of emergency food aid and has unleashed a productive public-private interaction that lead to the development of dozens of other RUTFs and, more recently, a range of other LNS-type products. Whereas the structure of the RUTF product space – including various legal and economic aspects – emerged quickly due to the direct interests of and management by UNICEF, WFP, and MSF, the structuring of the preventative LNS (LNS-P) product space is complicated by the fact that LNS-P products will likely require distribution through both public channels and private markets that, in turn, will lead to new ways of engagement for public, non-profit and private players. As always, new interactions between the public and private sectors bring both new opportunities and new risks.

This paper highlights five dimensions of this emerging product space that will influence its eventual structure and, ultimately, to the success of LNS-P products in preventing malnutrition among vulnerable populations: regulation; producer and supply chain coordination; product safety, quality control and marketing; neighboring products; and consumer behaviour. Although the continuum of LNS products – from RUTFs to RUSFs to LNS-P products – shares several common features, the specific formulations and intended usage of these products are distinct and the challenges and opportunities facing their respective product spaces are often unique. In this paper, I have focused on considerations that are relevant to the LNS-P product space, while acknowledging that the RUSF

product space shares some features but differs in other important ways.

Given the product space dimensions described above, there is one as-yet-unknown feature of the LNS-P product space that will most influence the structure it takes on in the coming years. The RUTF product space emerged through the direct guidance of the major international organizations that have a direct stake in the public procurement and distribution of these products. These organizations are likely to assume a less influential role in the emerging RUSF and LNS-P product spaces due to the greater importance private market production and delivery will play with these products. If large multinational corporations see an opportunity with these LNS products, the structure of these respective product spaces will inevitably reflect their involvement and interests. If instead relatively small, specialized producers continue to develop and market RUSF and LNS-P products, their influence on these emerging product spaces will hinge on whether and how well these producers organize themselves (e.g. as a producers' association) and agree on norms and standards, and on the types and amounts of branding and marketing quantities investments. At this point, it is unclear which of these routes is more probable. While important legal and economic dimensions to RUSF and LNS-P products will almost surely emerge in the near fu-

ture, the exact structure of these product spaces is therefore genuinely uncertain.

As LNS products shift from pure public distribution through programmatic channels to hybrid channels with more private market involvement, appreciating and responding to the perspectives of consumers by truly considering and engaging consumers in this public-private interaction as key stakeholders will be essential. In public channels, the preferences of the mothers who are generally the targeted beneficiaries can be muted or muddled by the dominant perception of beneficiaries as patients following prescriptions rather than as consumers making choices. In private market distribution, understanding the preferences of these mothers and the constraints and trade-offs that convert these preferences into observed choices is essential to any viable delivery model. As the product space for RUSF and LNS-P products emerges and evolves in the coming years, it will be increasingly important for key players in both the private and public sectors to build their strategies around the question, "Who is the customer here and what does she want?"

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UNSCN Nutrition and noncommunicable diseases (NCD) eGroup



The UNSCN has created a virtual space dedicated for sharing ideas, knowledge and experience on how to make nutrition considerations more central to NCD action on the ground. The objectives of the Nutrition & NCD discussion are: to raise awareness on the importance of nutrition for combating noncommunicable diseases (NCD); to call for action to scale up nutrition and jointly tackle undernutrition and obesity and diet-related chronic diseases in low- and middle-income countries; and to contribute to building programming and policy development capacities of various groups of stakeholders in these countries and globally.

You can join the eGroup by clicking [here](#). If you have any queries before joining, you are welcome to contact us at scn@who.int.

PRIVATE-PUBLIC PARTNERSHIPS DRIVE ONE SOLUTION TO VITAMIN AND MINERAL DEFICIENCIES: “FORTIFY WEST AFRICA”

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BACKGROUND

“Give us this day our daily bread”. In much of West Africa, “our daily bread” is now produced from fortified wheat flour enriched with essential micronutrients: iron, zinc, folic acid and other B-group vitamins. In addition, the omelette eaten with the bread may well be fried in vegetable oil that is fortified with vitamin A. The fortification of these two food vehicles, vegetable oil and wheat flour, with micronutrients has been realized through public-private partnerships that involve the commitment of both local and multinational large-scale industries, the support of strong policies driven by regional ministerial resolutions (ECOWAS 2006; 2008) as well as mandatory decrees by national governments within the [Economic Community of West African States \(ECOWAS\)](#), financial resources from a range of public and private funders, and the catalyzing role of nongovernmental organizations (NGOs). Out of fifteen countries in ECOWAS, eight form the primarily French-speaking West Africa Economic and Monetary Union (UEMOA), using a common currency, the CFA franc.

The West Africa region has an estimated population of 295 million people. The region has some of the poorest people in the world, with a weighted mean annual *per capita* income of US\$ 743 in 2007 (World Bank 2009). The underfive mortality rate is 128 per thousand live births (though it varies widely between countries) (UNICEF 2011). The alarming underfive mortality rates are attributable, in part, to undernutrition,

including micronutrient deficiencies. Recent analyses indicate that more than a third of childhood deaths are attributable to undernutrition (Black et al. 2008).

Vitamin and mineral deficiencies affect a third of sub-Saharan Africa’s people – impacting physical and cognitive development and disability among populations, as well as the economic prospects of nations (Micronutrient Initiative 2004). In most countries in West Africa, over 50% of women of reproductive age and preschool children suffer from degrees of iron deficiency anaemia with negative consequences on mortality, cognitive development, learning ability and work capacity (McLean et al. 2008). It is estimated that 41.2% of preschool age children in West Africa are vitamin A deficient (Aguayo and Baker 2005). Sub-Saharan Africa is home to 14% of the world’s micronutrient deficient population – nearly 170 million people (Bégin and Craig 2002). According to the 2011 State of the World’s Children report, 20% of children are underweight, 9% wasted and 36% stunted in ECOWAS. Vitamin A supplementation coverage is estimated at 77% and iodized salt covers an estimated 44% of households in the region (UNICEF 2011) with an estimated coverage of 74.9% of the total population.

To meet the [United Nations’ Millennium Development Goals](#) (MDGs) of reducing child mortality by two-thirds and hunger by half by the year 2015, it is necessary to focus greater attention on scaling up nutrition interventions that are known to be effective

(Aaron, Wilson and Brown 2010). In West Africa it is projected that only two countries, Ghana and Guinea-Bissau, are on track to meet MDG 1 with no country on track to achieving MDG 4. There has been only limited progress in reducing the prevalence of undernutrition and the actual number of underweight children has increased during the past decade (Brown et al. 2010). Staple foods such as rice, wheat, millet, and cassava that are regularly consumed by vulnerable populations fail to provide required levels of essential micronutrients to meet the recommended dietary allowances (RDAs) (Huffman et al. 1998). Countries in the region are challenged by economic constraints, seasonal harvests, limited production, poor food consumption patterns, and poor infrastructure, resulting in limited access to micronutrient-rich foods, especially those of animal origin.

This situation has prompted key nutrition partners in both public and private sectors to come together in the past decade to scale up successful food fortification programmes that have been known to contribute to the control of vitamin and mineral deficiencies, both in industrialized and developing countries. These initiatives have focused mainly on fortifying cooking oil and wheat flour for the large and growing populations in all socioeconomic classes around the region to improve their micronutrient status.

DEVELOPING THE WEST AFRICA PUBLIC-PRIVATE PARTNERSHIP

In 2000, [Helen Keller International](#) (HKI) began catalyzing private-public

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partnerships for food fortification. HKI started by administering a Fortification Rapid Assessment Tool (FRAT), developed by Programs for Assessment of Technology in Health (PATH) Canada and commissioned by the Micronutrient Initiative. The FRAT survey employs a stratified method to ask women to provide a 24-hour recall on the foods they and their children under five have consumed, as well as the frequency of consumption of these food items during the past week. To ensure geographic variation, people are selected from both urban and rural areas. The survey allows decision-makers to identify the best vehicles to achieve the greatest coverage, as well as to determine the appropriate micronutrient dose relative to the quantities of the food vehicle consumed. These surveys identified four potential food vehicles (i.e. with large coverage of target populations): cooking oil, wheat flour, bouillon cubes and sugar (Aguayo et al. 2003). A series of evaluations were undertaken to assess the industries' technical capacity to fortify, related costs and level of engagement.

Cooking oil and wheat flour were identified as the initial focus for reasons of coverage and technical and financial feasibility. The FRAT consumption surveys in West Africa show that cooking oil and wheat flour reach more than 70% of the population in most countries. Using current World Health Organization (WHO) recommendations, it is estimated that fortifying wheat flour will provide between 30-50% of estimated micronutrient RDAs for most countries in the region. Vitamin A fortification of cooking oil will provide an estimated 30% RDA of vitamin A.

Nutrition partners in West Africa began advocacy in early 2000 with public and private sector stakeholders to collaborate on fortifying these staple

foods with essential micronutrients. Food fortification as a policy and strategy began receiving political support in ECOWAS after the first public-private partnership dialogue in 2002 in Accra, leading to the emergence of national food fortification initiatives in Guinea (wheat flour), Mali (cooking oil) and Côte d'Ivoire (wheat flour and cooking oil). In 2004, at the general assembly meeting of the professional association of cooking oil industries of the West Africa Economic and Monetary Union (AIFO-UEMOA), Helen Keller International brokered a win-win strategic negotiation, and AIFO-UEMOA adopted a resolution to embark on vitamin A fortification of all cooking oil produced by their 15 member industries. This enabled them to add value to their products against lower quality imports while improving public health.

Regional and national stakeholders continued to dialogue, plan and implement large-scale food fortification programmes in West Africa. A second dialogue in 2007 in Bamako followed a planning meeting of selected regional nutrition partners in November 2006. The public and private sectors, through the support of civil society, NGOs and donors, collaborated to address specific issues to promote food fortification as part of the integrated strategy to address vitamin and mineral deficiencies in the region. During the first phase of this initiative, a focus on vitamin A fortification of cooking oil, beginning in Côte d'Ivoire and Mali, subsequently grew into the regional *Faire Tache d'Huile en Afrique de l'Ouest*¹ initiative. The accelerated pace of the regional vitamin A fortification of cooking oil programme catalyzed the regional initiative on micronutrient fortification of wheat flour, which was then launched in September 2007 at the [Clinton Global Initiative](#) under the Fortify West Africa initiative.

PARTNERSHIP SCALE-UP FOR SUSTAINABLE FOOD FORTIFICATION IN WEST AFRICA

The private-public multisectoral partnership was scaled up with the goal of sustaining effective food fortification in West Africa. Forging a strong alliance of cooperation among national governments, international agencies, the private sector and civil society has been an essential pillar of the food fortification programme in the region (Baker et al. 2009a). The partnership was broadened nationally and regionally following the reaffirmation of the ECOWAS Assembly of Health Ministers in 2008 to accelerate their 2006 resolution on mandatory fortification, which complemented other strategies being promoted to control and reduce vitamin and mineral deficiencies.

Food fortification provided industries with an opportunity to demonstrate corporate social responsibility through a value-added process in staple food production. At the same time, fortification gave industries (at least the early adopters) a competitive edge. Regular consumption of micronutrient fortified foods raises the threshold of vitamin and mineral intake in micronutrient deficient populations, and food fortification is self-sustaining as a business model under mandatory legislation and effective regulatory controls. The roles of the private sector and governments are both complementary and critical to success. Strong private-public cooperation throughout the region has ensured the scale-up and sustainability of food fortification.

National alliances for food fortification have been established (and continue to function) in Benin, Burkina Faso, Côte d'Ivoire, Guinea, Guinea-Bissau, Mali, Niger, Senegal, Togo and, most recently, in Sierra Leone. These alliances provide a forum for national level strategic thinking and

¹ Literally "to make an oil stain" – the French equivalent of the "snowball effect"

oversight of food fortification. Gambia and Liberia will soon be assisted to join the other Anglophone countries in ECOWAS, Ghana and Nigeria, to establish national fortification alliances. The membership of the national alliances includes the ministries for health, commerce and industry, finance, and communications; agencies responsible for food regulation; UN agencies ([UNICEF](#), [World Food Programme](#), [World Health Organization](#), [Food and Agricultural Organization](#)); NGOs; research institutions; industries; food importers; consumer associations; and the media. They generally meet quarterly to deliberate on the implementation of national strategic plans on food fortification.

At the regional level, key regional partners have committed themselves through a memorandum of understanding to accelerate food fortification through technical cooperation and resource support to national fortification programmes. In addition to the donors mentioned in the acknowledgement section below, key cooperating partners at the regional level include: [UEMOA](#), [WAHO](#), regional professional industrial associations (for cooking oil producers and wheat flour millers), UN agencies, the [Flour Fortification Initiative](#) (including through the [Smarter Futures Project](#)) and regional communication agencies (such as [Africable – a regional francophone television network](#)). Private sector companies also played a significant role in providing equipment, supplies and training and include premix suppliers ([BASE](#), [DSM](#), [Fortitech](#), [Hexagon Nutrition](#), and [Muhlenchermie](#)) and manufacturers of fortification or laboratory equipment.

This rich network of partnership demonstrates the complexity of the task. Each actor has a unique role to play, and the whole initiative requires each one to contribute to the effective realization of the goal of ensuring 70% coverage with fortified cooking oil and wheat flour. These partners

cooperate on a range of issues, both regionally and nationally:

- Developing and adopting regional and national standards and directives on mandatory fortification of cooking oil and wheat flour.
- Building capacity of all large-scale cooking oil and wheat flour milling industries in the region, as well as regulatory agency skills for monitoring compliance.
- Developing and implementing social marketing campaigns built around a regional logo, “ENRICHI”, for branding fortified foods.
- Monitoring programme implementation, supporting public sector enforcement of standards, ensuring quality assurance systems to sustain food fortification, and evaluating impact.

Fortify West Africa demonstrates how effective coordination is required to manage this multi-stakeholder initiative and avoid conflicts of interest while working harmoniously to address vitamin and mineral deficiencies in a challenging context. What has distinguished this initiative is that it has operated both at the level of individual Member States and through two regional bodies, with a central focus on building the capacity of local industries to embark on fortification while government institutions concurrently create the favourable policy environment to guarantee sustainability. Synchronizing these different processes has made coordination essential, and HKI took up the challenge of catalyzing and managing the process of bringing together the private and public sectors, donors and not-for-profit stakeholders to dialogue, collaborate, mobilize resources, strategize and implement the initiative through a bottom-up approach, driven by the private sector industries and supported by

public sector political will. The professional associations of food industries have ensured that any new membership is pre-conditioned on embarking on micronutrient fortification. Other strategic private sector partners – such as premix suppliers and equipment manufacturers – engage with food industries to provide technical support. Private television, radio and print media play a key role in communicating and sensitizing the population and consumers on the benefits of fortified foods, using the regional logo “ENRICHI” through social marketing.

PROGRESS AND CHALLENGES

Out of the 15 member countries of ECOWAS, twelve are fortifying wheat flour with micronutrients and ten are fortifying cooking oil with vitamin A. Guinea-Bissau does not have any local flour mills or oil refineries but is taking steps to ensure that all imported cooking oil and wheat flour are fortified and conform to the regional standards. Gambia and Liberia are now being assisted to implement national strategies on food fortification. Niger is fortifying cooking oil and is working on fortifying wheat flour, but the only milling industry is undergoing a change of ownership and is not currently operating. West African countries fortifying both cooking oil and wheat flour include: Benin, Burkina Faso, Côte d’Ivoire, Ghana, Mali, Nigeria, Sierra Leone, Senegal and Togo. Cape Verde, Guinea and Liberia are only fortifying wheat flour.

Food fortification has witnessed significant progress in West Africa since 2000, with advances in broadening partnerships, food technology, enabling environment, and social communication. An estimated 55 million people in UEMOA countries are consuming fortified wheat and 55 million consume fortified oil, of which over 8 million are children under five and over 6 million are pregnant or lactating women. Partnership networks are

being consolidated both regionally and at national levels, with continued strengthening of industrial capacity. Partners have succeeded in equipping industries in the region and have established the regulatory framework through regional and national standards for fortifying cooking oil and wheat flour. The common “ENRICHI” logo allows consumers to recognize fortified products throughout the region. Regional and national social marketing of fortified foods has created awareness and yielded strong political commitment to food fortification. Local industries cover over 70% of the demand for cooking oil and wheat flour in the region with strong intra-regional trade. Under mandatory regulations for food fortification, effective control of imported food, and an informed consumer population, food fortification effectively complements other nutrition interventions to control vitamin and

mineral deficiencies in vulnerable populations in West Africa.

Harmonized standards have been implemented for the UEMOA region (Baker et al. 2009b). To set regional standards, the UEMOA secretariat coordinated with Member States (Jarvis 2009). Effective control of fortified foods and inspection carried out at borders and ports of member countries of the region are required to ensure that imported fortified foods conform to standards while facilitating trade in fortified cooking oil and wheat flour within the region. More countries that are at advanced stages of fortification should follow the example set in passing national policies making fortification mandatory, with appropriate labelling. There is still a need to reinforce the regulatory systems of countries in the region, a top priority for future endeavours to promote fortification.

Additional technical support to food control laboratories so that they are appropriately equipped and staffed to undertake micronutrient analysis is also needed; qualitative and quantitative rapid analytical test kits are being promoted to monitor the quality of micronutrients in fortified foods in West Africa under the second phase of this initiative. Table 1 summarizes the current status of food fortification, and projections for 2013.

SOME LESSONS LEARNED

Once convinced of the value of fortification, business is quick to act, and many have been eager to be the first in their markets to fortify. However sustainability is only ensured through the establishment of mandatory policies that create a level playing field for all industries (including imports). Government, however, works at a

Table 1. Table summarizing the current status of food fortification with projections for 2013

Estimated Coverage of Fortified Cooking Oil and Wheat Flour in UEMOA/ECOWAS Countries in 2010 and Projections for 2013							
Country	Est. coverage of fortified oil (2010)	Est. coverage of fortified wheat flour (2010)	Projected coverage of fortified cooking oil (2013)	Projected coverage of fortified wheat flour (2013)	Projected population under 5 years with access to VA-fortified oil (2013)	Projected total population with access to fortified wheat flour (2013)	Status of fortification program (2011)
UEMOA Countries							
Benin	70%	65%	75%	75%	1,087,500	6,496,500	Voluntary
Burkina Faso	70%	50%	75%	70%	2,200,500	10,663,800	Voluntary
Côte d'Ivoire	70%	65%	75%	70%	2,354,250	14,413,700	Mandatory
Guinea-Bissau	15%	20%	60%	55%	159,000	866,250	Policy Planned
Mali	65%	60%	75%	75%	1,655,250	9,529,500	Voluntary
Niger	55%	30%	75%	65%	2,340,750	9,557,600	Voluntary
Senegal	65%	60%	75%	75%	1,534,500	9,158,250	Mandatory
Togo	70%	60%	75%	70%	710,250	3,213,004	Voluntary
Sub-Total UEMOA			75%	71%	12,042,000	63,898,604	Regional standards
Non-UEMOA ECOWAS							
Cape Verde	10%	80%	70%	75%	41,300	374,250	Voluntary
Gambia	10%	30%	70%	60%	186,900	996,000	Policy Planned
Ghana	70%	65%	80%	75%	2,655,200	17,513,250	Mandatory
Guinea	20%	65%	70%	70%	1,144,500	6,883,100	Mandatory
Liberia	20%	10%	75%	65%	464,250	2,465,450	Policy Plan
Nigeria	70%	65%	75%	65%	18,765,000	98,287,800	Mandatory
Sierra Leone	10%	50%	70%	60%	662,900	3,336,000	Voluntary
Sub-Total Non-UEMOA			75%	66%	23,920,050	129,855,850	AHM Resolutions
All ECOWAS			75%	68%	35,962,050	193,754,454	

different pace, and many have been slow in passing regulations for fortification. Policy work at this level requires attention to detail, mobilization of evidence, and painstaking construction of alliances within and outside government. Such advocacy efforts are easily derailed by the rapid turnover of government officials. Having an on-the-ground presence to understand the local context is required for nurturing the public-private partnerships required to sustain food fortification.

Large-scale food fortification is a complementary nutrition strategy and cannot reach all vulnerable individuals with all required micronutrients. Other actions that control vitamin and mineral deficiencies, such as supplementation, dietary diversification and optimal infant and young child feeding should continue.

Food industries are primarily responsible for fortification; the other stakeholders within the partnership network are facilitators. Effective coordination requires open and transparent communication with shared values and vision to combat vitamin and mineral deficiencies. To sustain the programme, however, strong regional advocacy must continue to translate into national strategic plans that link the health and economic sectors. Each partner brings unique and complementary competencies, and together they create a synergy that can only be achieved when they all work together. Industries usually consider themselves as competitors; however, when they confront similar challenges, they recognize the strength in uniting their efforts. The public sector must continue to create and maintain the favourable regulatory environment for private food industries to flourish, while addressing social and health problems. The Fortify West Africa initiative demonstrates how effective coordination of both private and public sector interests can converge through a bottom-

up approach to successfully address a critical public health challenge.

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SOCIAL MARKETING IN PUBLIC-PRIVATE PARTNERSHIPS AS A TOOL FOR SCALING UP NUTRITION: A CASE STUDY FROM TANZANIA

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INTRODUCTION

The recent consensus document “Scaling Up Nutrition” (SUN 2010) laid out the main elements of an action framework to address undernutrition with relation to the landmark 2008 nutrition series in *The Lancet*. The SUN Framework calls for increased investment in nutrition interventions through partnerships between key nutrition stakeholders at the global and national levels including the private sector.

Nutriset has been answering this call to action for decades; first with its industrial development of therapeutic milks used in therapeutic feeding centres; later though the development of the first Ready-to-Use Therapeutic Food (RUTF) Plumpy’Nut[®]; and currently through its continued research and investment in nutrition supplements such as the Lipid-based Nutrient Supplements (LNS) Evol’Nutributter[®] for the prevention of chronic malnutrition. Even before the SUN Framework was drawn up, Nutriset has been (and continues) to contribute to its objectives by developing adapted products, establishing a network of local producers and collaborating with both development actors and governments alike.

There is growing recognition of the role the private sector can play in addressing issues related to undernutrition, especially when it comes to innovation and efficiency. In addition to food production, the private sector also has a role to play in employment and income generation. However, many groups are still concerned about profit motives, conflict of inter-

est and more generally, how exactly to engage with the private sector and benefit from its ability to develop commercially viable business models in developing countries. Nutriset’s model is atypical in the sense that it shares its technology and know-how with its partners, allowing them to contribute to responding to needs in their respective countries without having to rely on imported solutions. Further, unlike other private sector actors, Nutriset only produces products destined for either the treatment or the prevention of the various forms of malnutrition affecting young children and other vulnerable groups.

ADDRESSING NUTRITION AT THE COUNTRY LEVEL

Following the first widespread demand for Plumpy’Nut[®] during the 2005 famine in Niger, Nutriset created and continues to expand a network of local producers of RUTFs. PlumpyField[®], as it is now known, is a network of partners striving to achieve a common goal of increasing access to new nutrition solutions for at-risk populations while adhering to international quality standards of production. Currently the eleven PlumpyField[®] partners produce nearly one third of all Plumpy’Nut[®] used in humanitarian programming with all groups working to increase their respective production capacities.

WIDENING THE EVIDENCE-BASED OPTIONS

Nutriset realizes that there are many more challenges and opportunities in addressing undernutrition beyond

the treatment of acute malnutrition and that the threat of malnutrition should be addressed from multiple angles. Through its partnership in the research consortium “The International Lipid-Based Nutrient Supplements Project” (iLiNS), Nutriset was engaged in the development of a complementary food supplement, Evol’Nutributter[®]. The product was originally designed for infants between six and twelve months of age, a critical time period for growth and cognitive development. Since then, Nutriset has partnered with various research projects to improve the effectiveness of Evol’Nutributter[®] for children from six months of age and at risk of chronic malnutrition.

Evol’Nutributter[®] was developed in an attempt to realize a low cost supplement to enrich children’s complementary food (diets provided to children in addition to breastmilk) with essential vitamins, minerals and fatty acids (see Table 1) during the critical months between the end of exclusive breastfeeding and two years of age. Research has demonstrated that daily consumption of Evol’Nutributter[®] all along the at-risk period during which the child receives nutritionally inadequate complementary food (for instance, lack of products of animal origin, fruits and/or vegetables) promotes the child’s growth and motor cognitive development and prevents long term nutritional deficiencies (chronic malnutrition) (Adu-Afarwuah et al. 2008). Similar to Nutriset’s other products, Evol’Nutributter[®] does not require any refrigeration or reconstitution, and can be made pri-

marily from locally grown or processed raw ingredients.

As is the case with Nutriset's other products, Evol'Nutributter® is a patented product and there are plans in place for it to be produced in the United Republic of Tanzania. This is in reference to the announcement made in October 2010 where a proposed Usage Agreement is offered to any company or organization (with the exception of Europe and North America) to manufacture, market and distribute products covered by Nutriset/IRD patents.

USING MARKET-BASED APPROACHES

Understanding the magnitude of the global nutritional crisis in terms of both acute and chronic malnutrition, and responding to the international calls for renewed attention to the potential of market-based approaches to enhance the access to a range of nutritious food products, especially for mothers during pregnancy and very young children (Shrimpton 2007), Nutriset is embarking on research for innovative delivery strategies with the objective of continuously striving to improve access to these nutrient supplements to vulnerable populations through the private market. Nutritional supplements are mostly distributed through government or nongovernment nutrition programmes. The private or retail market is an option to make products available in areas not benefiting from these programmes.

To attain this goal, Nutriset's approach uses social marketing techniques in its design and implementation of programmes, which are inspired from traditional marketing principles but with the objective of addressing a public health need. Hence, in addition to the conventional four P's (Product, Place, Price and Promotion) used in traditional marketing, social marketing also includes four more variables:

"Public" (external and internal groups involved in the programme to be addressed by the organization), "Partnership" (the company has to team-up with other organizations in order for the programme to be successful), "Policy" (policy changes are sometimes needed in order to implement a favourable environment for the programme) and "Purse strings" (funding strategy to support the programme). Based on a comprehensive understanding of the needs of the target population, social marketing programmes place special emphasis on understanding behaviours and employ communication and awareness raising strategies in order to improve the health and well-being of the population in question.

Since mid-2006 in Niger, Plumpy-Field® network member Société de Transformation Alimentaire (STA), in partnership with Nutriset distributes a locally produced ready-to-use nutrition supplement directly through the retail market. Grandibien® is a ready-to-use supplement for children aged 1-5 years which, when consumed daily, provides a minimum 50% of the daily recommended intake of vitamins and minerals. Product promotion is based on social marketing methods and Grandibien® has been tailored (price, name, packaging, distribution channels and communication) to be accessible to vulnerable populations. One of the main lessons drawn from the Niger experience is the importance of public information campaigns and the funds required to ensure their continuity. In Niger, it was noted that sales of Grandibien® decreased significantly when the public campaigns ceased but quickly picked up again when the information campaign was relaunched (Beltran Fernandez 2009).

Building on the pioneering work of Grandibien®, other social marketing projects are currently either under

Table 1. Evol'Nutributter® nutrient content

Nutrition Facts	
Serving Size 1 sachet (20 g)	
Amount per serving	
Calories	107 kcal
Protein	2.6 g
Fat	6.9 g
Vitamins	
Vitamin A (0.4 mg)	Vitamin C (30 mg)
Vitamin B1 (0.3 mg)	Vitamin B2 (0.4 mg)
Vitamin B6 (0.3 mg)	Vitamin B12 (0.5 µg)
Niacin (4 mg)	Pantothenic acid (1.8 mg)
Folic acid (80 µg)	
Minerals	
Calcium (100 mg)	Phosphorus (86 mg)
Potassium (152 mg)	Magnesium (16 mg)
Zinc (4 mg)	Copper (0.2 mg)
Iron (9 mg)	Iodine (90 µg)
Selenium (10 µg)	Manganese (0.08 mg)

way or planned in three other African countries.

THE TANZANIA PROGRAMME

In Tanzania undernutrition is an endemic problem with 42% of children under five suffering from chronic malnutrition and 16% suffering from chronic acute malnutrition in 2010. In addition to this, only 50% of children under six months are being exclusively breastfed whereas international health organizations recommend exclusive breastfeeding for the first six months of life and mixed feeding for at least 24 months to safeguard the nutritional status of young children as well as their general health, development and survival. Last but not least, when the Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6–24 months also be fed three or more other food groups daily, only one in four breastfed children in Tanzania meets this recommendation (National Bureau of Statistics 2011).

Lipid-based Nutrient Supplements (LNS) targeting children 6-24 months such as Evol'Nutributter® can be a convenient way to fill the nutrient gap of complementary food to enhance the child's growth and development and reduce child mortality. Nutriset is committed to contributing to the promotion of key nutrition messages such as exclusive breastfeeding and adequate complementary feeding with continued breastfeeding and believes that multi-stakeholder approaches, including both public and private actors, are the most appropriate methods to improve these practices. The Global Strategy for IYCF urges countries to formulate comprehensive policies to ensure children's nutritional status (WHO/UNICEF 2003) and public-private alliances bring scale, effectiveness and innovation to development efforts thereby accelerating progress towards the Millennium Development Goals (Runde 2006). These alliances take place at different levels and stages of the programme, and can take various forms, from a simple interaction to a real partnership, involving shared decision-making (Hawkes 2011).

In 2009, and following lessons learned from the Grandibien® experience in Niger, Nutriset partnered with Power Foods, a local food producer in Tanzania, and the locally based nongovernmental organization (NGO), Industrial Revelation. This public-private partnership was made possible thanks to institutional funding from the United States Agency for International Development (FANTA-2) together with Nutriset's research and development funds. The partners work in close coordination with the Tanzania Food and Nutrition Centre (TFNC), a semi-autonomous government institution under the Tanzania Ministry of Health and Social Welfare, in order to align development partners' goals with those of the government. TFNC is known in particular for

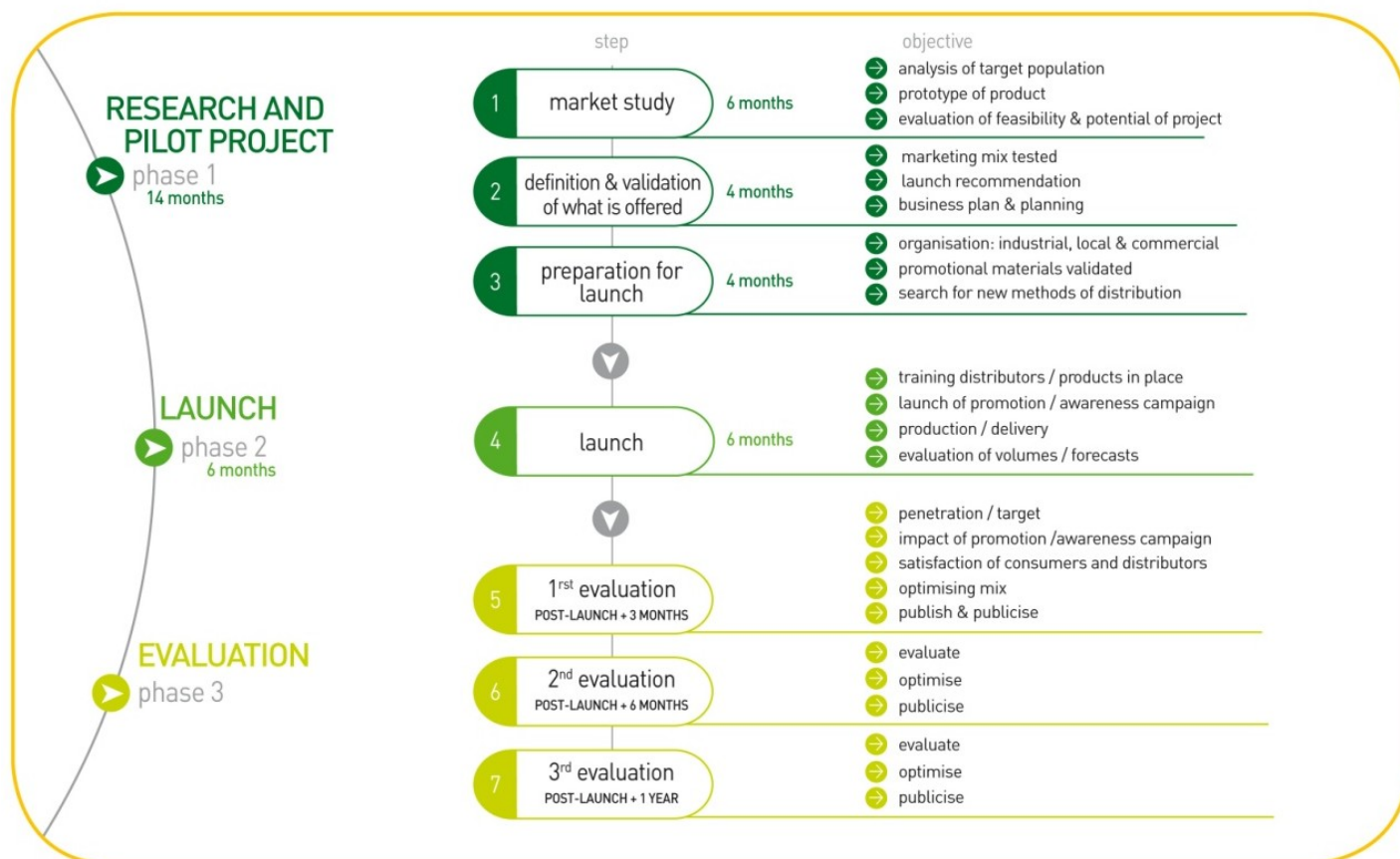
its ability to forge alliances for community-based actions and developing capacity for nutrition research and action so that even unconventional public health nutrition strategies can succeed at the national level. Involvement of the TFNC also ensures continuous governmental engagement throughout the planning and implementation of the programme.

Building on the increasing evidence of the efficacy of Evol'Nutributter®, plans are under way to develop a locally produced version of the product for introduction into the local market. A three-phase programme (see Figure 1) was initiated in early 2010 with a market study analyzing the target population – eating habits and food purchasing behaviours as well as other political, environmental, social, technological, economical and legal (PESTEL) factors that will influence the programme. The research included the assessment of the need for a supplement for the target population and support of the programme by nutrition experts in the country, including the Tanzanian government. In addition, an in-depth study of international guidelines and national regulations concerning products targeting children from 6 to 24 months of age – such as the International Code of Marketing of Breastmilk Substitutes (WHA 1981) – was carried out. The document review was conducted with the help of the Global Alliance for Improved Nutrition's working paper (GAIN 2010) on how to use this Code, and the National Regulations for Marketing of Breastmilk Substitutes and Designated Products (1994) of Tanzania to ensure the promotion of appropriate breastfeeding and complementary feeding practices. Simultaneously, a qualitative study assessed the mothers'/caretakers' perception of the product, the associated communication materials including packaging, product name and design. One of the driving forces of Nutriset's qualitative

methodology is to incorporate community participation at all levels in an effort to ensure the effective integration of the product into the local market (Nutriset 2010). Fifty participants took part in the focus group discussions, which included ten in-depth interviews, ethnographic observations and 315 respondents participated in the secondary data research that led to recommendations for product packaging, price, communication and awareness strategies as well as methods of distribution. The survey was piloted in Dar es Salaam and subsequently carried out in three diverse regions (urban: Dar es Salaam, Mwananyamala; rural: Mtwara – Ziwani; semi-rural: Mwanza – Kisesa). An effort was made to ensure the points of view of both male and female participants were captured and ultimately secured feedback from 76.5% female – 23.5% male respondents. The criteria for selection of interviewees were: primary caretakers of children 6 - 24 months with a household income less than TZS 300 000 per month.

The second and final stage of research focused on empirical field investigation of issues around taste, usability, packaging and other elements of the marketing mix of the proposed supplementary food. As a result of these studies, the product and the programme have been adapted to the local context to be in compliance with international guidelines and national regulations alike.

Evol'Nutributter® is specifically designed to meet the needs of children 6 - 24 months. This approach is in line with and supports the exclusive breastfeeding of infants through six months of age. Furthermore, any social and behaviour change communication (SBCC) materials will recommend that the LNS be mixed with the child's complementary food and that the child be fed the supplement only after s/he has been breastfed. This approach is being adopted in order to

Figure 1. Three-phase programme for product development in the United Republic of Tanzania

ensure the introduction of the product does not displace breastfeeding and furthermore, in order not to undermine traditional feeding practices.

Due to restrictions on the promotion of food products destined for children under five in Tanzania, Nutriset will share all available SBCC materials with local actors for integration in their respective programmes.

Following the infant formula controversy in the 1970s, which has led national authorities to lose confidence in private sector players, the Government of Tanzania has established National Regulations regarding products targeted to young children which are more restrictive than the World Health Organization Code (by extending the prohibition of promotion to all products, even those that are not promoted as breastmilk substitutes). Although these laws are put in place to protect the child's growth and development, they also restrict the access to LNS that could be an option to

improve the complementary food of the child. To overcome this challenge, Nutriset has undertaken a public-private approach to make the product accessible to the target populations, while emphasizing its appropriate use. Evol'Nutributter® will be distributed through both the private and the public sectors concurrently, using a unique packaging design known and recognized by all (see Figure 2). On the one hand, NGOs would distribute Evol'Nutributter® through their nutrition programmes (provided free of charge or sold at a subsidized price depending on the type of programme being implemented), allowing for tighter control over the target beneficiary population; and on the other hand, Nutriset and Power Foods would make the product available through the retail sector in areas that are not covered by these programmes, all the while respecting National Regulations and working in close concert with local actors. Besides controlling distribution, this ap-

proach allows for increased coverage for a larger target population and could be the basis for a sustainable model in the long term. The combination of these different but complementary distribution systems can contribute to a greater impact on preventing malnutrition in Tanzania.

As alluded to the above, perhaps the greatest challenge facing Nutriset and Power Foods in Tanzania are the National Regulations linked to foods for children under five, which forbid advertising or any form of promotion from the producer or the distributor to the general public. As a result, Nutriset met several nutrition actors in Tanzania and in an effort to ensure that communication / labelling is clear and understood by mothers or caregivers, Nutriset and Power Foods is working closely with The Centre for Counselling, Nutrition and Health Care (COUNSENUTH). COUNSENUTH is a local NGO with strong ties to the International Baby Food Action Network (IBFAN) that aims to contribute

to improving the quality of life through strengthening care for vulnerable groups and promoting preventive healthcare, nutritional care and counselling at the community level. Nutriset and Power Foods will work in collaboration with COUN-SENUTH whose role would be to ensure the promotion of appropriate breastfeeding and complementary feeding practices and the appropriate use of the LNS (Evol'Nutributter®) in order to increase its efficacy via their existing SBCC channels.

Following the studies embarked upon in Tanzania, it was determined that the target population has the purchasing power to include this product in their diet if it is priced comparably with common snacks already being bought for children and assuming there are no other similar or competing products on the market. The price that was determined to be most affordable for households with total monthly income of less than TZS 300 000 (US\$ 200) was TZS 150-200 (US\$ 0.09-0.12). Of primary importance, this price would allow mothers to purchase the product in addition to complementary foods already being fed to a child 6 - 24 months.

All research carried out to date was considered when establishing the short and medium term goals. Based on the assumption that not all of the target population will purchase, forecasts for consumption over the next five years was estimated based on the target population size (children 6 - 24 months) (Tanzanian National Bu-

reau of Statistics 2009). The programme evaluation identified the need for high initial investment costs and the preliminary consumer price would need to be TZS 150-200 in order to cover production and distribution in the most effective manner. With this business model, the break-even point for the programme would be in approximately three years after around 100 MT/year of production is reached which represents an estimated 30 000 children in the target population consuming Evol'Nutributter® every day for six months. This project expects to be supported by institutional grants for the first three years, specifically in order to finance part of the extension of the distribution network. Once the break-even point is reached at the end of the third year, the programme should be economically viable. Once sustainable, Power Foods will be able to reinvest profit to permanently reduce the price of the product in order to reach more people and specifically very low-income populations.

INVOLVING THE PRIVATE SECTOR IN THE EFFORTS TO SCALE UP NUTRITION

The private sector can contribute to establishing new and sustainable business models for delivering nutrition services or messages and food products to the target population and the private sector increases the potential to bring interventions to scale. Unfortunately, many groups still have questions as to how to engage the private sector and it will be some

time before groups find their "comfort zone" and engage the private sector. Despite this reality, several private sector players have successfully managed to partner with public sector actors. Specific examples include the longstanding relationship between Cargill and the World Food Programme (WFP). More recent public-private partnerships are also showing promise, such as the newly established Partners in Food Solutions (PFS), a partnership between General Mills, Cargill and DSM, which aims to initiate transfers of technology to producers of fortified blended flours in the developing world.

With the local development of Evol'Nutributter® in Tanzania, Nutriset is proving its commitment to addressing the rampant undernutrition facing the Tanzanian population through supporting the establishment of a sustainable system to identify and make accessible the nutrients required for the proper development and overall health of vulnerable populations. Tackling chronic malnutrition also serves to address the new-found support in the world of public health towards addressing noncommunicable diseases, to which chronic malnutrition is inextricably linked.

The challenges and main lessons learned from the development of Evol'Nutributter® in Tanzania will be considered and incorporated into Nutriset's future initiatives and partnerships. One of the most important lessons, and one of the main chal-

Figure 2. Evol'Nutributter® packaging design



lenges, is the development of a policy environment that incorporates all possible actors that have a stake in improving IYCF practices. Another main challenge is reaching children 6-24 months with a food product and the target population (mothers and caregivers) with the right messages (product use, appropriate breastfeeding and complementary feeding practices) without direct communication to the general public as stipulated by the Tanzanian National Regulations.

Nutriset's experiences in Niger and Tanzania highlight the importance of engaging with local actors in the public sector in order to achieve mutual goals. The efficiency and innovation of the private sector coupled with the public sector actor's intimate knowledge of the beneficiary populations is essential for ensuring the success of these types of initiatives. By working in tandem, goals can be achieved and Nutriset's experience demonstrates that it is indeed possible for the public sector to engage with the private sector in an effort to achieve its stated policy objectives.

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UNSCN Nutrition and Climate Change eGroup



The Nutrition and Climate change eGroup is an ad hoc online discussion forum, created with the aims of bringing a nutrition lens into climate change issues and increasing the participation of interested sectors to discuss how this can be done and what the priorities are.

This eGroup also intends to identify opportunities for the nutrition agenda and weaknesses that hinder the participation of nutrition in such debates. It also intends to influence the agendas of the research community, since scientific publications feed the Intergovernmental Panel on Climate Change (IPCC) for the production of their publications, and the IPCC itself shapes the United Nations Framework Convention on Climate Change (UNFCCC) agenda. There is also a need of an increasing sensitivity of donors to these issues in order to gather funding for climate change related initiatives.

You are very welcome to join the discussion, and you can subscribe by clicking [here](#).

You can also check out some of the results of the eDiscussion [here](#), including the participation in COP 16 and COP 17.

GOVERNMENTS SHOULD GOVERN, AND CORPORATIONS SHOULD FOLLOW THE RULES

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INTRODUCTION

Noncommunicable diseases, health inequalities and food insecurity are all issues that policy-makers at national and international levels are attempting to address. Sometimes United Nations bodies, national governments and other organizations suggest they should enter into partnerships with the private sector as a way to change problematic corporate behaviour, to engage corporations as agents of change and to secure funding for programmes, particularly at a time when public funds are under strain. This article suggests that policy-makers should consider the public interest before considering interacting with the private sector on health and other issues. When developing health policy at national and international level, this should not involve negotiation with the private sector, though it may be relevant to consult. If working jointly with the private sector, organizations should avoid the term partnership, define relationships more clearly and manage conflicts of interest that are deemed acceptable or unavoidable. This article supports the call from the Conflicts of Interest Coalition, consisting of 147 civil society organizations (CSOs) and networks (including Baby Milk Action), for a Code of Conduct and Ethical Framework to guide interactions between policy-makers and the private sector.

GOVERNMENTS SHOULD GOVERN

Governments have an obligation un-

der a series of international agreements, including the Convention on Economic, Social and Cultural rights, to protect and deliver the right to health for all:

Health is a fundamental human right indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity. The realization of the right to health may be pursued through numerous, complementary approaches, such as the formulation of health policies, or the implementation of health programmes developed by the World Health Organization (WHO), or the adoption of specific legal instruments (OHCHR 2000).

The right to health means that governments must generate conditions in which everyone can be as healthy as possible. Such conditions range from ensuring availability of health services, healthy and safe working conditions, adequate housing and nutritious food (WHO/OHCHR 2007).

National governments have a responsibility to govern in the public interest. At times this will involve addressing concerns about the impact of the private sector through national policies and programmes, and through international bodies, such as WHO. Increasingly, the most powerful companies, transnational corporations, are seeking to set, or at least influence, the rules that regulate and impact on their activities. Company executives have a fiduciary duty to put the interests of their shareholders before all others and consequently

frequently call for strong regulations in areas that protect their interests (such as contract law and protection of intellectual property rights), but often seem compelled to oppose or undermine regulations that constrain their freedom to operate. This is particularly evident when it comes to food corporations and the rise of noncommunicable diseases (NCD), where executives have lobbied strongly against, for example, restrictions on advertising, traffic-light labelling schemes and statutory limits on unhealthy ingredients.

In addressing the role of the private sector in health issues - and any other issue - it falls to policy-makers to:

1. Understand the problem and the role played by the private sector
2. Determine the appropriate public-interest response
3. Decide the appropriate relationship with the private sector in this context
4. Identify the extent of conflicts of interest, minimise them and manage those that are considered acceptable or unavoidable
5. If deciding to work with the private sector in some way, avoid the language of partnership, define the relationship clearly and ensure that your original objectives do not get subverted.

UNDERSTAND THE PROBLEM AND THE ROLE PLAYED BY THE PRIVATE SECTOR

The specific issue of NCD and the role played by the private sector in their rise will be considered in this analysis, though the principles are relevant to many other issues. Government policy-makers face serious problems with regards to NCD. According to the WHO Obesity and Overweight fact sheet (WHO 2011a):

- Worldwide obesity has more than doubled since 1980.
- In 2008, 1.5 billion adults, 20 years and older, were overweight. Of these over 200 million men and nearly 300 million women were obese.
- 65% of the world's population live in countries where overweight and obesity kills more people than underweight.
- Nearly 43 million children under the age of five were overweight in 2010.
- Obesity is preventable.

The rise in obesity is attributed to various cultural changes, including changes in living and working conditions, with nutrition being central. The industrialization of food has greatly increased the production of food calories, but sometimes at the expense of food quality. Consumption of starchy staples has decreased and fat consumption has increased. Consequently over the past 200 years, average individual consumption of fat in Western society has increased five-fold and of refined sugars 15-fold (Lang and Heasman 2004, p.132). Declines in breastfeeding in some cultures is worrying as studies have shown the impact of formula-feeding on early weight gain, which has an impact in later life. For example, a longitudinal birth cohort study

by German researchers tested whether breastfeeding for more than two months has preventive effects against overweight and adiposity at six years of age and found that "early bottle-feeding brings forward the obesity rebound, predictive of obesity in later life" (Bergmann 2003, p.162). Many studies have substantiated the impact of artificial feeding (Baby Milk Action 2006).

The rise in NCD is not restricted to industrialized countries. A study in East Africa reported that autopsies found no cases of chronic heart disease in the 1930s, but by the 1960s it was a major health problem (Trowell in Lang and Heasman 2004, p.80). According to WHO:

An estimated 17.1 million people died from Cardiovascular Diseases (CVDs) in 2004, representing 29% of all global deaths [...] By 2030, almost 23.6 million people will die from CVDs, mainly from heart disease and stroke. These are projected to remain the single leading causes of death" (WHO 2011b).

Type 2 diabetes is also linked to changing diets and lifestyles. According to WHO:

346 million people worldwide have diabetes. In 2004, an estimated 3.4 million people died from consequences of high blood sugar. More than 80% of diabetes deaths occur in low- and middle-income countries. WHO projects that diabetes deaths will double between 2005 and 2030. Healthy diet, regular physical activity, maintaining a normal body weight and avoiding tobacco use can prevent or delay the onset of type 2 diabetes (WHO 2011c).

The food industry argues that it is responding to consumer demand for foods high in salt, fat and sugar, and that consumers are also responsible if they do insufficient exercise. However, a key aspect of the change in diet is the promotional activities of the food industry. It was noted

around ten years ago that for every US dollar spent by the World Health Organization on trying to improve nutrition of the world's population, US\$ 500 is spent by the food industry on promoting processed foods (Lang 2004).

DETERMINE THE APPROPRIATE PUBLIC HEALTH RESPONSE

While the food industry is not solely to blame for the NCD epidemic, the composition and marketing of foods are contributory factors that need to be addressed.

At national and international level, food companies have promised voluntary action in both these areas. Rather than being distracted by offers of voluntary action by the food industry, policy-makers should first determine the most appropriate public health response, looking predominantly to independent, publicly financed studies that have been subjected to a rigorous peer review process. While the potential for bias is present in all research, misleading findings and unintended consequences are reduced if research is commissioned and funded by a disinterested party, and where academic rigour can be demonstrated in the research process. It is also important to be aware of publication bias, where trials with negative outcomes are less likely to be published.

The role of the private sector in policy development has to be considered carefully. The Conflicts of Interest Coalition, consisting of over 147 civil society organizations and networks, presented a statement of concern to the United Nations High-Level Meeting on the Prevention and Control of NCD in September 2011 (Baby Milk Action 2011). This calls for a Code of Conduct and an Ethical Framework that will guide interactions with the private sector at both

national and international levels (including in the current process of WHO reform) and states:

The policy development stage should be free from industry involvement to ensure a “health in all policies” approach, which is not compromised by the obvious conflicts of interests associated with food, alcohol, beverage and other industries, that are primarily answerable to shareholders.

These industries should, of course, be kept informed about policy development, through stakeholder briefings for example, but should not be in an influencing position when it comes to setting policy and strategies for addressing public health issues, such as NCD prevention and control. (Baby Milk Action 2011)

DECIDE THE APPROPRIATE RELATIONSHIP WITH THE PRIVATE SECTOR IN THIS CONTEXT

Health policies should be developed through a process of “consultation” (defined by the dictionary as meaning “seek information or advice from”) rather than “negotiation” (defined as meaning “try to reach an agreement or compromise by discussion”) (Oxford 2011).

While policy-makers and executives like to speak of win-win solutions, sometimes necessary policies may impact on company sales and profits. For example, the International Code of Marketing of Breastmilk Substitutes was adopted by the World Health Assembly in 1981 despite being described as “unacceptable [...] irrelevant and unworkable” (ICIFI 1981). The Code and subsequent, relevant World Health Assembly Resolutions have now been introduced into legislation by over 60 countries and lesser measures in many more, in recognition of the importance of protecting breastfeeding and babies fed on substitutes. The

Indian Infant Milk Substitutes Act is one of the most comprehensive examples and even includes a penalty of imprisonment for Managing Directors who break the rules. As a result, the baby-food market in India has remained static, whereas in China it has grown significantly. Industry analysts Euromonitor acknowledge:

The huge disparity in the retail value of milk formula sales between China and India is mainly due to the significant differences between their official regulatory regimes.

The Code and subsequent, relevant Resolutions of the World Health Assembly are succeeding in protecting infant health, despite being labelled “unacceptable” by the industry. Vigilance is required, however, as Euromonitor also notes: “The industry is fighting a rearguard action against regulation on a country-by-country basis” (Euromonitor 2008).

In some circumstances, government and UN policy-makers may decide it is not even appropriate to consult with the private sector: WHO pointedly did not invite representatives of the tobacco industry to the 2011 New York meeting on NCD. WHO Director General, Dr. Margaret Chan, said in her opening address:

Full implementation of the WHO Framework Convention on Tobacco Control would bring the single biggest blow to heart disease, cancer, diabetes, and respiratory disease. I call on heads of state and heads of government to stand rock-hard against the despicable efforts of the tobacco industry to subvert this treaty. We must stand firm against their open and extremely aggressive tactics (WHO 2011d).

In the area of nutrition, there is evidence that regulating the food industry can be far more effective than encouraging voluntary action. For example, trans fatty acids (transfats) were widely used in foodstuffs in

Denmark until 2003, as in other countries (Kent 2008). In 2003 the Danish government enacted legislation for health reasons requiring manufacturers to reduce the content of trans fats in oils and fats to no more than two grams per 100 grams. Manufacturers were allowed to sell food manufactured before the law came into force and were given a period of six months when trans fats content in food products could be up to five grams per 100 grams of the product. From December 2003 sanctions of up to two years in prison have applied for selling foods with higher-than-permitted levels of trans fats (Danish Law 2003).

Manufacturers appear to have complied with the regulations in Denmark and a similar ban introduced subsequently in New York, whereas appeals for voluntary changes and commitments by corporations have had limited impact. An editorial in the *British Medical Journal* on trans fats notes that:

Many foods still contain industrial TFAs [trans fatty acids], especially in restaurants, schools, cafeterias, coffee shops, and bakeries, where food labels are not mandatory. Comprehensive education to encourage such businesses in New York City to voluntarily reduce the use of partially hydrogenated fats was unsuccessful. Legislative strategies have been more successful than labelling or education. In both Denmark and New York City, legislation has effectively eliminated industrial TFAs (Mozaffarian and Stampfer 2010).

Although “TFA consumption is associated with a substantial risk of heart disease events” and “rare in the natural human diet”, TFAs are favoured commercially:

A high TFA content provides physical and chemical properties that are attractive to food manufacturers, including the creation of relatively inexpensive (compared with animal derived

fats) solid or semi-solid fat. The process also destroys labile omega-3 acids (α -linolenic acid), and this reduces the propensity for fats to become rancid, increases shelf life, and optimises deep frying applications.

These economic benefits appear to outweigh health benefits for corporations - except when "Transfat Free" is used as a marketing gimmick or for labelling premium-priced products.

IDENTIFY THE EXTENT OF CONFLICTS OF INTEREST, MINIMIZE THEM AND MANAGE THOSE THAT ARE CONSIDERED ACCEPTABLE OR UNAVOIDABLE

When policy-makers from government, the United Nations or nongovernmental organizations (NGO) speak of tackling issues such as NCD they are likely to find the company representatives respond in several ways (if they have not already taken these steps proactively):

- They want to meet to discuss the proposals.
- They offer to work together to develop a voluntary code, or even legislation.
- They set up a Business Interest nongovernmental organization (BINGO) to represent their interests, either openly or not so openly.
- They fund or create charities, foundations and events that are associated with health.
- They offer funding or other support to government, UN or NGO programmes.
- They present partnerships with the private sector as an essential solution.

The first question policy-makers should ask themselves when considering interacting with the private sector is: does a conflict of interest exist?

Company executives have a fiduciary duty to maximize shareholder value, and so this has to be an underlying motive in every decision they take about their business. Policy-makers need to understand what advantage is being sought and consider whether this compromises what they are aiming to do. For example, if a company that promotes unhealthy food to children gains kudos from sponsoring a healthy eating or exercise initiative, this will divert attention from its bad practices and perhaps lead to reliance on voluntary approaches rather than regulation. However, a company with no interest in food, say an electronics or a travel company, could offer sponsorship with the same underlying goal of selling products without necessarily conflicting with the specific aims of the initiative (though there may be other matters of policy to consider).

The Conflict of Interest Coalition is encouraging policy-makers to consider these issues when interacting with the private sector. Aside from consulting rather than negotiating, measures could include requiring declarations of interest, drawing clear distinctions between Public Interest NGOs (PINGOs) and Business Interest NGOs (BINGOs), carrying out risk analysis and exploring alternatives.

The offer of corporate funding may be attractive to policy-makers, particularly in times of austerity. However, seeking voluntary contributions from the private sector creates dependency and is not the only way to raise funds. One straightforward way to avoid conflicts of interest is to fund programmes through taxation. As commerce has globalized there has been a downward pressure on corporate taxation. The Organization for Economic Cooperation and Development (OECD) states:

For many OECD countries tax competi-

tion has thus been a major shaper of policy. It has encouraged countries to make their business tax regimes more attractive, particularly through reductions in statutory corporation tax rates, to encourage investment (OECD 2011, p. 15).

The OECD report notes this is a continuing trend:

The statutory corporate income tax rates in OECD member countries dropped on average 7.1 percentage points between 2000 and 2010, from 32.8% to 25.7%.

Rates of income tax for top earners have also decreased dramatically, whereas, "average effective tax rates on most individuals have fallen much less than top statutory tax rates". This means that corporations and executives are paying less than what some may view as their fair share, and the tax burden has shifted from the private sector to individuals on lower pay.

As the OECD report commented with regard to competition for investment:

These competitive pressures raise questions about whether more international cooperation on tax policy might be desirable to avoid tax competition having pernicious effects.

The WHO Commission on the Social Determinants of Health recommended progressive taxation for funding health in its 2008 report *Closing the Gap in a Generation* and also stated:

The increasingly globalized nature of economic practices, including offshore tax havens, provides a strong argument in favour of the development of a system of global taxation". A concrete policy option is "a tax on foreign currency transactions to reduce financial instability (the Tobin Tax) [...] One estimate is that such a tax at a very low rate (0.02%) would raise US\$ 17-35 billion per year, with higher estimates available in the literature (WHO 2008,

p. 124).

Other possibilities are so-called sin taxes on unhealthy foods, tobacco and alcohol.

Although Commission members were present at the WHO World Conference on Social Determinants of Health that met in Brazil from 22 to 24 October 2011 and spoke in favour of these proposals, they were not included in the official Rio Political Declaration. However, they were included in an alternative civil society Rio Declaration that had been developed by the People's Health Movement in consultation with other public interest groups and networks in the lead up to the Conference, being finalised alongside it (WHO 2011e, PHM 2011). Though the official declaration was a missed opportunity, it does at least call for "safeguarding against conflicts of interest" in interactions with the private sector.

The possible US\$ 17-35 billion per year from a 0.02% financial tax would more than fund proposed interventions on NCD. WHO and the World Economic Forum (WEF) publication *From Burden to "Best Buys": Reducing the economic impact of noncommunicable diseases in low- and middle-income countries* gives an economic justification for tackling NCD, perhaps not unsurprisingly as WEF represents transnational corporations. The publication identifies population-wide strategies as being most cost effective. Aside from measures tackling tobacco through taxation and regulation, the "best buys" include enforcing advertising bans and increased taxation on alcohol, reducing salt intake, replacing trans fats in food with polyunsaturated fat and promoting public awareness about diet and physical activity. According to the report, "the total cost of implementing the full set of "best buy" interventions across all low- and middle

-income countries... is estimated... at an average of US\$ 11.4 billion per year" (WHO/WEF 2011, p. 8). The proposals seem to favour awareness raising on diet, but if regulation was favoured, following the evidence from the Danish experience on trans fats, this aspect of the package could be both less expensive to deliver, and if unhealthy foods attracted sin taxes, could even be income generating.

IF DECIDING TO WORK JOINTLY WITH THE PRIVATE SECTOR, AVOID THE LANGUAGE OF PARTNERSHIP AND DEFINE THE RELATIONSHIP CLEARLY AND ENSURE THAT YOUR ORIGINAL OBJECTIVES DO NOT GET SUBVERTED

If government, UN or NGO policy-makers decide that it is appropriate to work with the private sector, after giving due consideration to the above issues, the term "partnership" should be avoided. "Partnership" has a strong emotional value, and the positive image transfer has a major impact on the value of any business involved. Partnerships have been described as relationships based on "mutual respect, trust, transparency, and shared benefits" (ICAP 2011). This concept implies that people, including the most vulnerable and voiceless, should "trust" corporations to have their best interests at heart rather than have the protection of independently monitored and enforced regulations. Writing in the *European Journal of Public Health*, Corinna Hawkes points out that "partnership" is too ambiguous a term and the actual relationship should be described instead. This may involve corporations funding government programmes, government funding corporate initiatives, discussion fora, government setting targets for corporations, corporations making commitments, organizations formed with representatives from

corporations and other bodies on the board of directors and many other types of relationship (Hawkes and Buse 2011).

CONCLUSIONS AND RECOMMENDATIONS

1. The role of governments is to govern in the public interest. The role of executives is to run their corporations within the rules that society places upon them. Given that company executives have a fiduciary duty to maximize shareholder value, government, UN and NGO policy-makers need to be aware that this will sometimes conflict with the public interest, and they must put appropriate safeguards in place.

2. In the context of public health and the private sector, policy-makers should first understand the problem being addressed and the role the private sector plays within it. They should decide the appropriate policy response, consulting the private sector when it is relevant and in an appropriate way. This is very different from negotiation. Having conflicted industry around the table when policies are decided, encourages small incremental changes rather than significant, effective changes. The legislation arising from the International Code of Marketing of Breastmilk Substitutes, for example, would not be protecting infants and their families around the world if the World Health Assembly had heeded the formula industry complaint that it was "unacceptable". The right to food, health, and social justice for all must surely take precedence over corporate profits.

3. In terms of funding for health programmes, reversing the shift of corporate taxation to personal taxation may be a better solution than seeking voluntary corporate contributions. Through coordinated action at

the international level funds could be made available for low and middle-income countries, while instabilities in the financial system could be addressed at the same time.

4. If it is decided to work with the private sector in some way, the nature of the relationship should be defined clearly, not lost in the language of "partnership". A corporation will almost certainly be seeking some advantage - otherwise executives are not fulfilling their duty to shareholders. Unless such conflicts of interest are acknowledged, they cannot be reduced or managed.

5. Formulating a Code of Conduct, requiring *inter alia* declarations of interest, drawing distinctions between Public Interest NGOs (PINGOs) and Business Interest NGOs (BINGOs), conducting risk assessments and considering alternative approaches is recommended.

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Are you interested in reading WHO's resolutions and documents on the engagement with the private sector? Check out the following: [A63/44](#), [EB122/19](#), [EB123/6](#), [EB123/6 Add.1](#), [EB124/23](#) and also the [WHO Guidelines on working with the private sector to achieve health outcomes](#).

FOOD AND BEVERAGE TRANSNATIONAL CORPORATIONS AND NUTRITION POLICY

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NUTRITION: PUBLIC HEALTH AND COMMERCIAL GOALS

The rapid rise in nutrition-related chronic disease worldwide is a major threat for public health, recognized by the announcement of a [High-Level Meeting of the United Nations General Assembly in September 2011](#). It is not only a concern for public health but also a concern for many sectors involved in shaping economic, environmental and social policies. Increasingly, food producers, manufacturers and distributors are being asked to account for the health impact of their activities. In consequence, there is rising concern about the control of the global food supply and the governance of commercial food businesses.

Underlying the issue of governance is the tension between the needs of commercial operators, especially their needs to maintain and expand their markets and provide rising dividends to their shareholders, and the needs of consumers for access to a healthy range of foods at an affordable price. This paper highlights these tensions and calls for a separation of policy-making from policy implementation, and a recognition that the interests of commercial operators, especially the larger food and beverage manufacturing transnational corporations – which we refer to here collectively as “Big Snack” – are often in conflict with the interests of public health. We adopted “Big Snack” as it expresses the characteristics of food and beverage transnational corporations which are large and well resourced, and which sell or distribute

highly processed, non-essential but strongly promoted, branded foods and beverages, often eaten between or instead of meals. We use “Big Snack” rather than “Big Food” as we do not want to imply that the products from these companies – primarily foods and beverages high in fat, salt or sugar – are as necessary or essential to health as traditional foods such as staple grains, fruits and vegetables eaten in traditional meal-time contexts.

PRESSURE ON THE BIG SNACK COMPANIES

In May 2010 the World Health Assembly unanimously adopted a resolution and set of [Recommendations](#) calling on Member States to restrict the promotion to children of foods and beverages high in saturated or *trans* fats, sugars or salt (WHO 2010). It follows the 2004 World Health Organization (WHO) [Global Strategy on Diet Physical Activity and Health](#) which called on companies to reformulate their products, provide more nutritious and affordable choices, provide understandable nutrition information and practise responsible marketing. The WHO is also in the process of developing guidelines for Member States on how to define foods which are or are not suitable for promoting to children.

This activity, combined with various actions taken by Member States to restrict advertising to children, has had two effects. Firstly it has focused attention on the quality of the foods being promoted in marketing messages, and especially the emphasis on

consumption of highly processed, or ultra-processed food and drink products (UPPs) by which we mean energy dense foods and drinks, often in the form of fast or convenient, ready-to-eat or ready-to-heat, fatty, sugary or salty products, often with long shelf-lives and highly branded packaging – and in contrast to fresh and perishable foods, relatively less processed and often unbranded (Monteiro 2011).

Secondly it has cast the makers of these UPP foods in a poor light, not only in the view of consumers and public health experts but also in the view of investment banks which recognize the damage that a portfolio of unhealthy products can do to company reputation and the value of stocks and shares (Langlois et al. 2006; EIRIS 2006).

As a result, the last few years have seen food companies attempting to protect their brands with various actions. Several of the larger Big Snack transnational manufacturers have acknowledged the pressure for change and offered a seemingly constructive response. Their approach has three main purposes: (a) to convince policy-makers and decision-takers that they are not only aware of the problems relating to their products but they are also able to provide the solution; (b) to pre-empt or undermine statutory measures that are aimed at restricting the demand for their products and limiting the promotion of unhealthy eating practices; and (c) to protect their images and brands from demonization (Koplan and Brownell 2010; Sharma et al.

Key messages

- Policy-makers should recognize the need to pursue sustainable health policies, which may restrict commercial freedoms.
- Food and drink transnational corporations will undermine regulatory measures that aim to reduce the demand for their products, because their duty is to increase product share, turnover, profits and shareholder value.
- Policy formation must be kept separate from commercial interests. Policy implementation may require action by the private sector, possibly voluntarily but preferably through legislation, but always led by policy-makers.
- Voluntary measures should be managed with special caution and legislation should be favoured in emerging economy countries with diets comprising mostly of traditional foods and eating patterns.
- Health promotion measures are unlikely to be successful through industry-public health partnerships when the public health aim is to reduce the consumption of products which industry manufactures or distributes.
- Full risk assessments needs to be undertaken before partnerships with private sector interests are considered.

2010). Learning from the tobacco campaigns of the 1990s, the companies have been quick to state that, unlike cigarettes, their products are necessary, as “we all have to eat”. Whether we need to eat the specific products they make can be questioned, but their control of global food supply chains puts them in a powerful negotiating position.

THE BIG SNACK OFFER

Big Snack has been claiming “we are part of the solution”, and offering supranational agencies and national governments a range of voluntary measures to tackle obesity and other food and nutrition-related diseases (Koplan and Brownell 2010; Sharma et al. 2010). These voluntary offers – including reformulation, nutrition labelling, wider choices of products, restricted marketing to children – should be interpreted according to their context. In countries of the North, such as the United States of America (USA) and the United Kingdom (UK), where as much as half or more of the diet is provided by UPPs (Monteiro 2011), citizens may accept their national food systems being dominated by multinational corpora-

tions, and although they may want healthy foods for themselves and their children, they may accept that Big Snack has something to offer and can be “part of the solution” (Lachat et al. 2009). The prevailing political ideology justifies the idea that the market solutions should be helping to shape national and global policies, not only on food and nutrition, but on environmental change and other issues of public interest (McCright and Dunlap 2000). In this context it can be hard to challenge the Big Snack companies’ claims that they should be partners or leaders in setting the policy agenda.

This may not be the case elsewhere. In contexts where food systems and patterns are still very different from those found in major Northern countries, the so-called “part of the solution” approach could lead to an undermining of good nutritional practices and a worsening of public health. In countries such as Brazil, where as little as one fourth of household food purchases are in the form of UPPs (Monteiro 2011), there is still considerable dietary choice outside the Big Snack menus. Most of the food supply is in the form of un-

processed and minimally processed foods and culinary ingredients. People in such countries, including families with little disposable income, have actually or potentially a better and greater sense of what they are eating and giving to their children. However, the producers of these traditional foods do not have large marketing and promotion budgets, and as the proportion of UPPs in food systems increases, people start to lose their direct connection with the sources of their food (Cohen 2008). For such populations, as Big Snack expands its market, so it increases the population’s potential exposure to diet-related chronic disease (Monteiro et al. 2011).

From a food manufacturers’ perspective, their duty is to increase product share, turnover, profits and shareholder value. To get a sense of the market potential, we can take Brazil, China and India, where in 2009 some 48 million children were born (UN 2011). If all these babies were fed with manufactured formula from birth up to six months of age, and if the price of an 800 g can of baby formula is around US\$ 25 and lasts one week, this would add up to around

US\$ 30 billion sales of baby formula in one year. This is just for one type of product. The opportunity for increasing the proportion of household food budgets spent on UPP foods from say 25-30%, to 50-70%, represents enormous market growth, especially in countries such as Brazil with a population of nearly 200 million people. Inevitably, Big Snack will invest extensively in market development, establishing supply and distribution chains, advertising and promoting their brands, hiring lawyers and lobbyists to advance their interests, funding image-improvement corporate responsibility programmes, and sponsoring nutrition, medical and agriculture congresses to win influence among professionals.

It should be noted that while Big Snack is propelling the change in eating patterns, smaller companies will find that the changing market conditions will lead them to alter their practices and encourage them to follow the nutritional transition led by the larger companies. Small traders do not have the purchasing power or investment capital to affect the prices of commodities and agricultural supply patterns which the Big Snack companies have achieved, but they have exploited the increasing cheapness of oils, fats and sugars (Vepa 2004; Traill 2006). Small traders do not brand their own products or promote them in the mass media, but instead small traders are becoming re-sellers of products, such as soft drinks, and processed foods, produced by the Big Snack companies (Costa 2011).

MARKETING CONTROLS?

Several interventions have been proposed to brake and reverse the sharp increase in the prevalence of diet-related chronic disease. Some of them follow the steps taken by the tobacco control strategies and aim at reducing the demand for products that are undermining public health. In the case of food and nutrition they

include the regulation of promotional marketing (to limit the stimuli for demand), price (taxation to create a financial barrier to unhealthy products and subsidies for the healthy ones), place (interventions to reduce the physical access to products) and product (reformulation of products to reduce some unhealthy nutrients). As we discuss in the sections below, both private and public sectors have been proposing interventions that follow these lines. However, the approaches, and hence the outcomes, are quite different.

Countries' official food and nutrition guidelines are not the only dietary recommendations available. People are daily submitted to a myriad of messages, images, sounds and smells that recommend and counter-recommend them to consume, and most people do not even consciously recognize most of these persuasive stimuli (Cohen 2008). Big Snack has its own dietary "recommendations", which are much more effectively disseminated than countries' official guidelines. The evidence consistently shows food advertisements and other marketing practices have an influence on food choices, food purchases and food consumption (Hastings et al. 2003; Cohen 2008). Cohen (2008) describes neurophysiological stimuli that promote excessive food consumption, and emphasizes how people unconsciously attend to environmental cues and are automatically attracted to food. For this reason, restrictions to food marketing practices have been recommended as one of the most effective and cost-effective interventions to tackle unhealthy eating (Cecchini et al. 2010).

In response, food companies are urging softer (and often inconsistent) self-regulation measures. Big Snack has been successful in persuading governments and supranational agencies to take the voluntary option. These have, however, been criticised as insufficient and ineffective:

[The] current industry self-regulation

through the Children's Food and Beverage Advertising Initiative has not substantially shifted the mix of food advertising to children to more nutritious products. In addition, they suggest that many companies are not fully committed to reducing child exposure to advertising for their least nutritious products. (Rudd Center 2011, p. 2)

The Quebec advertising ban does not appear to be limiting the amount of food/beverage advertising seen by children aged 10-12. (Kent et al. 2011, p. e433)

Children's exposure to unhealthy fast-food advertising has not changed following the introduction of self-regulation... (Hebden et al. 2011, p. 20)

Aware of the limitations of self-regulation, the role of the State has been reinforced more recently with countries such as the UK and Ireland introducing statutory restrictions on advertising food and beverages to children (Kelly et al. 2010; Hawkes and Lobstein 2011; Hebden et al. 2011). Countries such as Brazil have adopted statutory measures, although the media, the food, the advertising and even the toy industry tried to spread the same arguments Big Tobacco once used, including the claimed threat to employment and the unconstitutionality of the proposals (Brownell and Warner 2009; Gomes et al. 2010). In Brazil, the advertising regulations were impeded by a federal judge, who granted the suspension of the regulations following a request by the Brazilian Association of Food Industries (Gomes 2010a). Other countries are also facing pressure from the private sector, and have been struggling to get their statutory measures implemented, and to resist moves to weaken the already-existing regulations (Hawkes 2007).

It is noteworthy that most regulatory measures, even the statutory ones, focus on the protection for children.

The main reason for that is not so much technical as political, since there is little political appetite for the protection of adults in a free market even though adults may be just as susceptible to unconscious persuasion (Cohen 2008).

PRICE CONTROLS?

Another point of action to intervene on the demand for products is pricing. This has been proven to be the most cost-effective measure for tobacco control and alcohol policies (Shibuya et al. 2003; Anderson et al. 2009). Fiscal measures aimed at tackling unhealthy diets have been demonstrated to produce the largest health gains in the shortest time-frame (Cecchini et al. 2010). Pricing is not only useful and effective as a demand-reduction strategy for unhealthy foods, but also as a way to improve the access to fresh fruits and vegetables through product substitution or direct subsidies (Claro and Monteiro 2010; Andreyeva et al. 2010).

Big Snack does not support price manipulation, even voluntarily, unless there is a clear advantage for expanding its markets (Lachat et al. 2009). However, the issue of pricing raises questions of what the true price of a product really is, and the embedded subsidies which artificially keep production costs down and profits high. Such subsidies include government agriculture support policies, public-funded research into agriculture and food processing, tax-payer support for trade and enterprise development, and government contracts for food purchases – all of which use public money to assist the market. Furthermore, a company's own research, product development, advertising and market promotion activities are all tax-deductible expenses, allowing more of the profit to go to shareholders.

Cost is, of course, a primary concern for food companies, as it determines

their profitability and will drive company behaviour unless alternative drivers, such as regulatory ones, replace it. The cheapest food commodities – fats, oils, refined starches and sugars – will drive the formulation and quality of food supplies. Refinement and packaging ensures a long shelf-life for the extended distribution chain and allows prolonged sales opportunities. The use of low-cost additives, such as colourings, flavour boosters and preservatives, gives even greater market advantage to UPP foods over fresh and perishable foods.

The price of a product is not simply a function of the cost of its ingredients. A large and increasing proportion of the price paid by a consumer is used by the company to advertise and promote the product, and develop the next one. In addition, the price paid helps to fund projects which polish the image of the company, such as sports promotion and environment protection (Millstone and Lobstein 2007; Gómez et al. 2011). All these projects give the impression of a company taking responsible action to promote health but they do not threaten the market for their products or the habits and lifestyles which accompany their products. And they are allowable expenses to offset against taxes.

PRODUCT FORMULATION?

One of the leading “solutions” raised by Big Snack companies has been the reformulation of their products' nutrient content. The company's aim is to get a brand associated with a pro-health message, even if there is little evidence of nutritional benefit. Occasionally, reformulation may be led by a government agency, as the salt reduction moves in the UK were led by the Food Standards Agency (FSA 2006) and the impact can be objectively evaluated. Most often, reformulation is led by companies making their own voluntary arrangements, and the definition of what is

“healthier” and the timeline for making changes are established as each company wishes. Furthermore, being voluntary, any advances can be reversed. This has been the case with the recent announcement by Campbell's Soup that, after some years of salt reduction, the company will be adding more salt to some of their products to “improve the taste” (Campbell Soup Company 2011).

The healthy image of fruits and vegetables has been used to mask the unhealthy reality of snack products (Gomes 2011). Freshfel Europe has shown in the *Where is the fruit?* study that half of 207 packaged products with fruit in their name or with fruit shown on the label had a content of less than 10% fruit or no fruit at all (Freshfel Europe 2010). By adding very little fruit to products but great amounts of fruit imaging on the packages, Big Snack's designers can transfer consumers' associations and imply a health component which is largely absent (Gladwell 2005).

There is some evidence to show that voluntary pledges to reduce sodium, for instance, are less effective compared to statutory regulations (Cobiac et al. 2010). In other cases it is possible to predict that voluntary agreements will probably fail. In Brazil, for instance, a voluntary agreement was signed by associations of food manufacturers, including the major transnationals, on April 2011, to achieve an average salt consumption below five grams in 2020. However, the voluntary agreement expires in 2014. Furthermore, some of the goals offer no significant improvement: the goal for noodles was set to be at a maximum of 1920.7mg/100g by 2012, although most noodles already have a sodium concentration below or close to the target (Anon 2011).

Additionally, Big Snack's promotion of reformulated and “healthier” products, moves attention away from

the continued promotion of their non-reformulated products (Gomes 2010b). For example, a promise by PepsiCo to “reduce the average amount of added sugar per serving in key global beverage brands, in key countries, by 25 percent by 2020” (PepsiCo 2010) can be achieved by an absolute increase in the sales of both their low-sugar and their regular drinks, as long as the sales of low-sugar drinks increase more rapidly than those of the regular sugary drinks. For this reason, a portfolio of reformulated products does not solve the problem provoked by continued sales of non-reformulated products. Effective measures to reduce absolute demand may be proposed, but they will threaten the core of Big Snack’s business.

What matters most for Big Snack is that people continue to consume UPPs, i.e. they continue to snack. While debates about reformulation continue, the discussion is moved away from recommended nutritious foods such as fresh fruits and vegetables, and from healthy ways of preparing and eating such as sharing a meal with family and friends (Chan and Sobal 2011). Instead of investing time and money promoting fresh and minimally processed foods and healthy ways of cooking and eating, policies are being driven by the transformation of unhealthy food snacks into supposedly “healthier” (more accurately “less unhealthy”) products (Institute of Medicine 2011), keeping eating practices locked inside the Big Snack world (Gomes 2011).

It is also noteworthy that the effectiveness of product reformulation is inherently focused on UPPs, and the effect of a reformulation will vary according to the share of UPPs in populations’ diet, so that in countries where only a small share of what is eaten is in the form of UPPs, the expected effect of reformulation is likely to be small.

Besides proposing the reformulation of snacks as a solution, and positioning themselves as the guardians of the solution to problems they themselves created, food manufacturers are also pushing snacks and the snack way of eating further by formulating new products with a “solution-appeal” focused on nutrient deficiency-related problems (Yach et al. 2010). Transnational food and drink manufacturers have been claiming they can help to fight hunger and undernutrition in impoverished countries by marketing “fortified” versions of their processed snack, drink and other highly processed products. However, this could result in accelerating the obesity pandemic, and obesity-related chronic diseases, as “fast” and “junk” snacks and other fatty, sugary or salty “fortified” products take over local food systems and culinary traditions (Monteiro et al. 2010).

It is essential that the solution to nutrition deficiency does not increase the risk of chronic disease. There is a need for secure local food systems and supplies of healthful, perishable foods such as fresh fruit and vegetables, fresh fish and lean meat, along with access to safe water, sanitation and health care, and a cultural appreciation of food production and of preparation of family meals (Bhutta et al. 2008). What are being offered are drinks, stock cubes and biscuits with added “magic ingredients” to solve the deficiencies, and coincidentally to open a new market. That such a market can be found among poorer households is surprising, but the [‘two-dollar-a-day consumer’](#) is now being recognized as the next commercial opportunity for transnational companies (Costa 2011).

HEALTH EDUCATION?

Consider a health education programme sponsored by a food multinational. This might result in an improvement in knowledge about food and healthy eating, but the programme might be associated with a

sponsor whose brand is linked to salty, sugary, fatty snacks. Does the improvement to the brand image (and the increase in sales) overshadow the benefits of health education? And how does a consumer understand a mixed message which associates healthy eating practices with branded snacks?

Health education action by companies has been one of the main points of entry used by Big Snack to become a “partner” of governments and other public institutions in the area of nutrition and physical activity. It not only sends a contradictory message to the population (Brownell and Warner 2009), but also provides the companies with access to governments and allows them to bargain with governments over actions such as taxation and price disincentives (Gómez et al. 2011).

Health promotion “partnerships”, with Big Snack companies involved in government-approved health education campaigns, may be tempting for policy-makers, especially if resources from the public sector are insufficient for policy implementation. However, caution needs to be urged, and a full risk assessment may need to be undertaken before public-private partnerships are developed (Ludwig and Nestle 2008; Hawkes and Buse 2011). Such partnerships are based on a limited understanding of the role of health education – which should be a strand in a much larger endeavour to change social norms – and they deny the fundamental contradiction at the heart of the commercial production of food: the tension between the need for high-quality, low-cost, minimally-processed foods for public health, and the need for low-input, long shelf-life, highly-processed and mass-produced products for Big Snack marketing.

MARKET FAILURE AND THE NEED FOR GOVERNANCE

Interventions and regulatory controls are justifiable even within free mar-

ket ideologies under certain circumstances. Market interventions are accepted when there is evidence of market failure, and economists have accepted that market failure occurs in several forms: (a) when there are disproportionate externalities – such as health costs and agricultural policies – so that the purchaser is not bearing the true economic cost of the product purchased; (b) when there is inadequate or unequal information given to the consumer about the likely result of their consumption of the product; and (c) when the purchaser is not acting purely rationally and consistently (WHO 2007). In the case of food products there is often little rationality, poor information and a high level of cost externalities, and governments have a duty to intervene.

In reality, 60% the world's nations have a smaller Gross Domestic Product (GDP) than the annual turnover of any of the top five food and beverage companies (World Bank 2010; Fortune 2011). No one doubts that Big Snack has plenty of money and it is rare for politicians to stand against them. However, the cost of doing nothing is also very high, and global governance issues need to be raised, as they have been with [banking industries](#) and [media industries](#).

The public health message, repeated in numerous expert reports and policy documents, is to reduce consumption of the sort of foods most strongly marketed by Big Snack companies. As noted earlier, strategies need to aim at reducing the demand for these types of products, including the regulation of promotional marketing, the regulation of price, controls on distribution and accessibility and standards for product formulation. All of these approaches are resisted by corporations, and for this reason it is essential that commercial interests are kept separate from policy formation (see Box 1) even if they have a role in policy implementation.

Recent discussions of obesity have highlighted the need to recognize the problems of overconsumption of food and to set these alongside the overconsumption of energy and carbon fuels, overconsumption of water and land, and the consequent harms to the global physical environment (Egger and Dixon 2010; Swinburn et al. 2011). Overconsumption is argued to be the expected result of markets dominated by larger corporations (Dunn 2011).

Governance bodies at national and international levels need to recognize this separation of processes and ensure that health protection is not undermined by competing interests. At times of economic crisis there is a temptation to allow market growth to dominate the arguments over policies and strategies, and for health governance to be weakened while “economic necessity” takes priority (Fidler 2008). Just such arguments have been raised in the discussions leading up to the UN High-Level Meeting on the Prevention and Control of NCD.

These issues put health advocates and the food corporations into a confrontational position. It is a confrontation that needs to be recognized and examined, not avoided or glossed over. Fidler suggests that the economic crisis has meant that global health advocacy

stands better positioned than ever before... in the political, diplomatic, and governance spaces where the world will shape the processes of re-globalization.

He adds a call to arms:

This time the global health community will not have the excuse that its neglect and marginalization in international relations leaves it unprepared to try influence the course of world affairs (Fidler 2008, p. 19).

However it is not a lack of preparation so much as a lack of resources which restricts health advocacy. The structures where global policy is de-

termined are cumbersome, the processes lack transparency and accountability, and the participants are dominated by institutions which defend the status quo (Volgy and Schwarz 1994). The rules for handling conflicts of interest are unclear and need to be refreshed, especially if “partnerships” and “civil society” are to include commercial players.

CONCLUDING COMMENT

This paper concludes by calling on policy-makers to recognize the need to pursue health policies which may restrict commercial freedoms – including marketing controls, price interventions, the protection of traditional products and the setting of product formulation standards – and to recognize the need to handle conflicting interests in a transparent and accountable way.

Big food and drink transnational corporations need to expand their markets, potentially increasing the population's exposure to diet-related diseases. Their interests can conflict with public health ones, and for this reason industry-public health partnerships should be treated cautiously by policy-makers. The harms produced by the interference of the Big Snack vary by country's food system and food patterns. In countries where the major share of diet is comprised of traditional foods and ways of eating, a stronger protection for public health and food policies may be required, since Big Snack companies may act more aggressively in these contexts to expand their markets. On the other hand, in countries where the major share of what is eaten is already in the form of UPPs, the industry's aim is to protect their markets, and they will resist controls on their marketing and manufacturing practices. Regardless of a country's food system and patterns, policy-makers should always lead public policy formation, implementation and monitoring, and should protect policy formation from being influenced by

Big Snack's corporate interests.

Policy-makers individually are unlikely to be able to introduce strong market regulations or insist on transparent processes, and therefore we urge a strengthening of UN gov-

ernance bodies able to cut across sectors and agencies, and which can handle the economic, social, environmental and health aspects of food supplies. We urge support for strengthening and enhancing the role of the UN System Standing Commit-

tee on Nutrition, but we recognize that the process of challenging market freedoms in order to improve human well-being will need to be considered systematically across all the bodies which provide the world with its global governance.

Box 1. Partners, participants and due process

The commercial sector's self-promotion as "part of the solution" and its desire to be a partner in the determining process of change has thrown up some challenging issues for policy-makers.

The implication of the word "Partners" and "Partnership" is that it assumes that there is a shared goal, with two or more parties collaborating to reach that goal. Partnerships between commercial interests and public health interests may be successful as a means of delivering specific policy objectives, such as the distribution of emergency relief resources, or the distribution of certain disease prevention measures such as low-cost vaccines, condoms or anti-malarials. However, there are other health promotion measures which are unlikely to be successfully achieved through industry-public health partnerships, especially if the public health aim is to reduce or restrict the consumption of products which industry manufactures or distributes. This is clearly the case for tobacco products, for alcoholic beverages and for breastmilk substitutes.

The lessons from breastmilk substitutes can be used to reflect on the concept of partnerships with the food and beverage industry in general. The modern food industry has objectives which are not identical to those of public health, especially when it comes to diet-related chronic diseases. Food companies have a primary aim of market expansion (this is their duty to shareholders) whereas public health workers urge the restriction of the marketing of certain types of products (those high in sugars, salt, saturated fat and *trans* fats). In terms of improving population dietary patterns there may be a common alliance for the expansion of some parts of the market (e.g. fruit, vegetables and fish), but for much of the processed food sector there is no shared goal of providing an optimally nutritious food supply. There are also further concerns about the environmental impact of current food production and distribution methods, social inequalities in land use, cash cropping and labour exploitation, and other issues which may set food industry aims against the wider interests of public health.

The role of NGOs includes advocacy, and advocacy includes speaking against the role of industry in many of its activities. Partnerships between NGOs and industry may inhibit this advocacy role. Partnerships may serve industry interests but there should be no assumption that they serve the public health goals of NGOs.

Participation in policy

Most governments recognize the need to ensure that policy formation is not unduly influenced by special interests. In good governance, the dialogue with interested parties is separated from the determination of policy need and the selection of policy options: the first should be held in a series of open forums in which stakeholders give their perspectives and arguments, the second requires analysis and recommendation from specialists (whose own conflicts of interests are openly declared).

In the case of public health it is important to ensure that commercially interested parties are not able to prevent the formation of public health policies or hinder the development of measures to implement the policies. As an example, the WHO took some trouble to ensure [separate processes for expert review and for stakeholder comment](#) during the development of the *Recommendations on Marketing Foods and Non-alcoholic Beverages to Children* (WHO 2010).

Box 1. Partners, participants and due process (cont.)

Even this separation has some issues that need to be considered. The stakeholders' consultations may need to be conducted in separate sessions to allow an open dialogue between the host agency (such as WHO) and the stakeholder grouping. This was the case for the issue of marketing to children, where WHO hosted separate meetings with NGOs on the one hand and with the industry sector on the other.

Partnerships in policy implementation also need to be carefully examined and a risk analysis undertaken. Hawkes and Buse's (2011) discussion of the role of food industry "partners" identifies three essential questions which policy-makers need to address, once a policy is decided: (1) Would engaging with the industry help achieve the objective more effectively? (2) Would the interests involved (on both sides) enhance or threaten the likelihood of achieving public health objectives? (3) If interaction is viable, what form of interaction would be most effective?

"Platforms" such as the [European Platform on Diet, Physical Activity and Health](#) are meetings which encourage a dialogue between different parties (public health, commercial, academic, policy), encourage networking and information exchange, and they can encourage all parties to feel that they are being heard. However, such platforms should not be used to determine policy or to allow commercial operators to appear as unconflicted agents for public health promotion.

A Platform is used badly if it delays policy development or deteriorates into a series of public relations exercises by the participants. A good Platform has clear objectives and rules of engagement, is task-focussed and time-limited.

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RESEARCH REPORT

A QUALITATIVE STUDY OF UNSCN STEERING COMMITTEE AND WORKING GROUP FACILITATORS VIEWS ON ENGAGEMENT WITH THE PRIVATE INDUSTRY

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OVERVIEW

The purpose of the study was to explore opinions and insights of the United Nations System Standing Committee on Nutrition (UNSCN) Steering Committee and Working Group facilitators with regards to possible private sector engagement and their potential role in the organization. The study found a broad level of acceptance regarding a role for the private sector in dealing with complex global health issues including those relevant to the UNSCN. However attached to this acceptance was a requirement to effectively manage such relationships through defined and restrictive criteria. The success of potential engagement was marred by a lack of trust on the motivations of the private sector based on incompatibility of goals as well as perceived and real conflicts of interests. A clear consensus that the responsibility of public health remains within the realm of the public sector and governments emerged as a key conclusion from the study. A similar study with private sector representatives familiar with the UNSCN would also provide useful insight in supporting informed decisions of the recently established UNSCN Executive Committee.

INTRODUCTION AND BACKGROUND

Public-private partnerships in context

One of the most contentious issues facing public health is the question of greater engagement with the private sector¹. While being promoted by leading organizations such as the United Nations (UN), the World

Health Organization (WHO) and powerful governments (Richter 2004) there remains much scepticism and concerns regarding how public health organizations with altruistic aims can successfully partner with private entities that have an inherent profit mentality. As surmised by Majestic,

the differences in mission, perspectives, and priorities create scepticism for public health officials about the motives of the private sector and the benefits of engaging in partnerships, even when the efforts might have substantial public health benefits (Majestic 2009).

An investigation by Cohen and Carter has raised serious questions on conflicts of interest among those advising WHO and on the transparency of the science that was part of the decision-making process (Cohen and Carter 2010). What has emerged from this controversy is the question as to whether public entities are effectively managing conflicts of interest that are part of public-private partnerships in the health arena (Cohen and Carter 2010) and the potential damage to a public health organization's credibility that such partnerships can inflict.

The Private Sector and the UNSCN

The UNSCN is "the food and nutrition policy harmonization forum of the United Nations" (UNSCN 2009). Similar to other public health nutrition entities it is increasingly exposed to the private sector in areas traditionally associated with the public arena. As a UN agency with the remit of ending malnutrition, its focus is to encourage cooperation among all UN

entities and partner institutes in achieving this goal (UNSCN 2009) with the role of the private sector in this public health issue well documented.

Currently engagement with the private industry does not occur at any formal level but a recognition of a possible role has been acknowledged with a concern on how to protect and preserve the credibility and autonomy of the organization (UNSCN 2009). Discussion on engagement with the private sector began at the 31st annual meeting in 2004 which led to the drafting of a private sector engagement policy in 2006. Following the establishment of a task force examining the issue in 2008 the Steering Committee of the UNSCN concluded that to carry out its remit effectively it needed to include a wider range of partners which should encompass the private sector (UNSCN 2009). Up to the commencement of this research however no changes on its structure have occurred and the UNSCN is currently engaging in a reform process that will include an examination of private sector engagement.

Thus the aim of the study was to explore opinions and insights of the former UNSCN'S Steering Committee and Working Group facilitators with regards to their position on possible private sector engagement and their potential role in the organization. The objectives of the study were:

- To review the literature on the potential negative and positive implications of public-private partnerships in health with particular

¹The definition of the private sector is adopted from the [UNSCN's private sector engagement policy](#).

reference to nutrition and experiences so far.

- To examine current private and public partnerships between UNSCN member organizations and the private industry in order to understand the dynamics of how such partnerships are currently managed.
- To conduct in-depth interviews with members of the Steering Committee and with the facilitators of Working Groups of the UNSCN focusing on the potential challenges, benefits and risks to engaging with the private sector.
- To establish criteria for potential private sector engagement which will inform a future UNSCN private sector engagement policy.

METHODOLOGY

Study design and setting

A qualitative design incorporating in-depth interviews was considered the most appropriate study method. The study was conducted in Geneva with members of the Steering Committee and facilitators of Working Groups of the UNSCN. As an international nutrition forum it encompasses different constituencies: UN agencies, bilateral partners and nongovernmental (NGO)/civil society organizations (CSO) (UNSCN 2009) with a unique blend of food and nutrition professionals within these constituencies. At the time of the study, the private sector was not yet an organized constituency of the UNSCN; representatives of the private sector did participate in UNSCN activities and annual sessions as part of the NGO/CSO constituency. The organization is an international UN system forum; thereby participants in the study were located in a wide geographical area which included America, Europe and South-East Asia. The study setting therefore did not have one defined location for participation with location agreed based on the most appropriate communication approach.

Sampling

Purposive sampling was the sampling strategy employed. Maximum variation sampling was also employed as part of purposeful sampling ensuring representation from all three constituencies engaged with the UNSCN. Participants were chosen from the Steering Committee and Working Groups within UNSCN as this enabled a wide representation of all members to be obtained from a small group and provided access to UNSCN members that are actively involved in the organization. The UNSCN Secretariat, in discussion with the Steering Committee, provided advice on ways to reach out to study participants, the only inclusion criteria were participants must be members of the Steering Committee and/or facilitate the work of the different Working Groups and voluntarily agree to take part in the study. Members not part of the Steering Committee or facilitating Working Groups were excluded. In this way, no private sector representatives had seats at the Steering Committee or acted as facilitators of a Working Group and were, therefore, not included in the study.

A request for participation in the study was sent to all Steering Committee members and all facilitators of Working Groups. Five participants agreed to take part from the Steering Committee with the remaining five coming from UNSCN Working Groups.

Data collection methods

In-depth interviews provide the most appropriate method to generate individual accounts on the phenomena being studied and to answer the research question; a key strength of in-depth interviews (Green and Thorogood 2004). There is little documented research examining the views of public health professionals regarding this issue and in-depth interviews will enable new ideas and insights to emerge. Equally in-depth interviews provided the most practical options

as focus groups were not appropriate for the study group due to the wide variation in geographical location and busy work schedules that made it difficult to gather participants in one location at a specific venue and time.

An interview framework was constructed based on the literature review and the aims and objectives of the study. It provided an important guide when undertaking the interviews and was developed under three main themes:

- Participant experience in private sector engagement as part of their professional work;
- Benefits/challenges and risks in private sector engagement;
- UNSCN and private sector engagement – Is it a possibility for the UNSCN and an insight into necessary criteria or parameters required.

The researcher conducted ten in-depth interviews. An interview schedule provided a similar format for all interviews, but with variations in follow-up questions based on participant responses. All interviews were completed over a six-week period from early July 2010 until mid August 2010. Two interviews were undertaken face-to-face with eight occurring by telephone. The duration of the interviews varied between 45 and 60 minutes.

Confidentiality and anonymity

Subjects were recruited through their membership of the UNSCN. A sense of obligation to participate together with the issue of anonymity were important to consider thus the process of informed consent was of significant importance. An information sheet and a consent form were developed and provided an important tool through which participants were informed about the background, focus, commitment and confidentiality of the research.

To ensure confidentiality, each par-

participant was given a code number and data recorded kept at the researchers home in a locked cabinet with access only available to the researcher. Data entered in the computer were password protected. All data gathered will be destroyed within 12 months of study submission. Reassurance given to participants at the beginning of the study of complete anonymity seemed to allow subjects to speak freely although one cannot account for politically correct answers that may have been a factor in some of the responses.

RESULTS

Through the use of thematic content analysis four main themes emerged from the study:

- The role of the private sector
- Relationship management
- Private sector funding
- Trust.

The role of the private sector

This broad theme on an acceptance of a role for the private sector in public health nutrition and within the UNSCN centres on two varying conclusions of the relationship; one which sees a central role for the private sector and another that describes a relationship driven, somewhat reluctantly, by the new reality of a changing commercial and nutrition environment.

As key stakeholders

Despite the study bias towards members of constituencies that exclude private sector representation, the majority of respondents were in favour of an interaction with the private sector for achieving nutritional goals. There was no dissent on the need to engage, the issue being how to engage.

Four of the ten participants viewed the private sector as being a *key partner* in solving public health nutrition issues. This role was expressed in a

manner that welcomed equal partnerships between all key stakeholders without any terms or conditions attached, it was a pragmatic response to concerns on how best to tackle global health problems.

Participant 7: "In terms of its programmes that relate to deliver of food they are part of the answer and so we have to engage they are an essential stake in the wheel".

Participants expressed the view that the role of the UNSCN was to bring all partners in the nutrition debate together to develop a clear harmonized approach to addressing key issues. There was a sense that the politics of nutrition should not interfere with the unique role of the UNSCN.

Participant 1: "If you are in a position to make bridges and bring stakeholders to one dialogue to one joint goal you have to engage all stakeholders".

Guarded acceptance of a necessary role for private sector

Participants expressed to varying degrees a realization and acceptance of a role for the private sector based on their technical expertise which was not necessarily available within the public sector.

Participant 5: "They are important for the nutrition area because they give indications on trends, consumer behaviour and so forth. The government agencies don't have the resources to generate that information and there is a huge amount of information that they have and that is important for us to know so there are opportunities there".

Some participants believed it was a structurally forced engagement rather than one of choice. This was due to many interactions at the global level where the private sector was part of committees/organizations linked to public health together with the power that they currently yield in the food and nutrition area.

Participant 9: "The private industry is

such a big factor now that we cannot close our eyes as if they were not there. ...it is not going to go away".

Within this theme there is a very real contrast between members who accept a stakeholder-like approach while other members view the relationship as a practical benefit and at the same time also expressing a reality rather than a choice of public engagement with the private sector.

Relationship management

The theme of how to effectively manage engagement was an important consideration. In particular there was a sense that the public sector needed to become clearer and more assertive in achieving public health goals and to develop clear criteria for any potential engagement.

Understand the focus of public health engagement with private industry

Participants displayed a view that the public sector is often unorganized and unsure about its goals when engaging in partnerships and this is of real concern if public good is to remain at the core of initiatives.

Participant 1: "I think the major challenges know what you want I think you get lost when you don't have that clarity. You have to be clear why you are engaging...again it must be managed engagement. It is not done where we don't know where we are going".

Participant 9: "The private industry on one hand with a clear well structured focusand a public sector, ministries, individuals on the other hand and that very often makes the whole thing not equal so the negotiation power is often towards the private sector because they are just better organized".

Engagement criteria

As part of potential partnerships participants believed an understanding on the roles and responsibilities of those involved and transparency were essential.

Participant 3: "That warrants a very

strong negotiation process what the principles of this collaboration should be and the responsibilities and freedoms from both sides...but I personally think that transparency and accountability is very high on the agenda that is very very important people actually see what is going on and under which terms so that is essential then the conflict of interest that they declare”.

The above quote indicates that criteria are seen as important and this was further developed throughout the interview process where a clear requirement for specific restrictions emerged.

Participant 10: “There would have to be the kind of restrictions that I talked about...it would need to be with companies that do not have a direct profit stake in nutrition, it would have to be with companies that have a strong record of social and corporate responsibility and that they abide by regulatory regimes and the principles of the global compact and they would have to be a strong measure of transparency...Transparency is really important here”.

Private sector funding

The role of private sector funding in public health and in the UNSCN was a recurrent theme throughout interviews. This centred on perceptions regarding financial support from the private sector and consequences that need to be considered when money becomes a central theme in public-private partnerships.

Stakeholder perception on private sector funding

Participants were specifically concerned with the use of funding as an element in accepting and developing a relationship with the private sector. It was felt such criteria were inappropriate and not one that created the correct environment from which to conduct a relationship of such significance to public health.

Participant 02: “Well you just don't take their money then you can engage in a completely different way. It's very simple”.

Conflict of interest

Conflict of interest might be considered to impact many themes that emerged throughout the interviews but it was expressed to a greater extent in the area of funding. Participants questioned the true motivations of private entities in providing funding in the public arena.

Participant 03: “I think they could provide funding definitely but it is a question of why do they do it.... do they do it just to make market share these are the issues that are important that whatever they do should be done in a transparent way”.

Participants expanded on this, raising concerns on the consequences that result when accepting financial contributions.

Participant 07: “And we run into issues all the time where money is given to a very prescriptive project and sometime the rights of the researcher might be limited if the results do not match what the company would like to see the result be...”.

Trust

The overarching theme emerging throughout all interviews was trust. This was expressed through what participants believed was the incompatibility between public good and business-oriented aims inherent in commercial organizations. These lead participants to question the rationale for private sector engagement and the impact such partnerships might thus have on achieving public health goals. Very specifically breastmilk substitute companies were repeatedly mentioned.

Conflicting goals between the aims of public health (public good) and the aims of the private sector (profit).

When discussing conflicting goals that exist, participants continually mentioned the financial oriented bottom line approach of private entities. This was very much seen as a stumbling block to building trusting relationships and it was unclear how pub-

lic health professionals might overcome this concern.

Participant 07: “You have to keep in mind that the private sector has a particular mission of profit... their goal as a company is not to end malnutrition they have to answer to their shareholders and so they are very opportunist”.

The question of why private industries would thus engage was questioned.

Participant 10: “As a private company you have to think about the shareholders and the bottom line in order to stay in business which is their purpose and the public sector has to worry about things like the public good”.

Concerns regarding conflicting goals that exist should be considered in the context of participants' previous experiences of engagement and how this impacts the potential to build trusting relationships. This was expressed very clearly by one participant;

Participant 03: “so there is a lot of history that people remember so that has created mistrust so openness and transparency on this and to learn from experiences will be absolutely essential...There has been lots of things done here creating feelings of distrust and that we have to avoid we must create a feeling of trust and that is something that is done by everyone not by just one actor alone”.

UNSCN'S ability to remain independent from private sector influence

The strength of an organization like the UNSCN is in its independence to act for public good. Maintaining public trust in this ability was of great importance to the reputation of the UNSCN.

Participant 4: “If we have very close collaboration on a specific project there is a risk that this can be misunderstood. I would say there should always be some kind of filter and space between an organization like ours doing normative work and the private

sector...Creditability risk really and so it depends on how this engagement is done”.

As members of the UNSCN trust in this independence, it is believed to be essential.

Participant 4: “I believe public health policy should be led by the public sector and wherever there is a larger engagement by the private sector actors you run the risk to at least dilute effectiveness of these policies”.

The growing influence of the private sector was believed to impact the independence of decisions taken by public bodies and was not necessarily for public good.

Participant 5: “...and that are involved in the national activities of nutrition, we feel there is a direct conflict of interest there to sell these products and even when they work at the country levels all their interest is to change the food regulations so that the fortification becomes mandatory”.

Maintaining public trust in the UNSCN and concern on the expanding power of the private sector led participants to display a real sense of caution on interactions.

Participant 5: “I do think they have a role as long as the role is exercised in an independent way and there is no conflict of interest because some companies would like to be involved in international activities because they think it gives them visibility and from there they can get access to more business in the countries concerned”.

Industry-specific concerns

Throughout all interviews there was a clear concern regarding breastmilk substitute companies. The history attached to these companies and how they are perceived to inappropriately use power as well as the incompatibility of their goals with public health was expressed as an unworkable alliance.

Participant 3: “...but companies making formula where they try use poor mothers in need of a job to sell their products are better knowing that chil-

dren will die if they use the products... but I know that they are very much preoccupied with the market position and have used different strategies... to me they do this to make money. So private companies working with formula is a problem that ...is against public health”.

DISCUSSION

What are the implications of these findings within the current context of increasing private sector presence, collaboration and engagement in the area of public health?

The role of the private sector

Participants accepted a role for the private sector in public health; albeit this varied from viewing the private sector as stakeholders with others seeing a role driven by the commercial realities of health and the often superior technical expertise within a better financed private sector. There is however a conflict between members seeing a partnership-like approach with others comfortable only with engaging from a practical perspective. Indeed many links between both sectors were perceived as a forced scenario based on the increasing presence of the private sector in public health and government discussions. The commercial and practical realities of health have been discussed in previous studies particularly in the context of globalization and health. Waitzkin and colleagues believe the “neoliberal” policies implied with globalization have resulted in a “reduction and privatization of services previously provided in the public sector” (Waitzkin et al. 2005). Global trade policies that have occurred created opposition from organizations such as consumer groups and health care professionals (Waitzkin et al. 2005), some of which are members of the UNSCN. Understanding how partnerships may be managed was a key aim of the study and it became apparent that public health professionals seemed disenfranchised from the debate on

public health being left with little choice on private sector engagement.

The study demanded a consideration on factors influencing the UNSCN's decision to include the private sector and for many commercial and technical aspects are a central deciding factor. The commercial aspect was noted in a study by Kraak and Story acknowledging a role for public-private partnerships in delivering healthy lifestyle initiatives due to the high costs associated with chronic diseases and reduced government financing to effectively address them (Kraak and Story 2010). Thus the unique practical and technical expertise of the private sector is a key factors influencing the decision to engage.

Relationship management

Central to study objectives was developing an understanding on managing engagement while ensuring the best interest of the organization, its members and public health. A key issue that emerged was a need for public health organizations and professionals to become more confident, assertive and sure about its goals. Public health professionals often are intimidated when faced with such clarity and this is where the interests of public health may be influenced negatively. In a review by the National Public Health Network in the United Kingdom it was affirmed that many individuals were unsure of the role of public health medicine, including public health professionals (National Public Health Network in Kisley and Jones 1995). A study by Buse and Harmer suggests the rise of organizations such as the World Bank with its increasing influence on global health policy and its aim of involving the private sector. At the same time the reducing influence of the WHO has played a role in creating uncertainty within public health (Buse and Harmer 2007). What is required within the UNSCN is a focused agenda and operational plan that

enables members to have confidence in its work and certainty in what it wants to achieve. A key point that also emerged was the requirement for clearly defined roles and responsibilities for each partner. This has been identified in other studies with complex and diverse resources, cultures and practices of each partner surmising the need for an agreed understanding on roles and responsibilities if such initiatives are to be successful (Reich 2000).

Private sector funding

Private sector funding, as a rationale for engagement, was seen as inappropriate. Participants believed it resulted in an environment not conjunctive to the best interest of public health and created questions on the independence of decisions from key stakeholders and the general public. Korn recognized the challenges involved in maintaining public trust when funding becomes part of the relationship with an "unwillingness to tolerate even a tinge of suspicion" (Korn 2000).

Financial contributions created real and perceived conflict of interest concerns. Participants question the motivations of the private sector and the consequences of financial engagement are a complex subject debated in other studies. Boyd and Bero, when undertaking a study for WHO on integrity of scientific research, found "evidence demonstrating the association of financial ties with a breakdown in research integrity" (Boyd and Bero 2006). A study by Chren and Landefeld also found health professionals decisions were influenced by financial interactions with pharmaceutical companies (Chren and Landefeld 1994). Problems could emerge for the UNSCN from the conflicts of interest that are present in such relationship; not necessarily because these conflicts influence the public organization in question but that they have the potential to (Angelis 2000). This impacts per-

ceptions of stakeholders and the public regarding financial interactions. It is apparent that the UNSCN needs to address what is a key issue in maintaining its integrity and the interests of public health.

Trust

Many of the discussions throughout the interviews returned to the issue of trust. This concept is important when developing, building and maintaining partnerships for public health (WEF 2005). The research question and aim both seek to understand factors that may impact any future decision on engagement, and one key issue that emerged was trust. Aspects that impacted the building of trust were the conflicting goals of a profit-oriented private company with the public good aims of public health organizations. The financial-oriented aim inherent to the private sector created scepticism on the real motivations behind any potential membership or partnership building. This has been documented by Grace when she concluded that although companies may have philanthropic concerns, the company assesses the initiative as a commercial opportunity i.e. has it the potential to return a good profit for the company (Grace 2004). What is concerning for participants is the fact that public good becomes secondary to private sector objectives. A study by Nishtar found similar concerns questioning the ability of public health to maintain normal regulations (Nishtar 2004). He concluded that motivations of private sector engagement included improving company image and providing access to key policy personnel (Nishtar 2004). Despite such concerns there is recognition of the benefits of such partnerships in meeting public health aims (Nishtar 2004).

The question of independence in decisions made was again raised under the theme of trust. Findings in studies and reviews such as that by WHO on the GAVI Initiative in 2001 where in-

formation was altered to meet reward-related goals (WHO 2001 in Brugha, Starling and Walt 2002) makes this finding unsurprising with participants conscious of the negative history attached to private sector partnerships.

All the key points of concern discussed on private sector involvement are manifested with great intensity and without compromise with regards to opposition to breastmilk substitute company involvement in the UNSCN. Breastfeeding is the gold standard in infant health and infant feeding companies have "reversed feeding trends from primarily breastfeeding to formula feeding through pervasive marketing strategies targeting hospitals, health providers, and the general public" (Kaplan and Graff 2008). Such practices have eroded the trust of public health professionals in this sector and it remains a key stumbling block to any engagement (Singh, Daar and Singer 2010). UNSCN members currently see no rationale to fully engage with such companies.

RECOMMENDATIONS

The following are specific recommendations that could be considered by the recently formed UNSCN Executive Committee as part of the current discussions on how best to engage with the private sector.

1. Develop a clear understanding of the goals of the UNSCN and its initiatives before actively opening discussions with the private sector. This ensures that the leadership role is owned by the UNSCN and that the goals of public health nutrition remain the key priority.
2. Discuss, develop and agree on the nature and extent of the relationship that the majority of UNSCN Executive Committee members are at ease with in relation to the private sector. An important first step is a review of the current private sector engagement policy and its ultimate adoption. It is also important to acknowledge that

consensus among all members may be difficult to reach. Thus leadership from the Chair in bringing all members together in the process is essential.

3. The dynamics and complexities of financial interactions require careful thought and thus alternative avenues to direct funding must be examined. The development of a “pool” fund with contributions from the private sector pooled together with those of UN agencies and bilateral partners may be an important consideration for an organization such as the UNSCN.

CONCLUSION

In conclusion the study provides the recently established UNSCN Executive Committee further insight into the views of members of its former Steering Committee and facilitators of Working Groups on potential private sector engagement. This is timely since the UNSCN is under reform and there is an opportunity for change.

There is a general acceptance of a role for the private sector in dealing with global nutrition and health issues. This represents a trend apparent in many public health entities where involvement of the commercial sector has become more common place (Buse and Walt 2000). Underscoring this acceptance lies complex issues that require careful consideration to ensure members remain engaged with and supportive of the UNSCN as a global nutrition harmonizing organization. On whether the engagement with the private sector needs to be regulated, there is no common view. Other issues need more consultation as well: how to build and sustain trust, definition of engagement criteria, definition and criteria on private sector funding, processes of monitoring and accountability, among others.

A similar study with private sector representatives familiar with the UNSCN would also provide useful insights in supporting informed decisions of the UNSCN Executive Committee. The governance and responsibility of public health nutrition however remains within the realm of the public sector and governments (Widdus 2001) and this research emphasizes this important distinction for all public health professionals. This could and should be further discussed through a public consultation process managed by the UNSCN Secretariat.

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Editors' note: This is an independent study which does not necessarily represent the views of the UNSCN. Queries, comments and requests should be sent to the author, who informed the complete study is available by request.

EXAMPLES OF ENGAGEMENT FRAMEWORKS

UNITED NATIONS SYSTEM



Standing Committee on Nutrition

UNSCN Private Sector Engagement Policy

*Interim document agreed at the
33rd SCN Annual Session in Geneva, March 2006
(with minor revisions made 19 June 2006)*

Introduction

1. The Standing Committee on Nutrition (SCN) is the food and nutrition policy harmonization forum of the UN System. The work of the SCN is based on the principle of consensus-building and inclusiveness among its members.

2. The SCN acknowledges the private commercial sector, and especially the food and drink industries, as important actors among those engaged in food and nutrition related activities. The need for greater private sector engagement in efforts to achieve the SCN vision and mandate (see Annex 1, attached) are recognized. However it is also recognized that such interaction needs to be facilitated by special arrangements in order to ensure that the integrity of the SCN is maintained.

3. Private sector engagement presents both opportunities and risks for the SCN and its aims, especially in this increasingly globalized world, and therefore requires a proactive strategy and policy and learning through experience. SCN recognizes and will seek to manage the potential risks of any private sector engagement, such as:

- greater corporate influence

over public policy making processes of governmental and intergovernmental institutions, at the expense of the public good

- the opportunity costs of distraction from or less interest in activities which are not of interest to the private sector but which may be important for nutrition goals
 - regarding private sector engagements as ends in themselves, thereby undermining strategic direction
 - loss of legitimacy with key constituencies and funders due to perceived co-optation by commercial interests
 - funding driven shifts in priorities at both international and national level, with fragmentation of public health/nutrition policies and programming
4. The purpose of this document is to serve as a guideline for interaction of the SCN with commercial sector actors, with the intention above all of being open and clear about potential conflicts of interest, and ensuring that these aspects are adequately managed.

5. Many of the constituent members of the SCN have their own private sector engagement policies and guidelines that guide their own agency private sector interactions¹. This SCN private sector engagement policy only relates to actions and activities that are sponsored by and/or carried out under the umbrella of, and in the name of the SCN.

Defining Private Sector

6. The 'private sector' is recognized by SCN to be 'for-profit' enterprises or companies, whether large or small, privately owned, employee owned, state owned or stock-market listed, legally registered (formal) or unregistered (informal).

7. Business interest NGOs² (BINGOs) also comprise the 'private sector'. These are organizations that are funded to service 'for-profit' enterprises or advocate their interests, and include trade associations and charitable foundations that are not separate legal entities with an 'arms-length' relationship to the 'for-profit' enterprise or enterprises that provide (s) their funding. Such organizations may or may not be registered as not-for-profit, with or without charitable status, may or may not express an explicit public purpose, but report

¹ SCN 2004. SCN Private Sector Engagement Report. Geneva: SCN.

² WHO 2002. Understanding Civil Society: Issues for WHO. External Relations and Governing Bodies Civil Societies Initiative. Geneva: World Health Organization.

over half of their income in the past year coming from the private sector (as donors, members or clients), or obviously share a brand with a corporation (determined at the discretion of SCN).

8. Henceforth all such companies and BINGOs are referred to as 'private sector organizations' (PSOs).

9. PSOs that do not meet the minimum acceptability criteria for engagement such as human rights, labour rights, environment and good governance as defined by the UN (see paragraph 22 below) are off limits on all accounts and therefore excluded from all of the further considerations regarding PSOs for the purpose of this policy.

10. If a person engaging with SCN is working on a project that is majority-funded by PSOs, then even if the organization does not qualify as a PSO, it will be treated as such for the specific engagement concerned.

Purpose of Engagement

11. The purposes of engagement of the SCN with PSOs can be divided into two categories: either seeking to receive their support and resources and/or seeking to influence their activities. These two categories are not necessarily mutually exclusive of each other. The purpose of engagements with PSO by the SCN could therefore potentially include the following:

- to consider new sources of funding
- to harness the skills, experiences, resources and networks of the private sector, especially for issues like food fortification
- to increase private sector understanding of and support for the work of SCN and its constituencies
- to respond to the growing industrialization and commercializa-

tion of food and drink supply globally

- to utilize and shape the growing interest of corporations in voluntary responsible practices
- to explore new sustainable approaches given the limited capacity of many governments

12. SCN's engagement with the private sector should focus on fulfilling the SCN mandate and pursuing its vision, trying where possible to maximize the private sector's potential to contribute to these efforts. Such initiatives should recognize the food and nutrition priorities of the UN system as a whole, including those embodied in the Millennium Declaration and the Millennium Development Goals, and more specifically the Global Strategy on Infant and Young Child Feeding and the Global Strategy on Diet, Physical Activity and Health. SCN recognizes UN conventions and associated documents as the substantive and authoritative definition of 'well-nourishment' and 'adequate growth and development', and the rights and responsibilities of various actors to achieve these, including the private sector. These international instruments are particularly relevant to companies with international operations. The International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions, provides an excellent example of the sort of legislation that states should adopt, and practices that companies should adhere to, in order for nations to achieve optimal breastfeeding practices and the adequate growth and development of their infants.

13. SCN's vision for the private sector is a future where international companies both recognize and actively support the right to adequate food and other human rights treaties including the Convention on the Rights of the Child (CRC) and the Con-

vention on the Elimination of all forms of Discrimination Against Women (CEDAW), within the sphere of their operations and influence, while all other entrepreneurship operates in ways that help achieve these rights, whether knowingly or not. This vision is particularly relevant to food-related companies, but is not limited to them, due to the broader economic influences on both hunger and malnutrition. Those aspects of the right to adequate food that address sustainable development and food/drink quality issues are particularly relevant to SCN's vision for the private sector.

Principles of Engagement

14. Collaborative engagement with the private sector, beyond mere commercial transactions such as buying products and services, is guided by the following principles:

- a) Relevance to Vision and Mandate: Any collaborative activities with PSOs must have a direct relevance to and be in support of achieving SCN's vision and mandate. SCN shall establish and pursue its own agenda for private sector engagement, rather than only react to proposals.
- b) Effectiveness and Efficiency: Securing concrete outcomes in line with achieving the goals of the SCN, as well as the appropriate use of the SCN's resources as compared to alternative actions.
- c) Managing Conflict of Interests: Identification of interests of collaborating individuals and institutions, assessment of potential conflicts of interest, in keeping with SCN's policy on such conflicts (see Annex 2, attached) and subsequent management of these or exclusion from participation.
- d) Independence from vested interest: Maintaining the credibility of

SCN by ensuring independence from commercial interests.

e) Transparency: While respecting individual privacy and institutional confidentiality, as appropriate, the aim must be for all interested persons to easily obtain information on the activities, including through posting on websites.

f) Diversity: Diversifying types of PSOs, to ensure that no one type (size/origin) dominates engagements, and ensuring that those who have no commercial interests in the issues have preferential participation.

g) Differential Safeguards: Distinguishing between activities that relate to public policy making and should be particularly safeguarded from corporate influence, and other activities with less relevance to or influence on public policy. Differentiating between PSOs involved in activities that are confluent³ with the interests of SCN, and those that are not.

h) Human rights based: promoting and respecting human rights principles, treaties and covenants.

Types of Engagement

15. The types of engagement with PSOs by the SCN covered by this policy can be categorized into three broad areas, namely direct funding, contributions in kind including access to resources, and dialogues⁴. Direct funding and in-kind contributions must not be received from food-related PSOs, consistent with the policy of the World Health Organization, as the hosting agency of the SCN Secretariat, with respect to private sec-

tor funding for nutrition-related activities.

16. Direct funding is the provision of cash as a grant. Direct funding of the SCN by PSOs can either be to support the Action Plan or to support the work plans of the Working Groups.

a) Direct funding support by PSOs of the Action Plan activities involves the provision of funds directly to the SCN through the Secretariat. Such funding would complement the funds provided by the UN agencies and other constituents for carrying out the Action Plan.

b) Direct funding of Working Group by PSOs should be for activities included in the WG work plans approved by the Steering Committee and Chair. Such activities could include performing studies or reviews of literature to determine either knowledge or practice gaps for example, and/or for realizing symposia and/or workshops to discuss such findings and make recommendations to the SCN through the Chair and the Steering Committee. Direct funding of these activities can either be provided through and facilitated by the Secretariat, or be received through the institutions participating in the Working Group.

17. Contributions in kind by PSOs are non-cash inputs in the form of goods or services that can be given a cash value. Contributions in kind to the SCN can be provided to the Secretariat, or to the SCN Steering Committee and/or its task forces, and/or

to Working Groups, in order to help in carrying out the work programme of the SCN.

a) Provision of support in the form of goods includes travel costs (air fares and hotel bills), hosting working breakfast, lunches or dinner meetings, of providing paper or other consumables. Such support is easy to place a cash value on.

b) Provision of support in the form of services or access to resources includes provision of space for holding events, assistance with the printing of reports, and access to information networks, to communication networks, to data bases, to software, and advisory services. Such support is more difficult to put a cash value on.

18. Dialogues with PSOs by the SCN are not concerned with receiving PSO resources as such, but with exchanging information and/or trying to influence PSO practices. Such interactions are likely to involve food related PSOs in particular and to occur within the context of Working Group activities, or through other specially convened ad hoc task forces. Such dialogues could be of relevance to understanding the gaps in implementation of knowledge in a particular field such as food fortification for example, where the experience of the food related PSOs is particularly pertinent. Another potential area for dialogue concerns business practices and whether these are meeting the human rights obligations of the food related PSOs in particular, including the issue of voluntary codes of conduct versus mandatory codes of conduct⁵.

³ Confluent here means not only to be 'not antagonistic' to SCN vision, mandate and principles, but to have mutually supportive interests.

⁴ A fourth potential area of interaction with PSOs is the joint delivery projects. These involve collaboration in programme delivery of a food and nutrition intervention. These are not of relevance to the SCN, since the SCN is not itself involved in programme or service delivery. Such activities are carried out by the various constituents of the SCN.

⁵ Utting, P. 2005. Corporate Responsibility and the movement of business. *Development in Practice* 15 (3-4) 375-388.

Management of engagements

19. The SCN Steering Committee is charged with implementing this private sector engagement policy, under the guidance of the Chair and with the support of the Secretariat. Each type of engagement with a PSO, and especially food related PSOs, has different sorts of risks for the SCN and consequently has different sorts of management requirements

20. In order to protect against institutional conflict of interest, the Steering Committee will ensure that the SCN does not accept financial or in-kind contributions from food-related PSOs for any of its activities, whether they are developed through Working Groups or through the Steering Committee/Secretariat based work plans.

21. Annual work plans presented by Task Forces of the Steering Committee and the Working Groups to the Steering Committee and Chair for approval should clearly specify whether any direct funding or in kind contributions will be sought from and/or contributed by PSOs.

22. Direct funding and in kind contributions for the SCN programme of work (Action Plan and Working Groups work plans) can only be received from non food related PSOs with satisfactory assessment ratings with regard to their performance on human rights, labour rights, environment and good governance criteria⁶. Direct funding of the SCN Action Plan through the Secretariat has to be managed in accordance with financial rules and regulations of the hosting agency, currently WHO. Such funding therefore needs to satisfy the WHO Guidelines on working with the private sector to achieve health out-

comes⁷, which therefore serve as a baseline or minimum requirement.

23. The Secretariat, in developing any fund raising proposals for the SCN programme of work, will take this private sector engagement policy into consideration, and any proposal will require approval of the Steering Committee and Chair before seeking such funding.

24. In order to protect against individual conflict of interest, affiliates of the SCN that are actively involved in the work programme of the SCN should all sign standard World Health Organization conflict of interest forms⁸. All officials (Chairs and rapporteurs) of working groups as well as the core members of working groups should sign the conflict of interest form. Similarly all officials (Chairs and rapporteurs) of the three constituencies should also sign the conflict of interest form. These conflict of interest forms will be kept by the Secretariat.

25. The Secretariat will keep the updated lists of the “active” members and officials of the UN agencies, NGO/CSO and the Bilateral Partners constituencies, as well as the Working Groups. Active here means those actively taking part in the ongoing work of the Working Groups and the Constituent groupings, as opposed to those less active ones who just participated at the Annual Session, or are members of a list serve.

26. The Steering Committee will periodically review the way in which the SCN is engaged with PSOs and decide and inform the SCN on how and whether the balance or emphasis of such engagements was maintained or modified.

Monitoring and evaluation

27. The Secretariat will maintain the records all of the conflict of interest forms of SCN affiliates updated annually, and they shall be available for public inspection on request.

28. The Steering Committee will provide information concerning interactions of the SCN with PSOs, in its Annual Report, which will be published on the website of the SCN.

29. In order to ensure it maintains and utilizes its unique competencies and resources, the SCN will periodically review and revise as appropriate this policy.

ANNEX 1

SCN Vision, Mandate, Membership and Activities (summary)

The SCN vision is a world where hunger and malnutrition are no longer impediments to human development. Its mandate is to promote co-operation among UN agencies and partner organizations in support of community, national, regional, and international efforts to end hunger and malnutrition in this generation.

The SCN is not in itself another agency. It was conceived to serve as a point of convergence for the UN system in the area of food and nutrition, to ensure that the system-wide response to tackling hunger and malnutrition is greater than the sum of the individual agency efforts.

SCN membership is primarily determined by institutional affiliation among its three constituencies⁹, namely the UN organizations, the bilateral partners (donor and recipient countries together representing

⁶ The Innovest Global Compact PLUS Screening Tool is an example (www.innovestgroup.com). Such a tool should also exclude tobacco and armaments PSOs.

⁷ WHO 2002. WHO Guidelines on working with the private sector to achieve health outcomes

⁸ All UN agency employees already sign such forms.

⁹ SCN Strategic Framework

their governments) and the Non Government and Civil Society Organizations (NGO/CSO). Those that belong to the UN agencies and/or the bilateral partners are easily categorized. Those that are not in these two categories are considered to be in the NGO/CSO constituency, which includes representatives of “not for profit” non-governmental humanitarian and developmental aid agencies active in food and nutrition; representatives of academic, research and civil society organizations; and interested academicians and researchers. Private Sector organizations are not seen as members of the SCN *per se*.

The SCN is a forum in which the UN agencies, bilateral partners, and NGO/CSO constituents come together to harmonize food and nutrition policies and programmes, coordinate activities and *act together* to achieve global nutritional aims.

The SCN holds Annual Sessions which include parallel meetings for each of the three constituencies, a public symposium, as well as Working Group and business meetings, and are in most part open to all participants. The SCN is directed by a Chair and a Steering Committee, with the support of a Secretariat. There are also Working Groups, each with a Chair and two Co-Chairs, which meet at the Annual Session and report to the SCN Chair. The Chair of the SCN reports to the Chief Executive Board (CEB) of the UN System.

The ways in which the SCN can engage with the private sector are limited to the activities developed through the various structures of the SCN, and approved as part of annual

work plans. These include the work plans of the Working Groups and Working Group Task Forces, the Steering Committee Task Forces, all of which are approved by the Chair and the Steering Committee, with facilitation and support by the SCN Secretariat.

In order to pursue the SCN vision and realize its mandate an Action Plan¹⁰ has been developed (2006- 2010), with five broad cross-cutting areas of inter-agency activity including 1) advocacy, communication and partnership building; 2) assessment, monitoring and evaluation; 3) development of integrated approaches; 4) identifying key scientific and operational gaps; 5) the mainstreaming of human rights. The first three of these cross-cutting areas of work will be developed by three Task forces linked to the Steering Committee. The fourth area of work will be carried out by the Working Groups. The mainstreaming of human rights will be integrated into all of these other areas of work of the SCN.

ANNEX 2

Conflict of Interest¹¹

While recognizing that defining conflict of interest is not a simple affair, through this policy document the SCN is defining what it considers conflict of interest. No single document lists generally accepted principles for avoiding conflict of interests in the field of public health and nutrition. Nor is there a coherent, comprehensive framework within the United Nations System for identifying and addressing conflict-of-interest issues in interactions with the private sec-

tor¹².

The SCN recognizes that conflict of interest can occur at both the individual level and the institutional level. SCN understands that conflicts of interest can exist when a secondary interest influences an organization’s or individual’s pursuit of the primary or official interest. SCN’s primary interest is in pursuing its vision and mandate to achieve a world free from hunger and malnutrition, and where malnutrition is no longer an impediment to development.

Individual conflict of interest arises when a person affiliated with the SCN (be they employed by the Secretariat, or be a member of the Steering Committee, be the representatives of the Bilateral Partners and CSO/NGOs, or be one of the Chairs of the Working Groups, or a registered member of a Working Group), uses his/her professional position to influence SCN decisions and activities in ways that could lead directly or indirectly to financial gain and/or other benefits for the SCN affiliated person or his/her family (secondary interest), to the detriment of the SCN and its interests.

Institutional conflict of interest arises when an SCN affiliated organization through the actions of its representative to the SCN, creates a situation in which SCN enters into a collaborative interaction with a private sector organization (PSO) in a manner that puts the interests of the PSO (secondary interests) above the interests of the SCN.

¹⁰ SCN Action Plan

¹¹ If accepted, this statement should be incorporated into the SCN Strategic Framework; it currently is part of the interim policy document on private sector engagement.

¹² Richter J. 2005. Conflict of interest and infant and young child feeding. Geneva: IBFAN-GIFA



International Union of Nutritional Sciences (IUNS)

IUNS Private Sector Engagement Policy

First draft prepared by Arne Oshaug and Ibrahim Elmadfa

Introduction

The purpose of this document is to provide rules for cooperation of IUNS with external actors particularly the private sector, to serve as a guideline for interaction, including sponsoring, of the IUNS with commercial sector actors, with the intention above all of being open and clear about potential conflicts of interest, and ensuring that these aspects are adequately managed.

IUNS recognize the Private Sector, as important actors among those engaged in food and nutrition related activities; the need for sponsoring of various scientific meetings is also recognized. IUNS is basing its sponsoring policy on internationally accepted principles and rules, such as the ones used by UN organisations¹, [World Economic Forum](#), [governments](#) and others.

Any IUNS engagement with the private sector should fulfil its objectives: To promote advancement in nutrition science, research and development through international cooperation at the global level; and to encourage communication and collaboration among nutrition scientists as well as to disseminate information in nutritional sciences through modern com-

munication technology (see also [IUNS homepage](#) where the objectives are spelled out). All this in pursuing the vision widely shared with countries, the UN, regional organisations, and other professional organisations, of a world free of malnutrition (over- and undernutrition), including by the private sector where that is relevant and otherwise possible. All agreements spelled out in MoU's or similar documents must be in accordance with the policy for collaboration and sponsoring spelled out in this document.

Private sector engagement in IUNS presents both opportunities and risks. IUNS recognizes this and will seek to minimise the potential risks of any private sector engagement, such as:

- greater corporate influence over IUNS conferences, nutrition research², academic training and public nutrition work, particularly as related to using such influences for the purpose to gaining ever increasing market shares;
- loss of legitimacy with key constituencies and funders due to negative perceived co-optation by commercial interests;

- greater corporate influence over public policy making processes of higher training and research, of governmental and intergovernmental institutions, at the expense of the public good, such as services for improving nutritional health;
- the opportunity costs of distraction from or less interest in activities which are not of interest to the private sector but which may be important for nutrition goals and activities;
- regarding private sector engagements as ends in themselves, thereby undermining strategic direction and long term strategies;
- funding driven shifts in priorities at both international and national level, with fragmentation of public health/nutrition research, higher education, food and nutrition policies and programming.

Many of the constituent members of the IUNS have their own private sector engagement policies and guidelines that lead their own private sector interactions. This policy only relates to actions and activities that are

¹ See one example in the Bulletin of the World Health Organization. vol.79 no.8, Geneva 2001.

² There are reports on business influences on nutrition research in specific ways that don't foster credibility of evidence provided by the projects

sponsored by, carried out under the umbrella of, and/or in the name of the IUNS.

Defining Sponsorships

The “private sector” is recognized by IUNS to be “for-profit” enterprises or companies, whether large or small, privately owned, employee owned, state owned or stock-market listed, and legally registered.

Business interests organised as NGOs also comprise the ‘private sector’. These are organizations that are funded to service ‘for-profit’ enterprises or advocate their interests, and include research foundations, trade associations and charitable foundations that can be but not necessarily are separate legal entities with an “arms-length” relationship to the “for-profit” enterprise or enterprises that provide(s) their funding. Such organizations may or may not be registered as not-for-profit, with or without charitable status, may or may not express an explicit public purpose.

Private organisations and business that do not meet the minimum acceptability criteria for engagement such as human rights, labour rights, environment and good/democratic governance as defined by the UN are off limits on all accounts and therefore excluded from all of the further considerations regarding private organisations and business for the purpose of this policy.

Purpose of Sponsorships

The purposes of engagement of the IUNS with private organisations and business (hereafter called the *Private Sector*) can be divided into two main

categories: either seeking to receive their support and resources, and/or seeking to influence their activities. These two categories are not necessarily mutually exclusive. The purpose of engagements with private organisations and business by the IUNS could therefore potentially include the following:

- to consider new sources of funding of the IUNS conferences and for IUNS initiated activities between the scheduled 4-year conferences;
- to harness the skills, experiences, resources and networks of the Private Sector, especially for issues like communication and marketing;
- to increase Private Sector understanding of realise that any type of support for the work of IUNS and its constituencies would have clear rules and regulations; that includes MoU and similar specification of understanding and other types of agreements;
- to respond to the growing industrialization and commercialization of food and drink supply globally, with considerable impact on the nutrition situation;
- to utilize and shape the growing interest of corporations in voluntary responsible practices;
- to explore new sustainable approaches in order to prevent any damages of the Private Sector against public policies

and programmes.

IUNS’s engagement with the Private Sector should focus on fulfilling the purpose of nutrition research, higher nutrition education, public nutrition (including both health and agriculture) programming and activities, in order to prevent nutrition related health damages and promote the consumption of nutritionally adequate diets, where possible to maximize the Private Sector’s potential to contribute to these efforts. Such initiatives should recognize the food and nutrition priorities of IUNS and related organisations/associations, including various action plans for improved nutrition, diet, and physical activity, and related national and international policies and strategies that can help promote good nutrition.

IUNS recognizes UN conventions and associated documents as the substantive and authoritative definition of ‘adequate food’ specified in relation to nutrition for adequate human growth and development, and the rights and responsibilities of various actors to achieve these, including the Private Sector. These international instruments are particularly relevant to companies with international operations³.

IUNS’ vision for the Private Sector interaction is a future where local, national, and international companies both recognize and actively support the human right to adequate food and other relevant human rights treaties (such as the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of all forms of Discrimination Against

³ The International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions provides an excellent example of the sort of legislation that states should adopt, and practices that companies should adhere to, in order for nations to achieve optimal breastfeeding practices and the adequate growth and development of infants.

Women (CEDAW)). This is particularly relevant to all companies due to the broader economic influences on both the level of malnutrition and in certain parts of the world also to hunger. Those aspects of the human right to adequate food that address sustainable development and food/drink quality issues are particularly relevant to IUNS.

Principles of Sponsorships

Collaborative engagement with the Private Sector, beyond mere commercial transactions such as buying products and services, arrange symposiums, seminars, satellite meetings, conferences and workshops, is guided by the following principles:

1. Relevance: Any collaborative activities with the Private Sector must have a direct relevance to and be in support of achieving IUNS' objectives. IUNS shall establish and pursue its own agenda for Private Sector engagement, rather than only react to proposals.

2. Effectiveness and efficiency: Securing concrete outcomes in line with achieving the goals of the IUNS, as well as the appropriate use of the IUNS' resources as compared to alternative actions.

3. Managing conflict of interests and independence: Identification of interests of collaborating individuals and institutions, assessment of potential conflicts of interest, in keeping with IUNS' policy on such conflicts and subsequent management of these or exclusion from participation. For the credibility of IUNS it is important to show independence from commercial or other interests that may not be in line with IUNS rules and regulations.

4. Sharing email lists: IUNS should not share emails of any constituency or participants of conferences with the Private Sector, unless such permission is granted in writing. Such sharing should be reported by the President in the minutes of the General Assembly meetings and in reports by the President.

5. Transparency: While respecting individual privacy and institutional confidentiality, as appropriate, the aim must be for all interested persons to easily obtain information on the activities, including through posting on websites. Transparency is essential for an organisation like IUNS, particularly towards its member constituency.

6. Diversity: Diversifying types of the Private Sector, to ensure that no one type dominates engagements.

7. Differential Safeguards: Distinguishing between activities that relate to public policy making (including higher nutrition training and nutrition related research) and other activities with less relevance to or influence on public policy. Differentiating between the Private Sector involved in activities that are confluent⁴ with the interests of IUNS and those that are not. This includes abstaining from promising or distributing gifts in order to ensure participation in activities related to IUNS conferences or meetings between such conferences.

8. Human rights based: promoting and respecting human rights principles, treaties and covenants/conventions.

9. Good/Democratic Governance: Respecting and using the principles of Good/Democratic Governance as de-

finied by the UN in running the IUNS as an organisation, including sponsoring, collaboration or other types of engagement with the Private Sector.

Types of Sponsorships

The types of engagement with the Private Sector by the IUNS can be categorized into three broad areas, namely *direct funding*, *contributions in kind including access to resources and organisational skills*, and *dialogues*.

a. Direct funding support by the Private Sector of the IUNS involves the provision of funds directly to the IUNS. Such funding would complement the funds provided by IUNS membership fees and other constituents for carrying out the work of IUNS.

Direct funding of any type of work in-between the conferences organised by and in the name of IUNS by the Private Sector should be for activities included in a work plan approved by the General Assembly of IUNS. Such activities could include performing studies or reviews of literature to determine either knowledge or practice gaps for example, and/or for realizing symposia and/or workshops to discuss such findings and make recommendations to IUNS. Direct funding of such activities should be provided through and facilitated by the President, in full openness and transparency, and reported to the General Assembly and in information channels used by IUNS.

b. Contributions in kind in the form of goods includes travel costs (air fares and hotel bills), hosting working related satellite meeting, breakfast, lunches, symposiums in the pro-

⁴ Confluent here means not only to be 'not antagonistic' to IUNS goals and principles, but to have mutually supportive interests.

gramme of conferences, or dinner meetings, or providing papers or other consumables. Such support is easy to place a cash value on. *Contributions in kind* in the form of services or access to resources includes provision of space for holding events, assistance with the printing of reports, and access to information networks, to communication networks, to data bases, to software, and advisory services. Such support is more difficult to put a cash value on.

c. Dialogues. Interactions such as exchanging information and/or trying to influence practices are likely to involve food related Private Sector. Such dialogues could be of relevance to understanding the gaps in implementation of knowledge in a particular field such as food fortification, including the use of different signs intended to influence consumers when buying products. Another potential area for dialogue concerns business practices and whether these are meeting the human rights obligations of the food related Private Sector in particular, including the issue of voluntary codes of conduct versus mandatory codes of conduct.

Management of Sponsorships

The President⁵ of the IUNS is charged with the responsibility to implement this Private Sector Engagement Policy. Each type of engagement with the Private Sector, and especially the food related Private Sector, has dif-

ferent sorts of risks for the IUNS and consequently has different sorts of management requirements.

The Private Sector engagement policy is presented by President to the plenary of the IUNS and approved. Any applicants for hosting a IUNS conference should state that their application and policy would be in line with general ethical rules and with the IUNS Private Sector Engagement Policy.

Direct funding and in kind contributions for the IUNS programme with the Private Sector must be in line with principles of human rights, labour rights, and environment and good/democratic governance criteria. Direct funding of the IUNS work has to be managed in accordance with financial rules and regulations.

The President of the IUNS, in developing any fund raising proposals for the IUNS programme of work, will take this Private Sector Engagement Policy into consideration, and any proposal will require approval of the IUNS Council before seeking such funding. If urgencies arise approval could be achieved by internet communications, either through e-mails or by conference calls.

In order to protect IUNS against conflict of interest, affiliates of the IUNS that are actively involved in the work programme of the IUNS should all sign a specific form of conflict of interest. All members of possible type

of work in-between the conferences organised by and in the name of IUNS, or in preparing and during the IUNS conferences, should sign the conflict of interest form. These conflict of interest forms will be kept by the IUNS Secretariat and provided to those who demand to see them on request.

The Secretariat of the IUNS will periodically review the way in which the IUNS is engaged with the Private Sector and decide and inform the IUNS on how the engagement was maintained or modified.

Monitoring, Evaluation and Reporting

The President of the IUNS will maintain the records all of the conflict of interest forms, of all IUNS regular reports, and they shall be available for public inspection on request.

The President of the IUNS will provide information concerning interactions of the IUNS with the Private Sector, in its regular reports, which will be published on the website of the IUNS.

In order to ensure it maintains and utilize its unique competencies and resources, the IUNS will periodically review and revise as appropriate its rationale and strategy for Private Sector engagement. The next review is proposed for 2013.

⁵ When the President is mentioned in this document it means the selected president plus the secretariat and/or the Council of IUNS.

Do you want to share Nutrition news with the UNSCN network?

If you have interesting nutrition-related news, nutrition vacancies or other announcements, we can help you in spreading the news via our monthly e-letter, our website, our Twitter or the *SCN News* publication. Contact us by e-mail scn@who.int.



The Sri Lanka Medical Association (SLMA)

Guidelines for health and nutrition related endorsement of branded commercial products by Professional Associations / Academic Bodies or any other association

Editorial

The Sri Lanka Medical Association has developed a set of guidelines in respect of brand endorsement by professional associations. These guidelines have also been accepted by the Food Advisory Council which is the regulatory body in respect of food labelling and advertisements. They emphasize the need for professional associations to independently verify content claims by a detailed chemical analysis in a reference laboratory approved by the regulatory authority.

Health claims have to be substantiated by clinical trials or other scientific evidence which need to be evaluated by an independent panel of experts. There is also a moral obligation on the professional association to ensure that the endorsement is primarily in the wider benefit of the consumer. This necessitates a consideration of the quality and cost of the endorsed brand in comparison to other available products. The association has to be convinced that it offers a significant advantage to the consumer.

While the professional association is entitled to recover the costs incurred in product analysis and evaluation the overall financial remuneration should not be unacceptably high as to constitute an inducement for ap-

proval. Corporate social responsibility necessitates ethical marketing. Linking brand promotion to public education on nutrition, hygiene and sanitation is not corporate social responsibility. Academic and professional associations have to be wary of being party to such activity.

Sound science must underlie the development of new products. Scientists have to collaborate with industry in this endeavour. However when these products are marketed regulatory oversight is essential to ensure the accuracy of the marketing claims regarding their efficacy and safety, in order to protect and inform the consumer. Academic and professional associations which have partnerships with industry have a special obligation to ensure that commercial success is coupled with social good in product marketing and brand endorsement.

Dr. Narada Warnasuriya

President, SLMA

This editorial is here published in part, with authorization of the author. The full editorial has been published in to 'Chemistry in Sri Lanka. The Tri-annual Publication of to Institute of Chemistry Ceylon Jan 2009 Vol. 26 No. 1'

Guidelines for health and nutrition related endorsement of branded commercial products by Professional Associations / Academic Bodies or any other association

Goal – to describe the conditions under which professional associations / academic bodies or any other institution endorse a branded commercial product in respect of its nutritional/ health benefits in a manner, which will avoid misleading the consumer.

This is also to be referred to as Third party endorsement.

1. General guidelines

1.1 The request for brand endorsement would originate from a manufacturer/marketer/ advertiser of the product.

1.2 Brand endorsement to be granted only by professional associations/ academic bodies and endorsement by individual professionals to be considered unethical and unacceptable

1.3 The professional associations/ academic bodies endorsing the product should have the capacity to independently evaluate the nutritional/ health claims of the product both clinically and technically including laboratory assessment. In the absence of such analytical capacity the

organization should seek independent analysis from accredited¹ institutions/ laboratories and review their reports.

1.4 The professional organization/ institution should not endorse a product based only on evidence/ material provided by the manufacturer/ importer.

1.5 The professional organization/ institution should consider comparability in quality and cost with other available products and be convinced of the advantages rendered to the consumer by granting professional endorsement to the particular brand.

1.6 The organization/ institution should be convinced that the endorsement is primarily in the wider benefit of the consumer of the product.

1.7 The professional organization/ institution endorsing the product could claim costs incurred for the process of analysis, evaluation and administration.

1.8 The total financial remuneration should be proportionate to the costs incurred and should not be unacceptably high.

Once the organisation/institution granting the endorsement is able to certify that all necessary criteria

have been fulfilled a report should be submitted to the FAC stating the intention to endorse the product.

The report of the endorsing organisation on the product should be available for public perusal.

Once the FAC accepts the proposal for endorsement the institution/ organisation could endorse the product within the stated guidelines for usage of logo and institutional name.

Logo usage and advertising guidelines

The organisation/institution must approve in writing all proposed reproductions of the licensed property, including packaging, display materials and print, radio and television advertising as well as recipes associated with advertised products.

All references to the organisation/ institution must be approved prior to the distribution and the organisation/ institution reserves the right to reject any material used as such.

The logo can only be used with an approved product and must be reproduced in accordance with specifications given by the endorsing professional association/academic body.

The size of the logo may vary but must always be smaller than the

brand name of the product.

Validity and cancellation

The period of validity shall not exceed three years from the date of endorsement. If extension of the endorsement is necessary a reviewed report should be submitted to FAC for fresh approval.

The approval for the product shall be suspended by the DGHS, FAC, or the endorsing organisation/institution after informing the manufacturer/ advertiser if they are not satisfied with the product quality, non compliance with regulations, deviation from its health/nutritional claims or from any of the above guidelines.

Cancellation of the agreement may be requested from FAC/DGHS by any of the parties and on notice of such cancellation the permit shall forthwith become invalid.

¹**Accredited** – Nationally recognized institutions such as Medical Research Institute, Bureau of standards, ITI

SMLA Food Nutraceuticals Subcommittee

The UNSCN Food & Nutrition Resource Portal

The [UNSCN "One-Stop-Shop" Food & Nutrition Resource Portal](#) aims to provide the platform through which the agencies and organizations participating in the UNSCN can advertise and disseminate their publications and resources to the UNSCN network worldwide.

It constitutes an advanced library for food and nutrition resources. Users may identify and access resources added to the [Resource Portal](#) through searching for one or more self-defined key words, as well as through browsing in pre-defined categories of themes, resource types, geographical locations or life cycle focus. Linked to each resource, there is a short description and link to the authoring institution.

You can also **add your organizations' resources** to the Portal through a special [form](#) where you can describe the resource, upload the document and/or provide a hyperlink to where it has been originally published.

You can also access the [Nutrition in Emergencies Repository](#), a special sub-section of the UNSCN Food & Nutrition Resource Portal which is a state-of-the-art resource base for nutrition in emergencies. It contains all relevant key documents referred to in the 21 Harmonized Training Package (HTP) modules under part 4 "training resource list".



The International Baby Food Action Network (IBFAN)

IBFAN's Funding Policy

In line with its 7 Principles, IBFAN does not seek or accept funds, donations, gifts or sponsorship from manufacturers or distributors (or their trusts or foundations) of infant and young child feeding and related products.

Considerations supporting our funding policy:

1. IBFAN's independence:

Rationale: Relations with commercial actors and the private sector may create conflicts of interest, lead to biased judgment and decisions, and damage IBFAN's ability to:

- & advocate for women's right to impartial information on infant and young child feeding;
- & advocate for realization of the child's right to the highest attainable standard of health;
- & hold corporations accountable for their actions and demand compliance with the International Code of Marketing of Breastmilk Substitutes.

2. IBFAN's integrity and reputation:

Rationale: Funding from any for-profit entities can lead to loss of reputation and raise questions about IBFAN's integrity.

3. Solidarity with other social movement partners:

Rationale: IBFAN's work on breast-feeding and young child feeding is just one element in the global action to ensure an environment in which children can survive and reach the highest attainable standard of health.

Advisory note: In addition, IBFAN groups are encouraged not to accept funding from any other for-profit companies, especially food and drinks, alcohol, tobacco, arms, pharmaceutical and pesticide companies, and those that employ child labour or use violence against people. If any entity is considered for funding, IBFAN groups are expected to thoroughly check for bad practices and social implications of its actions. IB-

FAN groups should consult with their Regional Coordinating Offices on such matters.

IBFAN's Policy regarding possible funding, gifts or sponsorship from the Global Alliance for Improved Nutrition (GAIN): none acceptable.

(Adopted by IBCoCo, October 2010)

IBFAN values its independence and groups are required to give a written undertaking not to seek or accept funds, donations or sponsorship from the infant feeding and related products industry. IBFAN groups should aim to include a clause to this effect in their constitution or statutes.

Many **IBFAN** groups refuse any kind of commercial support as links between companies are not always obvious. In addition, our NGO partners working on other campaigns may have difficulties with a particular company and accepting funding from it may undermine their work. We cannot be too vigilant in this matter.

Source: IBFAN homepage ([online](#))

Box 1. IBFAN's 7 principles ([online](#))

1. Infants everywhere to have the right to the highest attainable standard of health.
2. Families, and in particular women and children, to have the right to access adequate and nutritious food and water.
3. Women have the right to breastfeed and to make informed decisions about infant and young child feeding.
4. Women have the right to full support to breastfeed for two years or more and to exclusively breastfeed for the first six months.
5. All people have the right to access quality health care services and information free of commercial influence.
6. Health workers and consumers have the right to be protected from commercial influence which may distort their judgement and decisions.
7. People have the right to advocate for change which protects, promotes and supports basic health, in international solidarity.



Indian Academy of Pediatrics (IAP)

IAP Guidelines on Conference Organization

INTRODUCTION

The Indian Academy of Pediatrics has been holding the National Conference every year during the month of January/February. It has been the custom so far to organize the conference at different parts of the country so that maximum number of delegates from in and around the place could participate in the conference with least expenses and inconveniences. There is a lot of interaction and fellowship during conference days and it also provides sample opportunity to the delegates, to know the vivacity of the culture and the customs of our vast nation. Hence for the smooth organization and functioning of the conference following suggestion are submitted.

REQUEST FOR THE CONFERENCE

Any branch, which in the past has successfully organized, at least of a state level conference shall be eligible to request for the conference provided they satisfy the following condition mentioned below. The request should be submitted two years in advance to the National Executive Board with full details regarding the conduct of the programme, before

September. This may be scrutinized by a committee selected by the executive board comprising of National President, Immediate Past President, President-elect, Secretary General and one senior member with organization experience.

CENTRE FOR THE CONFERENCE

As far as possible the places where travel, accommodation and food are expensive and beyond the affordable margin should be avoided. The city where the conference is to be held should be well connected with major zones of India by easy means of transport. The city should have accommodation facilities for 2000-2500 delegates at a moderate rate. The venue of the conference should have a main hall with a capacity of at least 2000-2500 and 5-7 other halls of varying capacity of 200-750, in the same premises. The venue should not be more than 15 km away from the heart of the city. The organizers should try to provide a cosy, pleasant and comfortable atmosphere in the venue. The audiovisual arrangements should be of excellent quality and should be checked in advance by the organizers in each hall.

ORGANIZING SECRETARY

He/she should be duly elected by the host branch

SPONSORSHIP

Total ban on sponsorship from infant food and milk substitute companies should be strictly implemented. No banners or posters should be exhibited in the scientific halls to maintain the sanctity of conference as areas of learning. During a sponsored programme the slides of sponsor should only be projected before and after deliberation. Stalls may be provided to the sponsors in the exhibition area. Gambling or fun games in the stalls should be strictly prohibited. Other recreational activities should be curtailed so that it will not hamper the proceedings of the conference. Mike announcements and other sounds should not spill over into the conference hall.

Source: Indian Academy of Pediatrics (IAP) homepage. ([online](#))

Editors' note: The guidelines are reproduced here in part. For the full version, please refer to the original source, available online.

For other examples of engagement frameworks, go to our [Publications Section](#). It includes:

- The International Union for Conservation of Nature (IUCN)'s Operational Guidelines for Private Sector Engagement
 - The Partnership for Maternal, Newborn & Child Health's Principles for engagement with the private sector
 - Voluntary Services Overseas' Guidance for Engagement with the Private Sector
 - The UN Private Sector Toolkit for working with Youth
- ... and more!

OBITUARIES

Professor John Conrad Waterlow**13 June 1916— 19 October 2010**

Tribute from Professor Joe Millward



John Waterlow died on 19 October 2010 aged 94. As recently written¹ his passing brought an end to a life characterised by service to people, some of whom he would meet and care for and millions of whom he would never see, but who would benefit from what he did, who he was and what he left behind. That service started shortly after qualifying in Medicine in Wartime London with a nine-month visit to the British West Indies to investigate why infant mortality was so high. This experience and a similar visit to the Gambia shortly after, formed his interest in the pathophysiology of severe infantile malnutrition and resulted

in the establishment in Jamaica of the Tropical Metabolism Research Unit in 1954 under his directorship. After its transfer from the UK Medical Research Council to the University of the West Indies in 1970 he assumed the chair of Human Nutrition at the London School of Tropical Medicine where he established his second research unit, the Clinical Nutrition and Metabolism Unit (CNMU). He retired in 1982 although remaining active and publishing into his nineties.

His work was wide-ranging and included both experimental work on the pathophysiology of malnutrition and protein metabolism and turnover, and public health nutrition with influential books in each category². Each of his units became internationally renowned and scientifically influential under his inspirational leadership. When he left Jamaica, the mortality rate of infants with kwashiorkor had fallen from more than 20% to a very low level because of the recognition of the need for a delay in the introduction of aggressive feeding. In the public health arena he is best known for his work on the classification and definition of protein-energy malnutrition and use of heights and weights to compare the nutritional status of groups of children,

which simplified a confused subject by introducing the concept of stunting (low height for age) and wasting (low weight for height). He also identified body mass index cut-off points for chronic energy deficiency in adults. His experimental work on protein metabolism and turnover made him pre-eminent as the international authority on protein, chairing the 1981 FAO/WHO expert consultation on Energy and Protein Requirements, and writing most of the subsequent 1985 report. Waterlow's honours include the order of St Michael and St George for services abroad, awarded in 1969 and his scientific recognition included election to both the UK Royal Society (1982) and the US National Academy of Sciences (1992), and the award of numerous Honorary Degrees and Prizes¹. He leaves a daughter and two sons from his marriage to Angela Gray, who died in 2006. He also leaves his colleague and later companion Dr Joan Stephen.

¹ Alleyne Sir George. Obituary: John Conrad Waterlow CMG, FRS, FRCP, DSc Br J Nutr 2011;106:1–5.

² Millward D Joe and Stephen Joan ML. John Waterlow CMG, FRS, FRCP, DSc: an appreciation of his work as a physiologist. Am J Clin Nutr 2011 (in the press)

Professor Michael Latham**6 May 1928 — 1 April 2011**

Tribute from Professor Ted Greiner

Professor Michael Latham, one of the early pioneers of the field of international nutrition and one of the first recipients of the SCN Order of Merit in 2008, died at age 82 on April 1, 2011. Dr. Latham worked in several rural districts in his country of birth, Tanzania, as a district medical officer before and after independence. Then he was the first head of the new government's nutrition department (described, along with experiences of his mother years earlier as wife

of a district medical officer in the British Colonial Service, in his book *Kilimanjaro Tales*), for which he was awarded the Order of the British Empire by Queen Elizabeth II. A physician, he obtained an MPH from Harvard before beginning to teach at Cornell in 1969 where he remained remarkably active, even after retirement, until his death. In addition to writing books for FAO, including *Human Nutrition in the Developing World*, he published some 400 papers. His decades



of teaching, research and advocacy efforts impacted program and policy orientation related to infant feeding, control of parasitic diseases in humans, and combating micronutrient malnutrition. His most recent papers, published in the online journal *World Nutrition*, strongly called into question some of the more popular “magic bullet” approaches; he always advocated that nutrition improvement could best be achieved through the

implementation of human rights approaches aimed at achieving equity and justice for the poorest of the poor. Dr. Latham was rare among politically motivated activists in the way he put his concern for others into practice in his daily life, sharing a rare level of affection with the hundreds of graduate students he nurtured for 40 years. Dr. Latham was an inspiration to two generations of nutrition practitioners. As Prof. Miriam Lab-

bok has said on the website World Alliance for Breastfeeding Action (in which Michael had been active for two decades), “We could always count on him for balance and supreme insight. He was not just an intellectual, but a humanitarian and a good friend.” And as Anwar Fazal added, “He will live on in all those he touched, taught, and inspired.”

Lois Englberger

23 November 1948 — 29 September 2011

Tribute from Professor Harriet Kuhnlein



Lois Englberger, nutritionist and public health advocate, died on 29 September, 2011 at Pasco, Washington, having succumbed to ovarian cancer, which had been diagnosed the previous year. Lois was widely known in nutrition circles as a passionate, informed activist promoting the value of healthy local foods for people's cultures, environments, economies and food security. Her academic accomplishments were most significant in the area of food composition sampling and analysis, particularly in addressing the problem of vitamin A deficiency in children. She was a regular contributor to the *Journal of Food Composition and Analysis*.

Through her research, Lois developed the

scientific credibility for her grassroots advocacy for nutritious local food. Since 1997, she had lived in Pohnpei, in the Federated States of Micronesia, where she co-founded the Island Food Community of Pohnpei (IFCP), together with local indigenous partners. At that time, people were switching their diet away from local crops towards imported processed foods, and IFCP aimed to help reverse this trend. A brilliant communicator, through IFCP Lois was able to develop a “Let's go Local!” campaign featuring the revitalization of the *Karat* banana, a local variety rich in beta-carotene, other carotenoids and nutrients, including riboflavin. She reported, for the first time, the nutrient composition of *Karat* banana, other banana cultivars, and other local foods of Pohnpei, including *Pandanus* and giant swamp taro.

Born in Missouri, Lois grew up with an interest in farming and food production. She completed her bachelor at the University of Missouri (1970), her masters degree under the direction of Michael Latham at Cornell (1974), and her PhD from the University of Queensland (2003), being mentored by Geoff Marks. She was truly a global citizen, having lived for significant periods of time in Australia, India, Pohnpei, Tonga as well as Yemen. She published more than 75 peer-reviewed articles, 60 other papers, more than 100 newspaper articles, and 20 nutrition education briefs. She also gave over 45 oral presentations at various conferences and venues, including United Nations symposia. Lois was a

founding member of the World Public Health Nutrition Association and served as a Council Member in that organization. She also participated in the global network of McGill University's Centre for Indigenous Peoples' Nutrition and Environment (CINE), through the Indigenous Peoples' Food Systems for Health program. She was also on the steering committee of the Traditional, Indigenous and Cultural Food and Nutrition Task Force of the International Union of Nutritional Sciences.

Through their tireless advocacy work and interventions, particularly in the areas of women's and children's health and nutrition, she and her IFCP colleagues have been a positive influence on decision-makers and policy-makers in both national and international arenas. The “Let's Go Local” movement has inspired other grassroots movements, as well as numerous public and government institutions. The idea of using postage stamps (including one with the now famous *karat* banana), slogans and songs to educate people about the importance of healthy diet and nutritious local food has drawn the attention of communities and politicians worldwide.

Lois is survived by her two daughters, Katrina and Tanja, her husband Konrad, her mother Doris and sister Barbara. Her [personal autobiography](#) as well as [a tribute by the World Public Health Nutrition Association \(WPHNA\)](#) can be viewed online. The website of [CINE](#) also has a tribute to Lois and her many contribu-

PROGRAMME NEWS

THE WHO ELECTRONIC LIBRARY OF EVIDENCE FOR NUTRITION ACTIONS (eLENA)

World Health Organization (WHO)

The Department of Nutrition for Health and Development in collaboration with other departments within WHO have recently launched a new web-based library designed to assist Member States and partners in making informed decisions on the appropriate actions to improve the health and nutrition of populations globally. The WHO e-Library of Evidence for Nutrition Actions (eLENA) was launched at the opening of a three-day regional nutrition meeting that was taking place in Colombo, Sri Lanka in August, 2011.

The WHO electronic Library of Nutrition Actions (eLENA) functions as an easily accessible web-based tool for policy-makers, health workers, international organizations, bilateral agencies, nongovernmental organizations, academicians and other interested actors to access the most up-to-date WHO guidance on nutrition and the information that has led to the development of these recommenda-

tions. The site includes biological and behavioural rationales, invited commentaries on recent systematic reviews prepared by public health experts, and additional resources produced by Member States and global partners. In addition, eLENA is linked to the Cochrane Library through a collaboration agreement with John Wiley and Sons Inc. that permits full access to Cochrane systematic reviews. Cochrane reviews represent the highest level of evidence on which clinical treatment decisions are made. Links to current clinical trials corresponding to each nutrition action profiled are also available within eLENA through the International Clinical Trials Registry Platform (ICTRP).

The first English edition of eLENA is currently accessible within the WHO web site: www.who.int/elena. Translation into the six WHO official languages (Arabic, Chinese, English, French, Russian, and Spanish) will also begin in 2012

to facilitate the use of the information contained within eLENA and reach the maximum number of potential users. Access to information on the implementation of nutrition actions, allowing programme planners and project managers to contribute and retrieve information about different delivery options, is also in the planning stages as a complementary web-based tool. This feature will be implemented in late 2012.

The eLENA project has received financial support from the Micronutrient Initiative, the International Micronutrient Malnutrition Prevention and Control Program at the Centers for Disease Control and Prevention (CDC), the Government of Luxembourg, and The Bill and Melinda Gates Foundation. Technical support is received from international experts, partners and collaborators.

For more information visit the [e-Library of Evidence for Nutrition Actions \(eLENA\)](http://www.who.int/elena)

THE LANDSCAPE ANALYSIS: 2011 UPDATES

World Health Organization (WHO)

The [Landscape Analysis on countries' readiness to accelerate action in nutrition](#), featured in [SCN News 37](#) in 2009 and further described in the Speaker's Corner of [SCN News 38](#), was developed as a follow-up to *The Lancet* Nutrition Series (2008) in order to link the findings presented in the Series to information on what action would be appropriate in different typologies of countries. The Landscape Analysis has three components:

- 1) Desk analysis of secondary data to define country typologies at various stages of readiness to scale up nutrition action
- 2) In-depth country assessments performed in participatory manner by intersectoral and interagency country teams
- 3) The online [Nutrition Landscape Information System \(NLIS\)](#) which presents data on nutrition and underlying factors of malnutrition for all countries.

As part of the implementation of the World Health Assembly [resolution WHA63.23](#) on Infant and Young Child

Nutrition of 2010 which urged Member States to strengthen and increase their commitment to prevent and reduce malnutrition in all forms, WHO has proposed a process to assist countries in developing scale-up plans for nutrition. In this process, the Landscape Analysis country assessment serves as a tool for initial context mapping and assessment of implementation challenges in countries. An advantage of the Landscape Analysis country assessment is that it uses standardized, field-tested and peer-reviewed assessment tools which countries will be able to adopt and adapt in their respective context. These country assessment tools have been further refined and elaborated to include specific elements for planning and analysis and has also been translated into French. Furthermore, the Landscape Analysis highlights the importance of the participatory approach where stakeholders from all relevant sectors work together to identify bottlenecks for scaling up. During a consensus meeting held at the end of each

assessment, the stakeholders agree on recommendations for how to overcome the observed bottlenecks and the next steps for developing operational scale-up plans.

By September 2011, 15 countries have undertaken Landscape Analysis country assessments: Burkina Faso, Comoros, Côte d'Ivoire, Egypt, Ethiopia, Ghana, Guatemala, Indonesia, Madagascar, Mali, Mozambique, Peru, South Africa, Sri Lanka and Timor-Leste. Three additional countries (Guinea, Namibia and Tanzania) are planning for country assessments. A handful of other countries have also expressed their interest in the methodology as they are planning to scale up nutrition actions.

Contact: NPUinfo@who.int

For more information:

<http://www.who.int/nutrition/landscape-analysis>

PROJECT FOR AN ENRICHED COMPLEMENTARY FOOD IN CÔTE D'IVOIRE (PACE)

Helen Keller International (HKI)

The most recent national surveys undertaken in Côte d'Ivoire indicate that the prevalence of chronic malnutrition (low height for age) among children under five is 33% (MICS, 2006). Deficiencies in micronutrients are also widespread: iron deficiency anemia affects an estimated 50% of children under five, while vitamin A deficiency affects 16% (HKI, CSRS, INSP, UFR-SPB, 2007); iodine deficiency has been detected in approximately 5% of school age children.

The government has taken a number of strategic steps to reduce these nutritional deficiencies, including: i) requiring universal salt iodization such that 84% of households now have access to adequately iodized salt; ii) organizing bi-annual distribution of vitamin A supplementation to children 6-59 months of age that have reached over 90% of children nationally since 2008; iii) mandatory fortification of cooking oil with vitamin A at levels meeting at least 20% of the daily requirements of children 6-59 months; and iv) mandatory fortification of wheat flour with iron and folic acid at levels ensuring at least 29% of the daily re-

quirements of children 6-59 months are met (HKI 2006).

Nevertheless, while these are crucial steps, they do not meet the heightened nutritional needs of children between the ages of 6-24 months, who are also the most at-risk population. One promising strategy for meeting the special micronutrient requirements of this age group is the development of an enriched complementary food, a strategy that recently won the approval of a high Ministerial Council.

Earlier this year, with the support of the Global Alliance for Improved Nutrition (GAIN), Helen Keller International (HKI) with its private sector partner Protéin-Kissé Là (PKL) and the Ministry of Health launched the Project for Enriched Complementary Foods, or le Projet d'Alimentation de Complément Enrichi (PACE). The project will adapt a locally-produced commercial product for vulnerable populations by reducing the package size and cost and promoting its purchase through a social marketing and educational campaign aimed at supporting optimal breastfeeding and complementary feed-

ing practices. The project will strive to ensure access to an enriched grain-soy blend cereal for at least 3 million children 6-24 months of age.

The project has completed formative research to understand current infant and young child feeding beliefs and practices in the targeted population, as well as the reach of existing products. The data have been analyzed and used to develop a targeted communications strategy. Concomitantly, HKI has advocated vigorously for the adoption of national laws in Côte d'Ivoire consistent with the International Code of Marketing of Breastmilk Substitutes, and the government of Côte d'Ivoire has now approved a set of commercial codes that comply with these international standards. Thus the project will be implemented in the context of commercial codes that protect both exclusive breastfeeding for six months and improved complementary feeding practices.

For more information: sbaker@hki.org

INTEGRATING NUTRITION INTO AGRICULTURE AND MARKET SUPPORT PROGRAMMING IN UGANDA

World Food Programme (WFP)

WFP has made a strategic shift from being a food aid agency to being a food assistance agency, with a more nuanced and robust set of tools to respond to critical hunger needs. Its overarching goal is to reduce dependency and to support governmental and global efforts to ensure long term solutions to the hunger challenge.

In Uganda, the World Food Programme plays a strong role in strengthening local agriculture and markets through local purchases, currently spending over US\$ 50 million a year. In making these purchases, WFP targets small-holder farming households and seeks to help strengthen their food security through its Purchase for Progress (P4P) programme. P4P links smallholders to quality markets so they can gain greater and more direct benefit from their produce. This is done by working with FAO and other partners to address the two principal constraints

facing smallholder farmers in Uganda: inadequate market infrastructure and poor productivity. Taken together these activities should help integrate smallholder farmers and small to medium-scale traders more fully into the dynamics of the market, allowing them to sell more of their products at international standards and better prices- including to WFP. P4P in Uganda takes this one step further, to seize the opportunity to "Nutritionalise" agricultural programming. Nutrition objectives are outlined in the Joint Agreement between WFP and the Ministry of Agriculture, Animal Industries and Fisheries. For P4P, "Nutritionalisation" is set to take several forms: 1) Integrate nutrition (in the form of modules, demonstrations and information sharing) during farmer trainings; 2) Expand micronutrient-rich biofortified crops as a source of income and source of micronutrients; 3) Share access to P4P "touch points" (warehouses, maize col-

lection points) to multisectoral nutrition stakeholders; 4) Value addition and fortification of nutritionally important commodities. Building on the comparative advantage of WFP's deep field presence and linking these channels to partners, the aim is to boost nutrition efforts in Uganda.

P4P is a five-year pilot project launched in 21 countries. By 2013, at least half a million smallholder farmers- mostly women- will have increased and improved their agricultural production and earnings. The program is funded by the Bill & Melinda Gates Foundation and Warren Buffet. In Uganda, additional donors are the governments of Japan, Saudi Arabia, and the United States of America.

For more information: Melissa Antal (Melissa.Antal@wfp.org), Purna Wasti (Wasti.PurnaChandra@wfp.org) or Elvis Odeke (Elvis.Odeke@wfp.org)

STRATEGIES AND POLICIES OF NUTRITIONAL HEALTH PROMOTION IN SCHOOLS: CASE OF LEBANON

University of Montreal

Poor nutrition in schools seriously compromises children's health and learning capacity. It also has a disastrous effect through damaging dietary patterns which affects the prevalence of diseases in adults such as diabetes, cardiovascular diseases, obesity, and hypertension. There is disturbing evidence that the nutritional status among schoolchildren is deteriorating. However, current radical changes in lifestyle among both poorest and richest strata of developing and developed countries mean that personal preference about food, fashion, physical activity, and the media are now driving the nutritional patterns of schoolchildren more than the availability of the food itself.

Schools have a major role in ameliorating children and adolescent's lifestyles and food habits. However, it's not the only setting for intervention; it should be emphasized via other environments as well

such as family, community, government, private and public sectors, economic and politic situation, etc.

To this end, many national and international food policies and programs were developed and implemented at different levels and in many countries. Thus, there were few that used a pre-implementation analysis and tried to study the different perceptions of the actors implicated from the beginning of this process. A new approach to food and physical activity policies at schools will be studied by Sima Hamadeh and Dr Marie Marquis at the University of Montreal.

An integrated conceptual framework, based on social marketing approach and inspired from many social and changing behavioural models and theories, will be used to study in pre-implementation the perceptions of various actors (government, ministry of education and health, school administration and per-

sonnel, children/adolescents, family, food industry, epidemiologists, anthropologists, media, etc) facing a new coming national School Health Strategy plan in Lebanon. Deduced barriers and facilitators will be used to improve and achieve the implementation of this plan which is a joint effort with the WHO, Ministry of Health and Ministry of Education in Lebanon. Additional variables, outcomes and international comparisons will be useful for the follow-up phases such as policy design, implementation, monitoring and evaluation.

For more information: Sima Hamadeh (s_hamade@hotmail.com, sima.hamadeh@umontreal.ca), PhD candidate at University of Montreal under the supervision of Marie Marquis, PhD, RD.

NEW RESEARCH SHOWS THAT HIGH-PROVITAMIN A (B-CAROTENE) MAIZE IS A GOOD SOURCE OF BIOAVAILABLE VITAMIN A

HarvestPlus

Staple food crops that are rich in micronutrients could significantly reduce micronutrient malnutrition among malnourished populations. HarvestPlus leads a global effort to develop and test micronutrient-rich staple food crops to ensure that they have a measurable nutritional impact when prepared and consumed according to the habitual practices and consumption patterns of target populations.

Vitamin A deficiency increases the risk of disease and death, especially in sub-Saharan Africa. Millions of people in this region eat large amounts of white maize daily. A HarvestPlus-supported research study (Li et al. 2010) has shown that a provitamin A maize bred to provide high levels of β -carotene is a good source of vitamin A. Beta-carotene gives the maize a yellow to orange color. The provitamin A maize was prepared using traditional African preparation methods into a type of porridge, typically made from white maize. Porridge is a popular food among children and adults. The study, using healthy adult women subjects, found that the β -carotene from the provitamin

A maize was converted at a rate (6.5:1) that was almost twice as efficient as previously assumed for maize (12:1) and even higher than from vegetables.

Another separate study using stable isotope tracers (Muzhingi et al. 2011) confirmed this favorable bioconversion and showed an even more efficient (3:1) bioconversion ratio when labeled provitamin A maize was consumed by healthy, Zimbabwean adult men.

These results indicate that provitamin A maize with 15 ppm β -carotene (fresh weight) could provide far more dietary vitamin A than previously assumed—up to 50% of the daily requirement for children 2–6 years old and women of child-bearing age.

Next, HarvestPlus will conduct a population-based efficacy trial in Zambia, where provitamin A maize will first be released in 2012. This study will evaluate the nutritional impact on the vitamin A status of vitamin A-deficient children when provitamin A maize containing the full target level of 15 ppm is substituted for white maize in preparing *nshima*, a maize porridge consumed daily throughout Zam-

bia. The changes in the vitamin A status will be assessed by measuring serum retinol before and after a 6-month feeding trial intervention. The study will take place in districts where the prevalence of vitamin A deficiency exceeds 50% among children 2–5 years old. We expect to see an improvement in the vitamin A status of those children fed provitamin A maize compared to those eating the white maize.

For more information, visit the [HarvestPlus Newsroom](#) online or contact us at harvestplus@cqi.org.

SOURCE:

Li S, Nugroho A, Rocheford T, White WS (2010) Vitamin A equivalence of the β -carotene in β -carotene-biofortified maize porridge consumed by women. *American Journal of Clinical Nutrition* doi:10.3945/ajcn.2010.29802. ([online](#))
Muzhingi T, Gadaga TH, Siwela AH, Grusak MA, Russell RM, Tang G (2011) Yellow maize with high b-carotene is an effective source of vitamin A in healthy Zimbabwean men. *American Journal of Clinical Nutrition* 94(2): 510–519.

THE GLOBAL ALLIANCE FOR NUTRITION (GAIN)

GAIN

GAIN was established at the 2002 United Nations General Assembly's Special Session on Children. GAIN seeks to combat malnutrition among vulnerable populations around the world through increasing the supply, demand and use of high quality nutritious foods and key micronutrients, and through improving feeding practices. GAIN's model is to build sustainable, market-based solutions at scale to improve nutrition, by facilitating partnerships among the public and private sectors, and improve the policy and regulatory environment for evidence-based nutrition programming. Initially investing efforts primarily in large-scale staple food fortification, GAIN has gradually expanded its portfolio to include projects to address the nutritional needs of specific vulnerable groups. More recently GAIN has also started to evaluate options for enhancing nutrition further up the agricultural value chain.

Apart from working with the public sec-

tor and civil society organizations, GAIN provides technical assistance to multinational, regional or national manufacturers, to help them make their products more nutritious. For example Britannia Industries, an Indian company, now fortifies its biscuits and breads which are being consumed by more than 600 million people. GAIN's Infant and Young Child Nutrition programs are on target to reach more than 19 million young children in 9 countries with fortified complementary food products and supplements. Its direct investments in local medium-size enterprises and social mobilization activities have increased both access and demand for these products, and helped garner the public and political will needed to focus on the importance of nutrition during the 1 000 days window from conception through 24 months.

Another example evolving from GAIN's market approach is the GAIN premix facility, which was designed to address

specific challenges that governments and companies face in reliably procuring quality micronutrients to fortify a range of products. Through this facility a transparent and efficient process has been created, allowing procurement of high quality vitamin and mineral premixes at the best price, combined with a revolving fund mechanism which provides the requisite financing to assist partners to purchase premix. The facility also includes a grant mechanism that provides premix for fortification of food vehicles targeted to the most vulnerable.

GAIN's innovative program portfolio currently reaches approximately 400 million people in more than 30 countries with nutritious foods, indicating that market-based solutions can play an important role in sustainable improvements in food quality for low-income populations around the world.

For more information please go to: www.gainhealth.org

NUTRITION WORKING GROUP FOR WEST AFRICA

REACH / Helen Keller International (HKI)

Former Cape Verde President becomes the Nutrition Advocate for West Africa

The Nutrition Working Group for West Africa has announced that António Manuel Mascarenhas Gomes Monteiro, former President of Cape Verde, has committed to serving as a Nutrition Advocate for the region for the next several years. Every year, approximately 600 000 children under five die in West Africa from causes related to malnutrition, accounting for at least 35% of all child deaths in the region. Moreover, among the 15 countries in the world with the worst under-five mortality rates, seven are located in West Africa, where one out of four children is underweight. Countries in the Sahel have also suffered cycles of acute deprivation due to drought and crop failure, exacerbating the issue.

Mr Monteiro will work directly with leaders of West African nations and their governments to encourage them to place nutrition at the heart of development strategies and provide advice on policy

approaches that can help to reduce childhood malnutrition.

Although progress is being made in several West African countries more needs to be done to prioritize nutrition as a building block of development in policy formulation, to increase government spending and ensure they meet their commitments, and to address some common misconceptions such as that food security alone will ensure adequate nutrition.

"I am extremely happy to be joining this effort to bring home what this issue means to the future of children and our countries," said Mr Monteiro. "Children who do not receive the right type of food and nourishment fall sick more often, and may even die. When they survive, they can suffer from irreversible mental and physical impairment. Yet much more can be done at all levels to make sure this does not happen, and to head off food emergencies that involve thousands of personal tragedies."

The Nutrition Working Group is a group of organizations that closely collaborates to actively combat malnutrition in the region and includes: Action Against Hunger, Counterpart International, European Commission for Humanitarian Aid (ECHO), the Food and Agriculture Organization of the United Nations (FAO), Helen Keller International (HKI), Micronutrient Initiative (MI), Office for the Coordination of Humanitarian Affairs (OCHA), Ending Child Hunger and Undernutrition partnership (REACH), Save the Children UK, the United Nations Children's Fund (UNICEF), the Office of U.S. Foreign Disaster Assistance for USAID, The World Bank, the World Food Programme (WFP), and the World Health Organization (WHO).

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THE DOUBLE BURDEN OF MALNUTRITION PROJECT

University of Montreal, TRANSNUT and WHO Collaborating Centre on Nutrition Changes and Development

The double burden of malnutrition now represents a dual challenge for developing countries. As highlighted in the recent High-Level Meeting at the United Nations in New York, noncommunicable diseases are now escalating, and urgent action is required. Low income countries are confronted with this double burden, as diet-related chronic diseases are increasing, while undernutrition persists.

TRANSNUT has been involved since 2008 in a joint project with West African academic partners on the double burden of malnutrition. The six-year project (2008-2014) is funded by the Canadian International Development Agency (CIDA). The principal partner is the Regional Institute of Public Health, Benin. There are several other academic and research partner institutions in French-speaking West Africa, including in Burkina Faso and Mali. The project involves training, research

and advocacy. As part of the training component, two new university training programs have been developed and are now offered at *Université d'Abomey-Calavi* (UAC) in Benin. The new Master's program in public health nutrition started two years ago at the Regional Institute of Public Health and a first cohort of 10 students graduated last July. Applications for the next cohort, to begin in November, are now open.

Even more innovative for the region is the new bachelor program in Nutrition and Dietetics which opened in January 2011 at the Faculty of Health Sciences of UAC, where a school of nutrition was created. The curriculum is competency-based, and it was designed to comply with the recent reform of the university system throughout Africa. The three-year program trains a new category of health professionals for French-speaking Africa:

nutritionists/dietitians, to concur to the prevention and management of diet-related chronic diseases, as well as undernutrition and micronutrient malnutrition. While formal university training in dietetics and nutrition has been a long tradition in English-speaking countries, it is not so in the French system, at least up to recently. The high demand for the bachelor program illustrates the need for such training: more than 70 applications were received, while 30 were retained.

In-service training is also being offered on the nutrition transition and chronic diseases, as well as on community management of acute malnutrition. The short training sessions (one to two weeks) are credit granting, and have so far been offered in Benin and Burkina Faso.

For more information: www.poleDFN.org and www.IRSP.bj.refer.org

WHO'S WORK ON NUTRIENT PROFILING

World Health Organization (WHO)

WHO is working with international experts and partners to provide guidance to Member States in developing or adapting nutrient profile models. The aim of the work is to harmonize nutrient profile model development to produce consistent and coherent public health nutrition messages for the consumer and ultimately improve nutrition and public health.

Nutrient profiling is the science of classifying or ranking foods according to their nutritional composition for reasons related to preventing disease and promoting health. Nutrient profiling can be used in conjunction with interventions aimed at improving regional or national diets in applications such as health and nutrition claims, product labelling, education, provision of food to public institutions, and the use of economic tools to orient food consumption. Nutrient profiling is one mechanism through which Member States can implement the set of recommendations on the marketing of foods and nonalcoholic beverages to children that were endorsed by the 63rd World

Health Assembly (WHA63.41). Developing guidance on nutrient profiling contributes to the implementation of Objective 3 of the *NCD Action Plan* (WHA61.14), and the implementation of actions recommended at the United Nations High-Level Meeting on Noncommunicable Disease Prevention and Control held in New York on 19 - 20 September 2011.

Nutrient profiling has been employed by governments, food producers, retailers, researchers and nongovernmental organizations for more than 20 years; however, until recently there has been little global coordination in this field which has led to consumer, policy-maker, and industry confusion. Taking a global leadership role, in 2009, WHO began developing guiding principles for nutrient profile model development. A draft document entitled "Guiding Principles and Framework Manual for the Development or Adaptation of Nutrient Profile Models" was prepared and peer-reviewed. In October 2010, a joint WHO/the International Association for the Study of Obe-

sity (IASO) technical meeting was conducted to examine this document and consider strategies for its field-testing in countries around the world. Since that meeting, there have been three WHO field-testing workshops held in South Africa, Canada and Thailand. Discussions are underway with a number of other interested countries to conduct additional field-testing. Revisions are being made to the guiding principles and manual based on the outcomes and lessons learned from the field-testing in countries. In the spring of 2012, another technical workshop is planned to finalize the Guiding Principles and Framework Manual which will support Member States in this important area.

Contact: NPUinfo@who.int

For more information:

<http://www.who.int/nutrition/topics/profiling>

SUNRAY: SUSTAINABLE NUTRITION RESEARCH FOR AFRICA IN THE YEARS TO COME

Institute of Tropical Medicine, Belgium

The year 2011 saw the start of the SUNRAY project "Sustainable Nutrition Research for Africa in the Years to come". By the end of 2012, SUNRAY will propose a roadmap identifying the priorities and implementation of sustainable nutrition research in sub-Saharan Africa. The roadmap will be developed by African researchers and stakeholders with expertise in nutrition and is intended to inform decision-makers, research funding bodies and donors in general.

Besides extensive interviewing of key African scientists and a stakeholder analysis, three regional workshops in Africa are a key element of the project. During the workshops, information regarding the nature of doing nutrition research in Africa, priorities for nutrition research as well as emerging global challenges, such as climate change, will feed into the development of a research agenda for the years to come. The workshops will draw information from a literature review, interviews with nutrition researchers and stakeholders in nutrition, as well as technical background papers that address future environmental and socioeconomic challenges that sub-

Saharan Africa is likely to face.

This announcement not only serves to inform the readers of *SCN News* about the aims and objectives of the project. This is a call for stakeholders involved in nutrition research in Africa to get involved and contribute to the workshops and/or the development of the roadmap. The SUNRAY project wishes to be inclusive and therefore strives to collect feedback from all partners working in nutrition in Africa when developing the roadmap.

The workshops will last four days and will be held in Tanzania (November 13-16, 2011), Benin (tentative: January 23-26, 2012) and South Africa (tentative: May 14-17, 2012). The first three days of the workshops are "by invitation only" and intended for scientists from universities and research institutions active in Africa and for African policy-makers. The fourth day of the workshop is open to a broader audience: government officials, UN agencies, national and international NGOs, bilateral donors, industry and others involved in nutrition are invited to participate with regional and/or national nutrition advisors. During this open day the

main findings of the workshop will be discussed and further developed using new input from participants. (Note: Cost of travel/accommodation to attend the fourth open day for these sectors regretfully cannot be reimbursed by SUNRAY). Interested individuals are invited to register or contact us for more information at sunray@itg.be.

The project is conducted by nine partners; four universities from Africa and two research organizations, a university and two nongovernmental organizations from Europe. More detailed information about the SUNRAY project, consortium, aims and activities of the project and organization of the workshops can be found at www.sunrayafrica.co.za. Main events or publications will also be announced on Twitter. Follow us @SUNRAYafrica.

SUNRAY is a Coordination and Support Action of the EU FP7 AFRICA call under Grant Agreement nr. 266080

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REGIONAL CONSULTATIONS ON THE COMPREHENSIVE IMPLEMENTATION PLAN ON MATERNAL, INFANT AND YOUNG CHILD NUTRITION

World Health Organization (WHO)

In 2010, the 63rd World Health Assembly (WHA) approved resolution 63.23, urging Member States to increase the political commitment to prevent and reduce malnutrition in all its forms, to strengthen and expedite the sustainable implementation of the global strategy for infant and young child feeding, to develop or review current policy frameworks addressing the double burden of malnutrition, to scale up interventions that improve infant and young child nutrition and to strengthen nutrition surveillance. The resolution requested WHO to de-

velop a Comprehensive Implementation Plan on maternal, infant and young child nutrition which was further discussed at the 64th WHA in May 2011, in consultation with Member States. The Comprehensive Plan will provide a common vision on objectives and modalities of scaling up nutrition and will be a vital element to strengthen the Scaling Up Nutrition (SUN) Movement.

Three consultations were held to discuss an outline of the plan prepared by WHO, to take stock on the current state of im-

plementation of policies and programmes in nutrition and to establish a dialogue on nutrition policies and programmes involving the health and agricultural sectors.

The first one was held in Harare, Zimbabwe, on 3-5 May 2011, the second one in Ouagadougou, Burkina Faso, on 4-6 July 2011, and the third meeting in Colombo, Sri Lanka, on 10-12 August 2011. In each of these meetings representatives of 19 countries participated, as well as donors, UN agencies, regional organi-

zations and nongovernmental organizations.

Many countries indicated they have national policy documents on nutrition, with more or less pronounced political commitments for nutrition. However, the funds do not seem to follow these commitments. In addition, many countries have reported difficulties in coordinating interventions and a weakness in the implementation of the intersectoral approach. Multisectoral policies and strategies exist, but nutrition is not always mainstreamed in development plans. Challenges include insufficient capacity of

decentralised structures that provide services to implement all the nutrition interventions at scale, the need to have a harmonized intervention package, the sustainability of financial resources and the development of stronger advocacy with decision-makers to increase awareness for better funding in view of nutrition as well as an awareness on nutrition issues and multi-causality.

Key factors for success include high level political commitment, public awareness, good coordination between actors and the presence of high level multisectoral coordination mechanisms, the existence

of policy documents and strategy, stakeholder engagement, the existence of monitoring system resources, adequate human resources and community participation. Some successes have been documented in promoting breastfeeding rates, in addressing severe acute malnutrition, in improving coverage of micronutrient interventions and in the accessibility, coverage and quality of care as well as the sustainability of the achievements.

For more information: nutrition@who.int

NUTRITION AND CLIMATE CHANGE AT THE CLIMATE CHANGE CONFERENCES OF THE PARTIES (COP)

United Nations System Standing Committee on Nutrition (UNSCN)

Climate change affects food and nutrition security and further undermines current efforts to reduce hunger and protect and promote nutrition. Undernutrition in turn undermines the resilience to shocks and the coping mechanisms of vulnerable populations, lessening their capacities to resist and adapt to the consequences of climate change.

Since 2009, the UN System Standing Committee on Nutrition (UNSCN) is promoting the debate and strengthening the participation of nutrition on ongoing and future climate change discussions. It has published several documents including, in 2009, the [UNSCN Statement on the Implications of Climate Change on Nutrition](#) and in 2010 the [SCN News 38 on Climate Change - Food and Nutrition Security Implications](#), a peer-reviewed publication which examined climate change and nutrition across a range of different sectors, using an underlying multisectoral perspective. Also a UNSCN Nutrition and Climate Change e-discussion group was set up and an increasing number of interested individuals are joining this group (you can still join by clicking [here](#)).

The UNSCN has attended the climate change conferences of Copenhagen (2009) and Cancun (2010) and Durban (2011). For the COP 16 it has published a

Climate Change and Nutrition Security policy brief including key messages for United Nations Framework Convention on Climate Change (UNFCCC) negotiators (available in English, French and Spanish [here](#)). In collaboration with key partners Action contre la Faim (ACF), the World Food Programme (WFP) and the Public Health Institute (PHI), the UNSCN has co-organized a side event during the COP 17 in Durban (South Africa) on Nutrition and Climate Change: Making the connection to enhance livelihood resilience, health and women's empowerment. For this side event, which was hosted by the South African Government, a background paper has been published, available for download [here](#).

The objectives of the side event were to: (i) Demonstrate why nutrition must represent a key pillar of climate-resilient development; (ii) Highlight how nutrition, food security, health, social protection and women's empowerment approaches can be integrated to build climate resilience. Speakers at the event were: Sheila Sisulu, WFP Deputy Executive Director, Alexander Müller, FAO Assistant Director General Natural Resources Management and Environment Department, Robin Mearns, Lead Specialist and Cluster Leader Social Resilience, World Bank and Carlos Dora, Coordinator, WHO Depart-

ment of Public Health and Environment. Video messages were shown from David Nabarro, UN Secretary-General Special Representative for Food Security and Nutrition as well as from Mary Robinson, Former President of Ireland and Chair of the [Mary Robinson Foundation - Climate Justice](#). The video messages can be watched [here](#).

During the side event Q&A session, some key activities for the UNSCN have been identified: (i) to ensure UN agency harmonization of nutrition and climate change related policies and programmes to allow that strong, concerted and non-conflicting messages can be sent to UNFCCC negotiators; (ii) to organize a high-level workshop on nutrition and climate change and bring together a group of experts from different sectors (agriculture, environment, gender, human rights, health, etc.) and country representatives to reflect together on nutrition and climate change resulting in the identification of key recommendations and a set of concrete priority actions; and (iii) to contribute to the integration of agriculture, gender and nutrition security into National Adaptation Programmes of Action (NAPAs).

For further information: go to the [UNSCN website](#) or mail to scn@who.int

SPEAKER'S CORNER

DEVELOPING MORE EFFECTIVE UN-BUSINESS PARTNERSHIPS

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Author statement: The author declared not having any conflict of interest.

INTRODUCTION

Partnerships between the United Nations (UN) and business have become increasingly common. There is a growing consensus among companies that integrating development issues such as hunger alleviation, food security, and equitable access to health and education is important for mitigating risk and gaining competitive advantage with customers, consumers, investors, and employees. In addition, in the wake of the food, energy and financial crises, there are increasing demands by civil society organizations that companies should take responsibility for the social and ecological effects of their operations.

At the same time, it is clear that these complex challenges cannot be solved by the public sector alone – holistic, multistakeholder partnerships are required. Across the UN System, partnerships with the private sector have become an increasingly acknowledged tool for UN entities to achieve development goals, particularly the Millennium Development Goals.

On the political side, subsequent General Assembly Resolutions under the item “Towards Global Partnerships” have demonstrated support for enhanced UN collaboration with the private sector as a mechanism to advance the Organization’s objectives. Member States have repeatedly recognized that the private sector should be an even more engaged partner if the Organization is to achieve its objectives. These Resolutions have also outlined recommendations for ensuring more effective and transparent partnerships and for

overcoming operational challenges while also protecting the integrity and reputation of the UN (UN 2008a, 2010).

A key priority of UN Secretary-General Ban Ki-moon’s second term will be to improve UN-Business collaboration. As the Secretary-General has stated, “the United Nations and business need each other. We need your innovation, your initiative, your technological prowess. But business also needs the United Nations. In a very real sense, the work of the United Nations can be viewed as seeking to create the ideal enabling environment within which business can thrive”. Although there are a number of successful UN-business partnerships across the Organization, we need to ensure we learn from experiences made over the past decade and take steps to implement even more effective, transformational UN-business partnerships which result in greater impact on-the-ground.

WHY PARTNER WITH THE UN?

The UN is a unique potential partner for the private sector – no other organization has the same convening power, legitimacy and credibility. Over the past ten years, a wide range of UN entities have increased their capacity to partner with business, to mitigate the potential risks of partnerships and to share best practices. Now, most UN agencies, funds and programmes have dedicated private sector focal points who work to develop and implement partnerships with the private sector as a way to further advance their organization’s mission.

The *United Nations and the Private Sector: A Framework for Collaboration* (UN 2008b) outlines the main ways in which the private sector can collaborate with UN agencies, funds and programmes to address global challenges. Specifically, it describes how business can make a contribution through their core business operations, through social investments and philanthropy, and through advocacy, policy dialogue and institutional frameworks.

Financial contributions from the private sector have played an important role in helping advance the implementation of various UN programmes over the years - especially in the wake of humanitarian crises where cash can be critical in mobilizing life-saving support. However, it is increasingly recognized that the private sector can make an often more sustainable contribution through their core business activities. Companies can have a significant positive impact on development objectives through their supply chains and procurement efforts as well as through their support to small and medium-sized companies. Although these types of partnerships are quite complex, they have become increasingly prominent as they provide the promise of being sustainable since they draw on the specific capacities of business (UN 2010b).

A good example of a core business partnership is the International Fund for Agricultural Development (IFAD)’s Vegetable Oil Development Project to address the low per capita intake of vegetable oils and reduce Uganda’s reliance on imported vegetable oils

by promoting domestic production. The partnership leveraged foreign direct investment (greater than US\$ 120 million) to produce an essential food commodity domestically, while creating factory and plantation jobs for about 3 000 smallholder producers. The mutual dependency between the palm oil mill and the participating smallholders constitutes the basis of this partnership, providing a secure market for producers and guaranteeing a supply of raw material for primary processing to the palm oil mill (IFAD 2011).

ADVANCING ORGANIZATIONAL CHANGE – THE UN GLOBAL COMPACT

The launch of the UN Global Compact in 2000 signalled the beginning of a new phase of UN collaboration with the private sector. For more than ten years now, the UN Global Compact has worked to embed universal principles into the marketplace and to encourage the private sector to take action in support of UN goals. Now the world's largest global responsible business initiative, the UN Global Compact has over 6 000 business participants in over 135 countries who are implementing policies and practices to ensure their operations respect human rights, uphold decent workplace conditions, protect the environment and implement good corporate governance. The Compact's ten principles are universal values firmly embedded in the UN's mission and objectives - providing both a strong moral compass and a practical framework for action. Global Compact participants are also engaged in partnership projects as a way to advance the second objective of the initiative "take action in support of broad UN goals" with a view to having even greater impact. In addition, the Global Compact Office encourages all UN agencies, funds and programmes to use the Compact, its

ten universal principles and its over 80 local networks around the world as a platform for engagement with the private sector.

OVERCOMING THE BARRIERS TO PARTNERSHIP – NOTABLE INSTITUTIONAL DEVELOPMENTS

Although a number of partnerships have clearly demonstrated value both to the UN and to business, many UN-business partnerships have not yet reached their full potential. There remain a number of barriers to more effective collaboration. For example, the UN has yet to fully embrace the fact that a company needs a viable business case if it is expected to continue to engage in a partnership. At the same time, companies need to acknowledge that most of the objectives of the UN related to peace, human rights and development are longer term. Although a short term business case may be difficult, companies could explore potential long term benefits of collaboration such as reputation, access to new markets and employee retention (UN, Unilever, Dalberg Global Development Advisors 2011a).

The UN Global Compact Office has been working to strengthen the UN system in its efforts to engage business and a few notable institutional developments which have resulted from these efforts follow:

1. Revised Guidelines on Cooperation between the United Nations and the Business Sector (issued on 20 November, 2009): As an important component of the Secretary-General's efforts to modernize the Organization, the revised Guidelines are intended to help UN staff develop more effective partnerships between the UN and the business sector while ensuring the integrity and independence of the UN. They are intended to serve as a common framework for all organizations of the UN system as a

basis for their collaborative efforts with the private sector. The Guidelines now explicitly allow for the UN to partner with companies for the purpose of changing their core business operations (UN 2009).

2. Network of UN Private Sector Focal Points/Annual Meeting: On an annual basis the UN Global Compact Office leads the organization of the UN Private Sector Focal Points Meeting which brings together UN staff who work with the private sector in various capacities along with private sector representatives who have expertise in partnering with the UN in order to enhance communication, strengthen learning, advance coordination, and improve collaboration across the Organization.

3. Collaboration around due diligence procedures: Together with a number of interested UN agencies, funds and programmes, the Global Compact led a process for making more widely available across the UN System a service and other tools to aid in conducting due diligence of potential corporate partners. This process culminated in a joint service for eight UN entities and is thus helping to advance a more harmonized and thorough approach to screening potential private sector partners.

4. Business.un.org: The UN-Business partnership gateway was designed to support and facilitate collaboration between the United Nations and the private sector. The site provides a wealth of inspiration/information and a useful matching function designed to better link UN needs with the resources of businesses around the world. Companies and UN organizations alike can use the site to describe their partnership interests and begin the partnership exploration process.

The Global Compact Office has also

spearheaded the development of a variety of other resources, helpful to UN staff working to build partnerships with business. For example, *Partnership Fundamentals: A 10-step guide for creating effective UN-Business partnerships* provides a step-by-step roadmap for building effective partnerships, as well as a method to diagnose the likely impact of existing ones (UN, Unilever, Dalberg Global Development Advisors 2011b). The key recommendations include:

The Exploration phase:

- Conduct due diligence to identify the most suitable partners and exclude any who fail to meet your criteria.
- Seek wide organizational buy-in. Projects that rely on a single individual without broad organizational support are at high risk of losing momentum and funding.

The Design and Negotiation phase:

- Develop a clear governance structure and implementation plan. This often includes a signed Memorandum of Understanding (MoU) that outlines responsibilities and milestones.
- Create a monitoring and evaluation framework focused on partnership impact.
- Forecast future partnership resources and conditions and plan for sustainable funding and impact.
- Design partnerships for scale which may include development of a proving template that demonstrates “proof-of-concept” or a model that allows for easy replication.

The Implementation phase:

- Initiate partnerships with a pilot phase to help build credibility and trust among partners. Creating early milestones can help demonstrate early successes that can increase motivation, participation and funding.
- Create mechanisms for regular re-assessment of impact and the suitability of partners to ensure the mission is still on track.
- Create a process for knowledge management that can be helpful for continued project success especially in the case of a longer term project with higher personnel turnover.

CONCLUSION

The UN is increasingly recognizing business can be a great partner, not only a great donor. It is becoming clear to most UN entities that unlimited funding from the private sector is not sustainable and thus, an initial emphasis on fundraising is being replaced by efforts to harness the expertise, products, services and supply chains of the private sector towards more strategic partnerships. However, there are still significant differences in capacity and expertise across the UN system.

In order to ensure that the United Nations is at the forefront of efforts to more effectively leverage the contributions of the private sector in achieving development objectives, a more strategic and harmonized approach is needed. More specifically, additional efforts are needed to: further strengthen the enabling environment for partnerships; identify and replicate successful partnership mod-

els; improve partner selection; enhance capacity-building and training of UN staff; and emphasize the benefits of evaluation and impact assessment. After years of experimentation, the UN is becoming much more strategic in its approach to partnerships with the private sector and there is great potential to strengthen UN-business collaboration such that we can co-create the kinds of transformational partnerships needed to overcome many of the world's most pressing challenges (UN, Unilever, Dalberg Global Development Advisors 2011a).

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You can find additional resources from the UN Global Compact in the [Publications section](#) of this edition of the *SCN News* and on the [Global Compact website](#).

THE HUMAN RIGHT TO ADEQUATE FOOD: REFLECTIONS ON THE ENGAGEMENT WITH THE PRIVATE SECTOR

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In a speech related to the 50th Anniversary of the Universal Declaration of Human Rights, UN Secretary-General Kofi Annan said: "Human rights are what make us human. They are principles by which we create the sacred home for human dignity". Ten years later, Secretary-General Ban Ki-moon, when celebrating the 60th Anniversary of the Declaration, said: "We must continue until the timeless and universal principles in this Declaration become not just an inspiration or an aspiration, but the foundation of life for all of the world's people." And this is what we should do.

WHAT ARE HUMAN RIGHTS?

By 24 October 1945, when the United Nations came into existence with the ratification of the UN Charter by a large number of countries, two World Wars had been fought in less than 30 years, and cruelty almost beyond belief had been inflicted. Nations were willing to ensure that never again atrocities like those should be allowed. The United Nations Commission on Human Rights was soon established, in 1946, as one of the very few bodies to draw its authority directly from the Charter of the United Nations, to develop the international legal frameworks that protect our fundamental rights and freedoms. Eleanor Roosevelt, widow of President Franklin Roosevelt of the United States of America, chaired the process towards the *Universal Declaration of Human Rights*, and is recognized as the driving force for the Declaration's adoption by the General Assembly in December 1948. The Declaration is possibly the single most important document created in the twentieth century.

The *International Bill of Human Rights*, consists of the *Universal Declaration of Human Rights*, the *International Covenant on Civil and Political Rights* (ICCPR), and the *International Covenant on Economic, Social and Cultural Rights* (ICESCR). Later a number of conventions have been developed and maybe one of the

most important to mention here is the *Convention on the Rights of the Child*. All human rights, including civil, political, economical, social and cultural rights are interrelated, interdependent and indivisible.

Human Rights (HR) are a set of moral principles for protecting human dignity and improving the well-being of all people. Furthermore, HR are established in international law through legal rules and are there for all people, not only some. Such international laws are binding and a state party has three types of obligations: to respect, to protect and to fulfil every human right.

Malnutrition degrades human dignity. Malnutrition violates human rights.

Several principles have already been mentioned here but in addition the following principles are also essential to progressively realize human rights, namely human dignity, equality, accountability and transparency. Far too often we see that malnutrition exists or arises due to discrimination and inequalities.

The right to adequate food

UNSCN provided space and opportunity for establishing a Working Group (WG) called "*Nutrition, Ethics and Human Rights*" already in 1993 that devoted its work to the advocacy for a HR-based approach to food and

nutrition. Many would say that it was a very wise decision to establish such a controversial (at that time) working group (WG). The WG's efforts have undoubtedly contributed to the visibility and to activities for the progressive realization of the human right to adequate food, now being taken forward by the Food and Agriculture Organization of the United Nations (FAO).

The *International Covenant on Economic, Social and Cultural Rights* acknowledges, in its article 11, that

the States Parties to (the) present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, ... (and) the fundamental right of everyone to be free from hunger.

The general process of understanding and advocating for the right to adequate food started with the World Food Summit in 1996. This summit asked the Office of the High Commissioner for Human Rights (OHCHR), in collaboration with other parties, to define what the right to adequate food was. The UN High Commissioner for Human Rights in Geneva held a Symposium in 1999 entitled "Substance and politics of a human rights approach to food and nutrition policies and programming". The definition of what the human right to adequate food means was provided by the High Commissioner for Human

Rights in the General Comment 12 (GC 12) to article 11 of the ICESCR. When the *World Food Summit: Five years later* (WFS:fyl) took place in 2002 the GC 12 was considered still too generic for policy making. The participants at the WFS:fyl therefore asked for policy guidelines for the implementation of this human right. Two years later (2004) the "Voluntary Guidelines to support the progressive realization of the right to adequate food in the context of national food security" was adopted by the FAO Council in a historical and sensational act of FAO Member States. FAO established [a unit on the HR to adequate food](#). That Unit has driven, and continues to drive, the work on the HR to adequate food a long way¹.

One thing is certain: the HR to adequate food has come to stay. The international community is watching governments which need to focus on the development and implementation of policies that will effectively improve peoples' lives. Today HR in general, and the HR to adequate food in particular, are addressed in the UN General Assembly and in the World Trade Organization (WTO) just to mention two important arenas. Many actors talk about ethics, global governance and globalization, but too few talk about the tools we have but hardly have started to use, namely the human right to adequate food, when fighting malnutrition.

BUSINESS AND HUMAN RIGHTS

The private sector (PS) is part of the society. It is an important actor now and will continue to be in the future, and thus can play an important role in the achievement of the human right to adequate food for all. The potential for partnerships are considerable. The United Nations Human Rights Council has endorsed a new set of [Guiding Principles for Business and Human Rights](#), providing, for the first time ever, a global standard for

preventing and addressing the risk of adverse impacts on human rights linked to business activity. The Guiding Principles recommend how governments should provide greater clarity of expectations and consistency of rule for business in relation to human rights. They provide a guideline for companies on how to know and show that they are respecting human rights, and focus on ensuring that where people are harmed by business activities, there should both be adequate accountability and effective redress, judicial and non-judicial.

One can say that a HR Framework rests on several pillars confirmed by the Human Rights Council in 2011. Firstly, it is the State's duty to protect against human rights abuses by third parties, including business enterprises, through appropriate policies, regulation, and adjudication. A second pillar is the corporate responsibility to respect human rights, which means that business enterprises should act with due diligence to avoid infringing on the rights of others and to address adverse impacts with which they are involved. A third pillar is the need for greater access by victims to effective remedy, both judicial and non-judicial. All mentioned pillars are essential components in an inter-related and dynamic system of preventative and remedial measures:

- the State duty to protect because it lies at the very core of the international human rights regime;
- the corporate responsibility to respect because it is the basic expectation society has of business in relation to human rights; and
- access to remedy because even the most concerted efforts cannot prevent all abuse.

Beyond the Human Rights Council, it states that such a framework has

been endorsed or employed by individual Governments, business enterprises and associations, civil society and workers' organizations, national human rights institutions, and investors. Organizations such as the International Organization for Standardization (ISO) and the Organization for Economic Cooperation and Development (OECD) have drawn upon this framework for developing their own initiatives in the business and human rights domain. Other United Nations special procedures have invoked it extensively.

Companies can demonstrate that they are respecting human rights by ensuring their business policies and practices do not infringe the rights of others (i.e. they must do no harm). In order to identify, prevent, mitigate and account for how they address their adverse human rights impacts, business enterprises should carry out human rights due diligence, as stated in the guiding principles. The process should include assessing actual and potential human rights impacts, integrating and acting upon the findings, tracking responses, and communicating how impacts are addressed. The Guiding Principles for Business and Human Rights suggest that due diligence can be understood in several ways (the author's emphasis):

- Firstly a **human rights policy** should be adopted. Context will be essential to include, and it must be **integrated**, based on **assessment** of the situation.
- Tracking **performance** would be very important. A company should monitor and audit processes to track its performance.
- Measuring **impact** is essential. A company must take proactive steps to understand how existing and proposed activities affect human rights.

¹ To learn more: the [OHCHR](#), the [Right to Food Unit of FAO](#), the [United Nations Special Rapporteur on the Right to Food](#), the [Human rights council](#), [UNDP](#), [FIAN International](#) and [OECD](#).

The Guiding Principles seem to be very relevant and applicable for entering into conversations with businesses, of all types and sizes, on their role on contributing to realizing the right to adequate food.

Despite these advancements in the Guiding Principles for Business and Human Rights, there still seems to be a long way to go for business to really incorporate human rights principles in their activities and policy developments, assuring equity and dignity in and through their business transactions. Business has to realize that incorporating human rights perspectives is not only the right thing to do, but it is also good for their own business. Issues such as unfair trade, child labour, lack of respect for women's rights to adequate protection for reproduction are still of great concern and consumers are alerted. In relation to nutrition, cases of violation of the Code of Marketing of Breastmilk Substitutes are still reported. Inviting business to brainstorm and agree on ways to help realizing the human right to adequate food could be an important way forward. The result may be a better world for all in the future.

CONCLUSIONS

Business-nutrition collaboration within a human rights perspective can provide a solid platform for en-

gaging the private sector. The Guiding Principles for Business and Human Rights, the General Comments 12 on the right to adequate food (GC12), the Voluntary Guidelines to support the progressive realization of the right to adequate food in the context of national food security, are all important tools to be used.

Business should act according to national regulations. However, if there appears to be a conflict with national regulations and HR, HR principles should be considered, sometimes more important than national laws; national authorities should be called upon to amend weak laws and regulations.

Nutrition practitioners, managers and policy-makers should emphasize adequate food as a human right in all their relations with businesses. This alone, could lead to a substantial reduction in malnutrition.

The UNSCN is the "perfect" forum for engaging business in human rights, in particular the right to adequate food. The UNSCN can facilitate contact between the businesses and other nutrition stakeholders in close collaboration with the UN Special Rapporteur on the Right to Food, and the UN Secretary-General Special Representative on Business and Human Rights.

Going back to Kofi Annan's and Ban Ki-moon's citations in the beginning of

this note, that basically said that without Human Rights we would have lacked important tools to guide us towards an adequate world for everyone.

Finally, it is essential to look at what countries are doing to change the reality of their inhabitants and identify the role of businesses in this struggle. Since we see the private sector as an obvious part of the society, they have an important role to play. To start with, this sector should do no harm. But above all, businesses should think of how they can contribute positively to the fabric of society, by respecting, supporting and contributing to adequate food as a human right.

In such a context one should not forget what former Brazilian President Lula da Silva, said:

"Hunger is actually the worst of all weapons of mass destruction, claiming millions of victims every year. Fighting hunger and poverty, and promoting development are the truly sustainable ways to achieve world peace... There will be no peace without development, and there will be neither peace nor development without social justice".

Let all sectors of society, including business, in all countries start to use the Framework of Human Rights, as a foundation of life for all of the world's people.

Contribute to the UNSCN Nutrition Information in Crisis Situations (NICS) publication!

Nutrition Information in Crisis Situations (NICS) has published information on key outcome indicators from emergency-affected populations since 1993. These publications take the form of quarterly reports, which include narrative situation analyses and recommendations. NICS has also published online databases with survey results from random-sample nutrition and mortality surveys since 2004. The **NICS Reports** aim to raise awareness and facilitate action to improve the nutritional situation of populations affected by crisis. The title, *Nutrition Information in Crisis Situations*, has been chosen to reflect the reports' focus on all populations affected by crisis, including refugees, displaced, and resident populations. Currently, the readership of these reports totals 1,600 people - 70% of whom live in developing countries.

Share your own survey reports or encourage other organizations to share theirs. Please contact the UNSCN Secretariat by e-mail: scn@who.int.

You can also download previous NICS Reports on [our website](#) or [subscribe to NICS](#) to ensure that you do not miss any future issues.

PUBLICATIONS

Scaling Up Nutrition (SUN): Private Sector Engagement Toolkit ([online](#))



Private Sector Engagement

Toolkit

08 September 2011

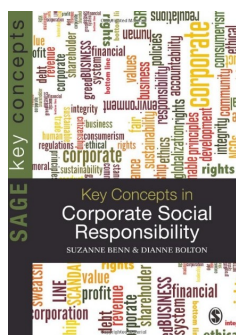
WORK IN PROGRESS

This is a living document

Many nutrition stakeholders at country level have little or no experience in working with the private sector. At the same time, there are many documents and guides on Public-Private Partnerships, but often SUN stakeholders do not have the time to study them. Therefore the SUN Task Force E members decided that they wanted to overcome this hurdle first. They developed a toolkit which aims to make information accessible by illustrating how public and private sectors can work together with a number of examples of existing partnerships. The toolkit serves as a guide to start a dialogue in meetings with SUN stakeholders in early riser countries. This is a living document, a *WORK IN PROGRESS* and it is available at <http://www.scalingupnutrition.org/task-forces/>.

Key Concepts in Corporate Social Responsibility

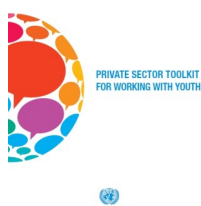
Suzanne Benn, Dianne Bolton



Introducing the key concepts in corporate social responsibility, the authors bring together the essential issues relevant to the responsible management of businesses, not-for-profit organizations and government. With detailed coverage and cross-referencing for each concept and over 50 concepts introduced, this guide to both the theory and implementation of CSR and sustainability, provides an indispensable reference for

any student of the subject. Key concepts include: accountability; business ethics; corporate citizenship; corporate environmental reporting; definitions of CSR; ethical consumerism; human rights; NGOs; risk management; stakeholder theory and sustainable development.

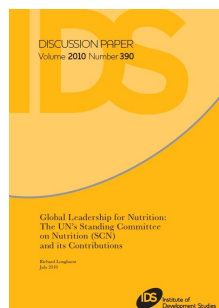
UN Private Sector Toolkit for working with Youth

([online](#)) UN Department of Economic and Social Affairs

This toolkit explores cooperation between youth and the private sector, both in principle and in practice, in order to: highlight the role of youth as social actors, and increase general understanding of young people's great potential as development partners; inspire the private sector to partner with youth by showcasing several case studies and demonstrating the economic advantage of investing in youth, in contrast to the cost of underinvestment; and provide initial guidance on facilitating private sector engagement with young people, and the formation of meaningful partnerships, to better influence development processes worldwide.

Global Leadership for Nutrition: The UN's Standing Committee on Nutrition (SCN) and its Contributions ([online](#))

Richard Longhurst, Institute for Development Studies (UK)



The author presents a history of the UN's Standing Committee on Nutrition (SCN), which has been written as a contribution to the continuing debate on the international nutrition development landscape. The experiences of the SCN have much to contribute to understanding how to achieve better harmonization and coherence across UN agencies and their partners. This paper documents the SCN's

performance, and what we can learn from this, and also looks forward to the SCN of the future. It shows where the SCN has proceeded with consensus and where it has not. This paper also provides an inventory of SCN activities, publications and public events. The author explores the key features of the SCN; its pioneering World Nutrition Situation reports; the Working Groups with networks of UN agencies, NGOs and nutrition experts; workshops and publications; its country and programme reviews; and *SCN News* and the Nutrition in Crisis Situation reports. The impact of the SCN's actions is analyzed, as one example, in terms of the spin-off effect of promoting and aiding a very strong network of NGOs and others involved in international nutrition, especially those involved in emergency activities and in empowering refugees. The paper shows how ideas raised in SCN fora have progressed to the wider mainstream over time, with the SCN's more subtle and indirect achievements as a UN coordinating body in terms of its impact on harmonization. The paper ends on a generally positive note, with more UN agencies, bilaterals and NGOs than ever before interested in nutrition.

IPA Guidelines for relationships with Industry

International Pediatric Association ([online](#))

This publication by the International Pediatric Association (IPA) brings their policy for engagement with the business sector, guided by the principle that the vision and values of IPA must drive any proposed relationships with donors.

Guidelines for Private Sector Engagement in Biodiversity

Ministry of the Environment, Japan ([online](#))

The Ministry of the Environment (MOE) has formulated the Guidelines for Private Sector Engagement in Biodiversity which will act as guidance for voluntary actions for the conservation of biodiversity and its sustainable use by the private sector, in line with the Third National Biodiversity Strategy of Japan. Press release available online, original guidelines available in Japanese.

Beyond Pragmatism: Appraising UN-Business Partnerships ([online](#))

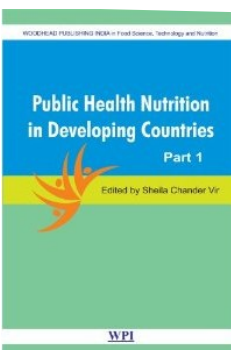
Ann Zammit, Peter Utting (UNRISD)

In recent years, the United Nations (UN) has emerged as one of the principal proponents of public-private partnerships (PPP), considered by many to be a key instrument of development and an ideal to be emulated. The authors of this paper argue that idealizing the concept and its normative content, as well as the feel-good discourse that infuses much of the mainstream literature, risk diverting attention away from various tensions and contradictions that characterize UN-business partnerships (UN-BPs) and that raise questions about their contribution to equitable development and democratic governance. Both the theory and practice of partnerships suggest that thinking and policy need to go beyond evidence and assumptions about “good governance” and pragmatism.

The paper identifies key ideational, institutional, political and economic forces that have driven the PPP phenomenon, only some of which are recognized in the mainstream literature. This analysis reveals the multiple, sometimes contradictory agendas and interests involved. The authors argue that if the contribution of UN-BPs to equitable development is to be adequately assessed, these diverse logics underpinning partnerships need to be identified and addressed.

Public Health Nutrition in Developing Countries

Edited by Sheila Chander Vir and Foreword by Dr Kraisid Ton-tisirin



These books (in a 2-volume set) provide public health experts, nutritionists, students, scientists, development professionals and policy makers with information on the current global scenario regarding well known public health nutrition problems and to update them with new emerging problems such as nutrition in reference to AIDS, non-communicable diseases and emerging situations.

Corporate Social Responsibility and Regulatory Governance: Towards Inclusive Development? ([online](#))

José Carlos Marques, Peter Utting (UNRISD)

The corporate social responsibility (CSR) movement has been instrumental in raising awareness that firms have responsibilities other than to their owners and “the bottom line”. Yet despite all the talk about the importance of stakeholders, transparency, corporate citizenship and sustainability, the developmental and regulatory impacts of CSR remain highly questionable. This book, edited by Peter Utting and José Carlos Marques, assesses the global rise of private regulation and CSR from the perspective of social and sustainable development. By adopting a multidisciplinary lens, it examines why the experience of CSR pales in comparison with the promise, what needs to be done to address “the intellectual crisis” of CSR, and forms of corporate accountability and regulation more conducive to inclusive patterns of development.

Addressing Integrated Coordination in Food Security Crises: A Brief Assessment of the Role, Mandate, and Challenges of the Global Food Security Cluster ([online](#))

Daniel Maxwell and John Parker, Feinstein International Center

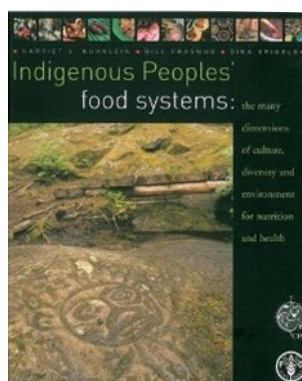


In May 2011, the Food and Agriculture Organization of the United Nations (FAO) and World Food Programme (WFP) formally launched the global Food Security Cluster (FSC) as the UN’s global mechanism for coordinating food security responses in emergencies. The creation of the global cluster coincides with a period in which the number of food security actors has continued to

grow, the operating environment has become more complex, and the range of responses has required greater levels of skill in analysis, planning, implementation and monitoring. All of this underscores the need for greater coordination. This paper summarizes the mandate of the newly formed global FSC, presents an analysis of the major issues and challenges it faces, and provides recommendations to donors and the global FSC for possible ways to address these issues. Issues addressed include the leadership of clusters and coordination; coordination linkages and challenges at the global level; transitions, exit and the “boundaries” of food security coordination in emergencies; accountability, effectiveness and funding.

Indigenous peoples' food systems: the many dimensions of culture, diversity and environment for nutrition and health ([online](#))

Food and Agriculture Organization of the United Nations (FAO) and Centre for Indigenous Peoples’ Nutrition and Environment (CINE)



Today, globalization and homogenization have replaced local food cultures. The 12 case studies presented in this book show the wealth of knowledge in indigenous communities in diverse ecosystems, the richness of their food resources, the inherent strengths of the local traditional food systems, how people think about and use these foods, the

influx of industrial and purchased food, and the circumstances of the nutrition transition in indigenous communities. The unique styles of conceptualizing food systems and writing about them were preserved. Photographs and tables accompany each chapter.

Engagement with the private sector – principles for engagement (draft) ([online](#))

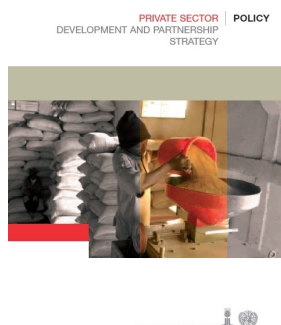
The Partnership for Maternal, Newborn & Child Health (PMNCH)



In defining the proposals for principles to be adopted by PMNCH, this paper reviews the principles used in other organizations and sets out a proposal for principles to be adopted by PMNCH. The paper does not propose areas for PMNCH engagement with the private sector. Although the scope of this paper is limited to suggesting appropriate principles for possible private sector engagement by PMNCH, the last section provides some observations on issues that would need to be considered in applying the principles in practice. These are in addition to the possible next steps associated with development of a policy in this area.

Private Sector Development and Partnership Strategy ([online](#))

International Fund for Agricultural Development



This paper presents IFAD's strategy on how best to promote private sector development in rural areas. The paper also looks at how IFAD can forge local, national, regional and global partnerships with the private sector that will benefit IFAD's target groups and enable them to overcome poverty. The strategy is organized along three broad lines of action: policy dialogue for local private sector development; investment operations to support local private sector development; and partnership with the private sector to leverage additional investments and bring knowledge to rural areas.

GEF Strategy to Enhance Engagement with the Private Sector ([online](#))

Global Environment Facility (GEF)



This publication is based on a critical review of the private sector development strategies of the multilateral and regional development banks. Generating global environmental benefits through private sector engagement in the focal areas serves as the foundation for the strategy. The strategies focus on: creating an enabling environment/investment climate for the private sector; and supporting eligible private sector activities.

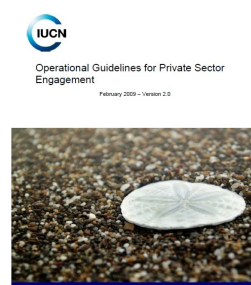
Guidance for Engagement with the Private Sector ([online](#))

Voluntary Services Overseas (VSO)

This paper provides guidance for VSO in its engagement with the private sector. It aims to ensure that engagement with the private sector is managed consistently around the organization, to maximize benefit and minimize risks, through the establishment of robust techniques to select companies, and the creation of expertise to lead on decision-making. This guidance relates to all forms of engagement with the private sector, in any country, which includes the following types of engagement: public alignment, providing resources, collaboration in programmatic work, advocacy, gifts of goods, services and expertise, procurement and influencing business practices. It is relevant for all sizes of company: sole traders, private limited companies and public companies.

Operational Guidelines for Private Sector Engagement ([online](#))

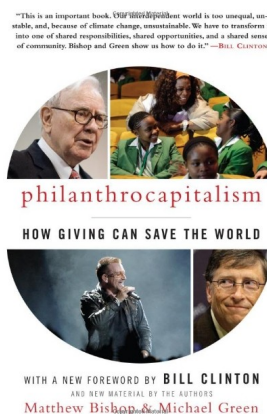
International Union for Conservation of Nature (IUCN)



This publication outlines the necessary processes for developing, implementing and managing engagements with private sector entities, with an emphasis on ensuring that engagement with the private sector includes risk management, reflects IUCN's Value Proposition and incorporates the principles of Free Prior Informed Consent, transparency and inclusive participation.

Philanthrocapitalism: How the Rich Can Save the World

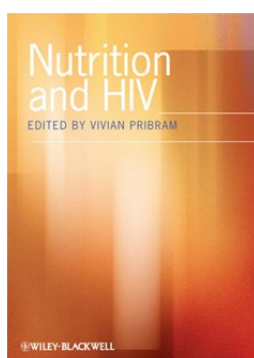
Matthew Bishop, Michael Green



In this book, the authors examine this new movement and its implications. Proceeding from interviews with some of the most powerful people on the planet – including Bill Gates, Bill Clinton, George Soros, Richard Branson, Angelina Jolie, and Bono, among others – they show how a web of motivated givers has set out to change the world. In the new, updated paperback edition of *Philanthrocapitalism* Bishop and Green also describe how new, smart ways of giving that harness the power of social networks can help all of us to become philanthrocapitalists and play a more effective part in changing the world for the better.

Nutrition and HIV

Vivian Pribram



In this book an international team of authors bring together the latest research to provide the practicing dietitian and nutritionist with a practical guide to the nutritional care of the HIV and AIDS patient. Students and other health care professionals working and studying this area will also find Nutrition and HIV an important and valuable resource.

The Next Billions: Business Strategies to Enhance Food Value Chains and Empower the Poor ([online](#))

World Economic Forum (WEF)



This report documents a series of commercially viable business models that have proven effective at strengthening food value chains in developing countries, and offers recommendations for scaling them up. It presents examples of specific business approaches that can engage poor producers, consumers and entrepreneurs along the food value chain. It outlines design principles for companies interested in

developing such initiatives, and suggests actions that all stakeholders can take to facilitate expansion of these business approaches.

Nutrition Advocacy: Building Opportunities in Europe

([online](#))

London School of Hygiene & Tropical Medicine



Nutrition Advocacy:
Building Opportunities
in Europe
August 2013

Alan Dangour, Gregorio Heugens, Gerdine Kuper, Susan Miller, Susan Lee
Department of Nutrition and Public Health Intervention Research

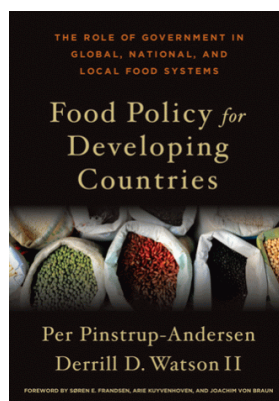
In recent years, the combination of food price rises and economic volatility has intensified the challenges in nutrition security. However, global attention to the issue of undernutrition is starting to rise. New initiatives, such as the Scaling Up Nutrition roadmap and the “1,000 Days Partnership”, have increased nutrition’s visibility. Coordinated advocacy efforts will be integral to build on this momentum and drive forward sustainable change in global nutrition.

momentum and drive forward sustainable change in global nutrition.

The London School of Hygiene & Tropical Medicine was contracted by the Bill & Melinda Gates Foundation to conduct a mapping exercise of the landscape of European organizations that have existing or potential involvement in activities addressing undernutrition in low- and middle-income countries. This report provides an overview of the European landscape, highlighting potential opportunities to scale up investments

Food Policy for Developing Countries

Per Pinstrup-Andersen, Derrill D. Watson II



In this new textbook intended to be used with the three volumes of Case Studies in Food Policy for Developing Countries, the authors analyze international food policies and discuss how such policies can and must address the many complex challenges that lie ahead in view of continued poverty, globalization, climate change, food price volatility, natural resource degradation, demographic and dietary transitions, and increasing interests

in local and organic food production. Calling on a wide variety of disciplines including economics, nutrition, sociology, anthropology, environmental science, medicine, and geography, the authors show how all elements in the food system function together.

Guiding Principles on Business and Human Rights: Implementing the United Nations “Protect, Respect and Remedy” Framework ([online](#))

United Nations General Assembly

These guiding principles are designed to provide for the first time a global standard for preventing and addressing the risk of adverse impacts on human rights linked to business activity. The new standards outline how States and businesses should implement the UN “Protect, Respect and Remedy” Framework in order to better manage business and human rights challenges. Under the “State Duty to Protect,” the Guiding Principles recommend how governments should provide greater clarity of expectations and consistency of rule for business in relation to human rights. The “Corporate Responsibility to Respect” principles provide a blueprint for companies on how to know and show that they are respecting human rights. The “Access to Remedy” principles focus on ensuring that where people are harmed by business activities, there is both adequate accountability and effective redress, judicial and non-judicial.

The United Nations and the Private Sector: a framework for collaboration ([online](#))

United Nations



A framework outlining different ways in which the private sector can collaborate with UN agencies, funds and programmes to address global challenges. Specifically, it describes how business can make an effective contribution through their core business operations, through social investments and philanthropy, and through advocacy, policy dialogue and institutional frameworks.

Joining Forces for Change: Demonstrating Innovation and Impact through UN-Business Partnerships [\(online\)](#)

UN Global Compact



This publication profiles how companies from a variety of industries have partnered with different United Nations agencies, funds and programmes to help address significant global issues. The guide illustrates how different types of UN-Business partnerships can contribute to development objectives, and shows the win-win potential of collaboration.

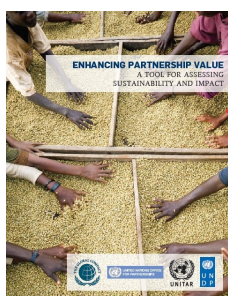
Guidelines on Cooperation between the United Nations and the Business Sector [\(online\)](#)

UN Global Compact

As an important component of the Secretary-General's efforts to modernize the United Nations, the Guidelines are intended to help UN staff develop more effective partnerships between the UN and the business sector while ensuring the integrity and independence of the United Nations. The purpose of these guidelines is to facilitate the formulation and implementation of partnerships between the United Nations and the business sector in a manner that ensures the integrity and independence of the UN. The Guidelines are intended to serve as a common framework for all organizations of the UN system as a basis for their collaborative efforts with the business sector. All are encouraged to adopt the Guidelines in accordance with necessary internal processes.

Enhancing Partnership Value: The Partnership Assessment Tool (PAT) [\(online\)](#)

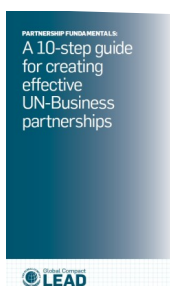
United Nations



A tool for companies and the UN to assess the impact and sustainability of partnerships for development, jointly developed by the Global Compact, UNDP, UNITAR and the UN Office for Partnerships.

Partnership Fundamentals: A 10-step guide for creating effective UN-Business partnerships [\(online\)](#)

UN Global Compact



The guide serves as a step-by-step roadmap for maximizing the transformative potential of partnerships. As transformational partnerships cannot exist without a strong foundation in place from the outset, this guide provides a roadmap for building effective partnerships, as well as a method to diagnose existing ones.

Coming of Age: UN-Private Sector Collaboration Since 2000 [\(online\)](#)

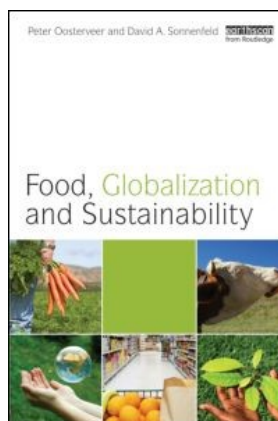
UN Global Compact



Collaboration between the United Nations and the private sector has become ingrained in the way the United Nations and its agencies, funds and programmes function; but it was not always this way. The report charts the evolution of UN-business engagement since 2000.

Food, Globalization and Sustainability

Peter Oosterveer, David A. Sonnenfeld

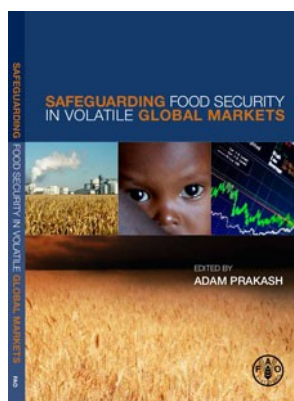


This book provides an overview of the principal conceptual frameworks that have been developed for understanding the plethora of salient issues in this topic. It shows how conventional regulation of food provision through national governments is becoming elusive. At the same time multinational and supra-national institutions put serious limits on governmental interventions. In this context, other social actors including food retailers and NGOs

are shown to take up innovative roles in governing food provision.

Safeguarding Food Security in Volatile Global Markets [\(online\)](#)

Food and Agriculture Organization of the United Nations (FAO)



A timely publication as world leaders deliberate the causes of the latest bouts of food price volatility and search for solutions that address the recent velocity of financial, economic, political, demographic, and climatic change. As a collection compiled from a diverse group of economists, analysts, traders, institutions and policy formulators - comprising multiple methodologies and viewpoints - the book exposes the impact of

volatility on global food security, with particular focus on the world's most vulnerable. This volume brings together top analysts from inside and outside FAO to examine a problem that has become increasingly relevant as food prices once again, soar to high levels. It stresses that countries themselves can do a great deal to safeguard food security in the event of turmoil by establishing social safety nets, emergency food reserves and other schemes to protect the poor. It also presents guidelines on "smart subsidies", those which provide production incentives and improve supply responses.

BULLETIN BOARD

ANNOUNCEMENTS

Human Development Report 2011

UNDP has released the Human Development Report 2011 "Sustainability and Equity. A Better Future for All". The Report argues that the urgent global challenges of sustainability and equity must be addressed together and identifies policies on the national and global level that could spur mutually reinforcing progress towards these interlinked goals.

The complete report is available for download [here](#).

Toolkit: For Countries Applying for Funding of Food and Nutrition Programs under the Global Fund to Fight AIDS, Tuberculosis and Malaria

Elaborated by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Food Programme, the World Health Organization, the United States President's Emergency Plan for AIDS Relief, and FANTA-2, the Toolkit can be used by countries considering inclusion of food and nutrition activities for the first time and by experienced countries that want to scale up their response or broaden the range of their food and nutrition support activities to address emerging problems.

To download the toolkit click [here](#).

World Development Report 2012: Gender Equality and Development

This World Bank report argues that closing persistent gender gaps matters. It matters because gender equality is a core development objective in its own right. But it is also smart economics. Greater gender equality can enhance productivity, improve development outcomes for the next generation, and make institutions more representative. Building on a growing body of knowledge on the economics of gender equality and development, the Report identifies the areas where gender gaps are most significant—both intrinsically and in terms of their potential development payoff—and where growth alone cannot solve the issues.

The complete report is available for download [here](#).

FEWS NET press release: famine continues

Recent analysis by Food Security and Nutrition Analysis Unit - Somalia (FSNAU) and the Famine Early Warning Systems Network (FEWS NET) confirms that famine persisted through December 2011 in agropastoral areas of Middle Shabelle and among Afgoye and Mogadishu IDP populations. Overall, food security outcomes remain the worst in the world, and the worst in Somalia since the 1991/92 famine. In the most-likely scenario, famine is not expected in Somalia during 2012, with the potential exception of some IDP populations. Continued, large-scale, multisectoral response is critical to prevent additional deaths and to support livelihoods, especially for poor agropastoral households. [Read more](#).

New reports on climate change impact in 23 countries

A series of reports examining the impact of climate change in 23 countries has been launched on the sidelines of the UN climate talks in Durban, South Africa. The reports produced by the UK Met Office Hadley Centre assess the latest research and make projections using a comprehensive range of 21 climate models also used by the Intergovernmental Panel on Climate Change (IPCC). They looked at climate data recorded from 1960 to 2010, and the projections are for the period 2050 to 2100. Among the 23 countries under scrutiny are Bangladesh, Brazil, China, Egypt, India, Indonesia, Kenya, Mexico, Peru and South Africa.

To download the reports, click [here](#).

Meetings and Conferences

International Conference on Food Science and Nutrition 2012

2 - 4 April 2012

Kota Kinabalu, Sabah, Malaysia

<http://www.ums.edu.my/conferences/ICFSN>

9th Annual Nutrition & Health Conference

16 - 18 April 2012

Westin Boston Waterfront
Boston, Massachusetts

<http://nutritionandhealthconf.org/>

Global Health & Innovation Conference 2012

21 - 22 April 2012

Yale University, New Haven,
Connecticut, USA

<http://www.uniteforsight.org/conference/>

World Nutrition Rio2012 Congress

27 - 30 April 2012

Rio de Janeiro, Brazil

www.worldnutritionrio2012.com/

International Conference on Diet and Activity Methods

14 - 17 May 2012

FAO Headquarters, Rome, Italy

<http://www.icdam8.org/>

Vacancies

Keep updated about the latest food and nutrition vacancies through the UNSCN website:

<http://www.unscn.org/en/announcements/vacancies/>

Follow us on Twitter!

SCN Email Update

Receive news and updates by email! Ask us to add you to our contact list, at scn@who.int or register [here](#)

UNITED NATIONS SYSTEM

STANDING COMMITTEE ON NUTRITION

The United Nations System Standing Committee on Nutrition (UNSCN) is the food and nutrition policy harmonization forum of the United Nations. Its vision is a world free from hunger and malnutrition, where there are no longer impediments to human development.

Created in 1977 as the ACC Subcommittee on Nutrition, at that time, the UNSCN was accountable to the Administrative Committee on Coordination of the UN (ACC). As a result of the UN Reform of the ACC (which was renamed as the Chief Executives Board CEB), the Subcommittee continued its functions as the United Nations System Standing Committee on Nutrition (UNSCN). **The mandate of the UNSCN** is to promote cooperation among UN agencies and partner organizations in support of community, national, regional, and international efforts to end malnutrition in all of its forms in this generation.

In this way, the Standing Committee on Nutrition of the UN System (UNSCN) is not another agency but it is a UN platform and an extended network where UN agencies come together to exchange information, harmonize and reconcile their strategies, policies and guidelines, agree common action and approaches and take joint initiative in global nutrition issues, while engaging with other key nutrition stakeholders. By leveraging the normative expertise and operational strengths of different UN agencies engaged in nutrition, it aims to ensure that the system-wide response is indeed greater than the sum of the individual efforts.

The UNSCN works towards providing consolidated expertise in nutrition to existing Member States entities such as the Committee on World Food Security (CFS), the World Health Assembly (WHA), among others. It also supports the Ending Hunger and Undernutrition Partnership (REACH) and aims at providing UN coordinated support to initiatives such as the Scaling Up Nutrition (SUN) Movement.

The UNSCN is governed by a [Chair](#), currently Ramiro Lopes da Silva (Deputy Executive Director of WFP) who is the eleventh Chair of the UNSCN and who heads the UNSCN Executive Committee.

UNSCN has undergone organizational changes and has been governed by an Executive Committee of senior executives from FAO, WHO, UNICEF and WFP and the UN Secretary-General Special Representative for Food Security and Nutrition since 2011.

At the hub of this UN nutrition network is the [UNSCN Secretariat](#), which is hosted by WHO in Geneva and core funded by the UN agencies. As part of its advocacy and communication efforts, the UNSCN Secretariat produces and disseminates a series of knowledge products, reaching some 10 000 nutrition practitioners, programme managers and development workers around the world. Among its main knowledge products are the **SCN News**, the **NICS Reports** (which are linked to the NICS Database), the **Reports on the World Nutrition Situation** and the **Nutrition Policy Papers**.

UNSCN

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