Public Private Partnerships in the Area of Infant and Young Child Feeding and Nutrition

Statement by Working Group for Children Under-six

R ecent policy related public documents offer evidence that, increasingly, national governments value Public Private Partnerships (PPPs) as a means to implement public programmes. This presents some fundamental issues for concern; firstly, there is the presumption that such 'partnerships' must happen in order to achieve developmental goals. Secondly, the term 'PPPs' itself is poorly defined, considering the vast and diverse nature of the private sector that ranges from large corporate bodies to small charitable, unfunded institutions. Even the not-for profit NGO sector alone is vastly diverse in terms of funding and scale, leave aside the institutions that work for profit. The third issue, partially arising from the second one, is the complete absence of a regulatory framework that safeguards the interests of the public when they may be in conflict with the interests of the private party in such a partnership, and also ensures that the costs to the public exchequer are justified.

We believe that the stated goals of the commercial sector are primarily to make profit for their shareholders rather than to do public good. Thus, the potential for conflict of interest is very real and very likely. If the commercial sector is allowed to negotiate for public policy, public interests are likely to be compromised. With this understanding, we believe that programmes related to food and nutrition, health care and development and, especially programmes on infant and young child feeding, should be free from commercial influence and conflict of interest. Our belief has international and national validation in a number of declarations which have the support of the Indian Government.

The Global Strategy for Infant and Young Child Feeding, adopted by the World Health Assembly (WHA) Resolution in May 2002, and by the UNICEF Executive Board in September 2002, calls for implementing programmes on infant and young child feeding to be consistent with accepted principles for avoiding conflict of interest.

Paragraph 44 of the Global Strategy for Infant and Young Child Feeding delineates clearly the role of manufacturers, limiting it to full compliance with the International Code of Marketing of Breast-milk Substitutes and relevant WHA resolutions, and to meeting quality, safety and labelling standards of Codex Alimentarius.

During one of the debates at the World Health Assembly in 2005, India took the following position: "Commercial enterprises by definition are profit driven entities. It is neither appropriate nor realistic for the WHO to expect that commercial groups will work along with governments and other groups to protect, promote and support breastfeeding." Following this, the World Health Assembly (WHA) adopted a Resolution 58.32, which further urges Member States "to ensure that financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflict of interest".

The most recent World Health Assembly Resolution 61.20 urges Member States, "... to strengthen implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions by scaling up efforts to monitor and enforce national measures in order to protect breastfeeding while keeping in mind the Health Assembly resolutions to avoid conflicts of

interest;..."

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"The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act", popularly called the IMS Act, passed by India in 1992, sets the precedent for preventing commercial influence on infant nutrition. The Act, amended in 2003, is one of the strongest legislations in the world that prohibits manufacturers of breastmilk substitutes and baby foods not just from advertising or promoting their products for infants and young children below 2 years of age, but also from sponsoring meetings, conferences, seminars, contests, or giving funds for any other activity to health care workers and their associations.

We deem that in the context of conflict of interests between the interests of the public and the interests of the private partner, clear principles and a regulatory framework should guide all PPPs. We call upon all national leaders, policy makers, managers, agencies working in India and ALL concerned

- To formulate a policy statement to guide and regulate PPPs in food, nutrition, health and development through a democratic and transparent process (including proactive disclosure of all the terms and conditions of PPPs, as well as of the decision-making process behind them) rather than the lack of coherent policy allowing every private partner to set its own policies.
- 2. To permit only Public Private Interactions (PPIs), not partnerships, till it is established that public interest is at the 'centre' of proposed work and there is no conflict of interest.
- 3. To evaluate the existing PPPs from public health viewpoint and ensure these are in accordance with the Para 44 of the Global Strategy for Infant and Young Child Feeding in letter and spirit.
- 4. To implement programmes on food, nutrition, child health and development that are compliant with the IMS Act, the International Code for Marketing of Breast-milk Substitutes and subsequent WHA resolutions as a minimum standard.
- 5. To ensure that no PPPs are in violation of the IMS Act.
- 6. To involve Public-interest NGOs/civil society groups in such PPPs rather than commercial sector or business interest NGOs, which means to classify NGOs accordingly rather than treat them as a homogenous group.
- 7. To keep commercial sector away from any policy making discussion/negotiation.

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