

1. Do you have any general comments on the draft Framework for Action?

The International Baby Food Action Network (IBFAN) welcomes the opportunity to comment on this draft framework and would like to acknowledge the work accomplished so far.

Overall, we deeply regret the fact that, although emphasized in the opening paragraphs of the Rome Declaration on Nutrition (the Rome Declaration), the right to adequate food is not mentioned in the Framework for Action (FFA). In our view, it should rather be at the core of this document. In general, we believe that the FFA should be based on the human rights framework 'Respect, Protect and Fulfill'.

We welcome the fact that breastfeeding promotion and support is a priority highlighted in the commitment to action in the PD. However, while we note that breastfeeding is addressed in the FFA, we are concerned about the overall lack of clarity on the following points:

1. While the FFA calls for protection and promotion of exclusive breastfeeding for the first 6 months, it forgets to mention continued breastfeeding up to 2 years or more as a key intervention to implement the Rome Declaration.
2. The FFA refers to the implementation of the Global Strategy on Infant and Young Child Feeding (the Global Strategy) as a priority action. Keeping in mind that the Global Strategy calls for full implementation of the International Code of Marketing of Breast-milk Substitutes (the Code), we suggest that the FFA not only mentions the Code as a 'key global instrument' and as a 'tool to help Member States' but also calls for its full implementation and enforcement at country level.
3. Similarly, it would be helpful if the FFA would recall the obligation of private companies to comply with it in all contexts, as outlined in the CRC General Comment No. 15.

We are concerned by the repeated call for an increased participation of the private sector at all levels, including in the design and implementation

of national action plans, while there is virtually no mention throughout the document of the necessity of safeguards against potential conflicts of interests (with the exception of page 5). The primary interest of most of the private sector, in particular large transnational corporations involved in policy making, is and will remain commercial and profit-driven. Therefore, lack of efficient and transparent safeguards against potential conflicts of interests constitutes a risk to the achievement of the right to adequate food and the fundamental right of everyone to be free from all forms of malnutrition.

The involvement and role of the corporations should be very clearly defined to protect policy setting and ensure clarity. WHO has on several occasions referred to Hearings. If set up correctly Hearings could facilitate the extraction of hard data policy makers need to make sound decisions. There is no benefit and little relevance in setting up 'consultations' with the private sector since these merely encourage corporations to provide 'opinions' on how food systems will operate. Such opinions tend to distort the policy setting process, and can often transfer power to the very corporations who are undermining food security, increasing opportunities for inappropriate corporate involvement, for example in education. Hard data about markets, etc, is what is needed.

If food producers are to be involved it is important to recognize that the large majority of the world's food is grown and harvested by small farmers, fisher folk etc not transnational corporations who tend to dominate UN meetings and standard setting and who seek an ever expanding role. ICN2 could do much to encourage governments to provide support small farmers, as outlined by the Special Rapporteur on the Right to Food, and so in turn increase the consumption of unprocessed, healthier food and protect valuable food cultures and skills which are fast being lost.

Finally, we would like to see a clear call for implementation and enforcement of effective marketing regulations on unhealthy foods and beverages, which have a heavy impact on the burden of malnutrition and thus on health.

- **Do you have any comments on chapter 1-2?**

In the introduction (chapter 1) as well as in section 2.2, we would like to see the underlying causes of malnutrition clearly defined. In addition, it is crucial to mention access to independent, unbiased information as the necessary prerequisite to the ability of consumers to choose healthy diets, and to call for strict marketing regulations on unhealthy foods and beverages. Accountability should be understood not only as duty-bearers (governments, companies) rendering account's to people representatives, but above all as rights-holders (consumers, national and local representatives) being entitled to hold duty-bearers accountable for their activities through effective and deterrent accountability mechanisms implemented into legislation.

In Section 2.3, under Financing for Improved Nutrition Outcomes, we need to add that finances should be made available through maternity protection schemes, to enable women working in the formal and the informal sector, as well as home makers in the category of those below the poverty line to optimally breastfeed their infants and young children; the services provided should include skilled counselling and childcare services.

- **Do you have any comments on chapter 3 (3.1 Food systems, 3.2 Social Protection; 3.3 Health; 3.4 International trade and investment)?**

Section 3.1: We acknowledge that the FFA focuses on food systems. However, we would like to highlight that, while breastfeeding is a robust process functioning on a perfect 'demand/supply' principle, it is not included in the described 'production / handling / processing / storage / transportation / marketing / retailing' chain. Breastmilk constitutes the perfect food for infants and young children, fitting their nutritional needs better than any other food and is not only affordable, but free. Thus, breastfeeding should be specifically mentioned in section 3.1 as a particular 'food system' based on human physiology that should be protected, promoted and supported by public policies. In addition, WHO recommendations on optimal breastfeeding practices (early initiation within the first hour after delivery, exclusive breastfeeding for the first 6 months and continued breastfeeding until 2 years or more) should be specifically mentioned in the paragraph 5 of page 8. On page 12, to be coherent with the mention of the Code in the first lines, full

implementation of the Code and relevant subsequent WHA resolutions should be mentioned under 'Regulating marketing' (last paragraph).

Section 3.2: In line with the Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, we would like to see breastfeeding protection, promotion and support mentioned as crucial interventions in cases of humanitarian emergencies.

Section 3.3.1: We would like to see breastfeeding protection, promotion and support mentioned as a priority action to address wasting. In relation with stunting, continued breastfeeding until 2 years or more should also be mentioned as a priority action, in line with WHO recommendations on optimal breastfeeding practices.

Section 3.3.2: Despite the fact that breastfeeding is recognized as one of the most effective single intervention to prevent diarrhoea and pneumonia, the 2 major infant killers, it is not mentioned as a health intervention to prevent infectious diseases.

Section 3.3.3: We commend the inclusion of this section in the FFA. However, despite the mention of the Code in the first paragraph of page 20, its full implementation into national legislation is not clearly referred to as a priority action in the following paragraph, which is confusing. In the priority actions we would like to see that monitoring and assessment of Global Strategy for Infant and Young Child Feeding policy be carried out every 3 years to find out gaps and actions plans be developed to bridge the gaps.

Section 3.3.6: Taking into account that breastfeeding gives newborns their first immunisation, strengthening their immune system and thus limits recourse to antimicrobial drugs, we would welcome the mention of breastfeeding protection, promotion and support as priority actions to address antimicrobial resistance.

- **Do you have any comments on chapter 4-5?**

Apart of the lack of efficient and transparent safeguards against potential conflicts of interests, already mentioned in our point 1, we are deeply concerned by the call to the private sector to direct efforts to 'training the

appropriate personnel needed in all relevant sectors'. We feel that this could lead to undue influence of commercial interests in the shaping of for example, health personnel curricula, while on the contrary professional associations such as the International Society for Social Paediatrics and Child Health (ISSOP) call for an ending of all sponsorship of paediatric educational meetings by the industry.

http://issop.org/images/stories/ESSOP_DOCUMENTS/pdf/Position_statements/issop_position_statement_4_sponsoring_baby-feeding-industry_2014_april.pdf

2. Does the Framework for Action adequately reflect the commitments of the Rome Declaration on Nutrition, and how could this be improved?

As mentioned above, the document does not address the root causes of malnutrition nor different forms of malnutrition – we would like to see a paragraph added in the introduction on this.

Environmental and climate changes are also insufficiently mentioned and need to be given more emphasis taking into account existing evidence.

Even though the document highlights 'opportunities for improving nutrition quality and safety', it does not address properly the issue of food safety and quality controls. Regarding food safety, we would like to see the issue of food contaminants addressed in the document.

The document states that improving people's nutrition should be done in a sustainable way, and that 'food systems have a major impact on the environment with food production a major contributor to greenhouse gas emissions'. However the contamination of food and soil by chemical farm inputs (such as fertilizers, herbicides and pesticides) has not been addressed. Similarly, despite the recent studies highlighting their role as endocrine disrupters, the impact of these chemical farm inputs, as well as chemical additives in processed foods, on health is not mentioned in the document and needs to be included.

Finally, we regret that the issue of food losses and food waste is not sufficiently addressed.

3. Does the Framework for Action provide sufficient guidance to realize the commitments made?

No, it unfortunately remains insufficient to realize the commitments made and thus, should be completed. Please refer to our previous and following substantive comments.

4. Are there any issues which are missing in the draft Framework for Action to ensure the effective implementation of the commitments and action to achieve the objectives of the ICN2 and its Declaration?

Please see all above comments for overall missing points.

In particular, we note that this document lacks references to the right to adequate food, and we strongly suggest that it builds upon the reports of the Special Rapporteur on the right to food in regard to the interpretation of this right.

What is more, the key concept of food sovereignty is completely absent from this draft, despite the fact that, as stated in 20154 final report of the Special Rapporteur on the right to food, “Understood as a requirement for democracy in the food systems, which would imply the possibility for communities to choose which food systems to depend on and how to reshape those systems, food sovereignty is a condition for the full realization of the right to food.”

http://www.srfood.org/images/stories/pdf/officialreports/20140310_finalreport_en.pdf

Finally, the document makes no clear link between unhealthy foods and beverages and diet-related non-communicable diseases (NCDs), yet this link is extensively exposed in the 2014 Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health on Unhealthy foods, non-communicable diseases and the right to health.

<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G14/127/76/PDF/G1412776.pdf?OpenElement>