## **WN** Feedback

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## Big Food Watch. Nestlé and Google KitKat goes android



**BIG FOOD WATCH** 

<u>Access January 2011 WN news story on Nestlé nutrition here</u> <u>Access March 2011 WN news story on Ann Veneman joins Nestlé here</u> <u>Access September 2011 WN news story on Nestlé Nature's Fix here</u> <u>Access 2012 Nestlé Creating Shared Value report here</u> <u>Access August-September 2013 WN Big Food Watch on Creating Shared Value here</u>

From Big Food Watch convenor Fabio Gomes, Rio de Janeiro, Brazil



Candy star wars. Pilots are Nestlé head of confectionery strategic development Marcelo Melchior and CEO Paul Bulcke, and the Android KitKat®, a private-private partnership with Google



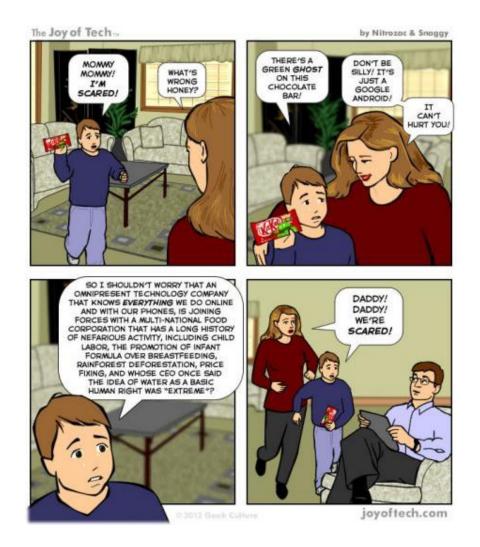
Here are Android KitKat ® statues on the lawns of Nestlé's headquarters in Vevey, Switzerland (left) and of Google's campus at Mountain View, California, US. The snack bars have landed!

Here is a whole new development involving two different types of transnational corporation. Last September Google announced that version 4.4 of its Android mobile operating system would be called KitKat®, a name owned by Nestle. The deal is that no money changes hands. Instead, a promotion was dreamed up in various countries with specially branded Android KitKat® candy bars (see above) to win. The contest ran until mid-November, except in the US where it continues to the end of January. Obviously the two corporations are excited: see above, the chocolate-coloured munchable sculptures on their lawns in Europe and the US.

#### Getting kids cyber-spaced

Here is the news from the Nestlé website. 'We're excited to announce this partnership with Android, the world's most popular mobile platform', said Patrice Bula, Nestlé's head of marketing. 'KitKat is one of the world's top ten fast-moving consumer goods brands in social media in terms of fan numbers and engagement. We continue to build on its strong digital presence with interactive, creative branding campaigns'. To mark the release of Android KitKat®, more than 50 million specially branded KitKat bars were made available in 19 countries including the US, the UK, Australia, Germany, Japan, Dubai, and also Russia, Brazil and India.

The Nestlé media release reveals not such a big deal for customers. 'The packs will lead consumers to the website *android.com/kitkat* where they will have the opportunity to win prizes including a limited number of Google Nexus 7 tablets, and credits to spend in Google Play, Google's online store for apps, games, music, movies, books and more. A small number of Android robot-shaped KitKat bars will also be offered as prizes in selected markets'. Then, aha! 'Nestlé's branding partnership with Google is the company's latest move in its ambition to leverage digital technology and online content to get closer to its consumers to better understand and cater to their preferences'. Which being interpreted means, to hook the kids.



We at *Big Food Watch* enjoyed the comment above, sent to us by colleagues from three continents. By the way, on the firm ground of conventional nutrition, KitKat® contains sugar, cocoa butter, cocoa mass, dried milk, lactose and proteins from whey, whey powder, emulsifier, butterfat, flavouring, (all formulated as chocolate), and then flour, more sugar, more fat, more cocoa mass, yeast, raising agent, salt, and more emulsifier and flavourings. Four-finger KitKats weigh in at just under 250 kilocalories. But that of course is not the point. What's being sold is buzzes for multi-media fixated younger kids who among other things, have vulnerable teeth.

#### **Fabio Gomes**

Rio de Janeiro, Brazil *Email: fabiodasilvagomes@gmail.com* 

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Gomes F. Big Food Watch. Nestle and Google. Kit Kat goes android [Feedback]. World Nutrition October-December 2013, **4**, 8, 671-673

# Maternal and child undernutrition Technical fixation

Access August-September 2013 WN Feedback Arun Gupta et al on Lancet series here



Another powerful Lancet series proposes that the solutions to food and nutrition insecurity and malnutrition should involve collaboration with conflicted industry. Many nutrition scientists disagree

#### From Claudio Schuftan, Ho Chi Minh City, Vietnam

The recent *Lancet* series on Maternal and Child Nutrition has been criticised, in these columns (1) and elsewhere (2,3), one reason being that some of the authors of the papers advocate public-private partnerships with sectors of industry whose commercial interests conflict with those of public health. My concern here is with the fourth paper in the series, on 'The politics of reducing malnutrition' (4). This includes a series of 'key messages', which need responses, as follows. I also include as Box 1 below, the response as reported in India of many Indian researchers and scholars to the idea, promoted by authors of *The Lancet* series, that solutions to malnutrition require collaboration with big business corporations.

Key message. 'Emerging country experiences show that rates of undernutrition reduction can be accelerated with deliberate action'.

Response. But the actions highlighted in the paper and the whole series, are mostly technical interventions. These do not address the underlying and basic causes of any type of malnutrition.

Key message. Politicians and policy makers who want to promote broad-based growth and prevent human suffering should prioritise investment in scale-up of nutrition-specific interventions, and should maximise the nutrition sensitivity of national development processes'.

Response. But most politicians and policy-makers in powerful countries are not interested in addressing the fundamental, structural causes of malnutrition, as the authors of the paper surely know. And what is 'maximise the nutrition sensitivity of national development processes' supposed to mean?

Key message. Findings from studies of nutrition governance and policy processes broadly concur on three factors that shape enabling environments: knowledge and evidence, politics and governance, and capacity and resources'.

Response. Politics and governance come first, though. By themselves, knowledge and evidence get nowhere.

<u>Key message</u>. Framing of undernutrition reduction as a political issue is short sighted and selfdefeating. Political calculations are at the basis of effective coordination between sectors, national and subnational levels, private sector engagement, resource mobilisation, and state accountability to its citizens'.

Response. Of course sustained prevention and reduction of undernutrition, including hunger and starvation, is a political issue in the sense of requiring appropriate policies. Nothing short sighted and self-defeating here. Be aware that 'political' is often a code-word used by some colleagues for 'ideology with which we disagree'. Well, undernutrition and its fundamental causes is certainly a political issue. But if the ideology of policy-makers involves partnerships with Big Food, those sectors of industry whose profits depend on products that damage public health, little or nothing will be achieved – more likely, bad will get worse.

Key message. Political commitment can be developed in a short time, but commitment must not be squandered – conversion to results needs a different set of strategies and skills'.

Response. To the first sentence – oh, really, one example please, of real quick commitment, not mere lip-service and warm words. True, commitment to implement batteries of technical treatments imposed without consultation of the bearers of the right to nutrition can be done quickly, as shown by the Scaling Up Nutrition initiative. And what are these different strategies and skills, and who agrees them?

<u>Key message</u>. Leadership for nutrition, at all levels, and from various perspectives, is fundamentally important for creating and sustaining momentum and for conversion of that momentum into results on the ground'.

Response. Yes, indeed. But let's think about what 'leadership' means. It is not something that emanates from politicians, as so many seem to think. True leadership is a lot of work. It involves risk and pain, comes from and through the people most affected, and works for structural change.

Key message. 'Acceleration and sustaining of progress in nutrition will not be possible without national and global support to a long-term process of strengthening systemic and organisational capacities'.

Response. True, depending though on what the authors mean by 'systemic and organisational capacities'.

#### *Box 1* Indian rejection of *Lancet* series

#### Edited extract from The Times of India news feature by Rema Nagarajan.

Members of the Indian Academy of Paediatrics, the largest association of paediatricians in India, have warned that the papers on malnutrition published in the medical journal, *The Lancet*, 'should not be allowed to become an opportunity for commercial exploitation of malnutrition'. A statement sent to national government ministers by leading nutrition experts and paediatricians says: 'The call for engaging with the "private sector" and unregulated marketing of commercial foods for preventing malnutrition in children raises serious concerns. The inherent conflict of interest will ensure that commercial considerations override sustainable nutritional goals,'

'The conflict of interest of the leader of the series and some other authors, particularly their links with the big food multinationals and the micronutrient industry, needed to be considered seriously'. The lead author of the series Robert Black of the Johns Hopkins School of Public Health in the US has stated in his conflict of interest declaration that he serves on the Boards of the Micronutrient Initiative and the Nestlé Creating Shared Value Advisory Committee. Another author, Venkatesh Mannar, president of the Micronutrient Initiative, also serves on the Nestlé Creating Shared Value Advisory Committee.

The experts pointed out how there was a bias towards the selection of product based solutions (particularly Ready to Use Therapeutic Food (RUTF) or Supplementary Foods (RUSF) and single or multiple micronutrients). 'The majority of the interventions recommended by *The Lancet* series involve supplementation with food or micronutrients. Most of them are not non-product interventions such as safe water supply sanitation, hygiene, literacy and other developmental aspects', explained HPS Sachdev, former national president of the Indian Academy of Paediatrics.

The joint statement also pointed out cherry-picking of evidence in the *Lancet* series which in effect 'excluded or ignored relevant, contemporary, and high quality evidence'. For instance, the magnitude of expected benefit from vitamin A is inflated because they have not aptly factored in the null results of the DEVTA trial on one million children from Lucknow. Again, Indian trials on zinc supplementation have not shown much effect on stunting, something which has not been included in the evidence.

The experts also felt that safety concerns with some of the recommended interventions were not emphasised enough. An example is the recently reported increase of diarrhoea and bloody diarrhoea seen in children given multiple micronutrient supplementation. Another example is the risk of increased perinatal and neonatal mortality and babies being too large for gestational age as a result of maternal multiple micronutrient supplemention.

According to the experts, the recommendations in the paper on acute malnutrition in the *Lancet* series would create intense pressure to introducing specific products marketed by multinational corporations without supportive high quality evidence. A recently published study (Cochrane Review) concluded that current evidence is limited and that traditional standard diet such as flour porridge can be used to treat severely malnourished children at home. 'It would therefore be prudent to adhere to the Government's stated position in the Parliament of India of not utilising commercial ready-to-use therapeutic food (RUTF) for community treatment of severe malnutrition,' said the statement.

Key message. 'The private sector has substantial potential to contribute to improvements in nutrition, but efforts to realise this have to date been hindered by a scarcity of credible evidence and trust. Both these issues need substantial attention if the positive potential is to be realised'.

Response. The problem with the woolly term 'private sector' used here, is that in practice it refers mainly to Big Food – the transnationals whose profits depend on unhealthy ultra-processed products like sugared drinks and burgers. Here there is a great deal of credible evidence that such corporations cannot be trusted to be part of improving public health. Why should they, and how could they – this is not their business, which is to make more profits and thus serve their shareholders and financiers. Let's get real. See Box 1, above, for the view of leading researchers as reported in India.

Key message. 'Operational research of delivery, implementation, and scale-up of interventions, and contextual analyses about how to shape and sustain enabling environments, is essential as the focus shifts toward action'.

Response. Impossible to be sure what this means. Yes, the people engaged need to check what they are doing and if it really works. Long and sustained impetus can only come from empowerment of the people most affected.

This *Lancet* paper, like others in the series, and most other reports and papers on the prevention and control of malnutrition of all types, assumes that the answer is more and more transfer of financial, material, medical and human resources from on high. But surely we all know by now that this type of approach by its nature can be no more than palliative, and worse, tends to perpetuate dependency, inequity and immiseration.

More generally, we should be very suspicious of glossy prospectuses and reports produced by 'aid' agencies, charitable foundations, industry front organisations and the micronutrient business, showing smiling children and grateful parents in 'the developing world' and what are now known as 'emerging countries' or 'LICs' ('lowerincome countries'). Malnutrition of any type cannot be conquered by training more health personnel. It is a social disease. It is the duty and responsibility of all of us engaged in public health nutrition to know this and to act on that knowledge.

#### Claudio Schuftan Ho Chi Minh City, Vietnam Email: cschuftan@phmovement.org

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## *'Golden rice'* Fables of industrialised agriculture: 1

Access June-July WN Colin Tudge on Living well off the land (1) here Access August-September WN Colin Tudge on Living well off the land (2) here Access August-September WN Ted Greiner on golden rice here

From Colin Tudge, Oxford, UK



Here above is 'golden rice' compared with rice that is not genetically engineered. It is a publicity bonanza for the biotechnology transnationals, a high-tech distraction from what is really needed

Here I continue the theme of my commentaries in the last two issues of *WN* (access them above), with a cry against the madness of genetically modified organisms. Here I focus on just one biotech story, much in the news lately. This is 'golden rice'.

Thus, the UK Secretary of State for the Environment and Rural Affairs, Owen Paterson, is *gung-ho for genetic engineering* and is virulently opposed to the cautious and prudent approach of the European Union of which the UK is a member (1). He thinks that the world *needs* genetically-engineered 'golden rice', as created by Syngenta, one of the world's two biotechnology giants. 'It's just disgusting that little children are allowed to go blind and die because of a hang-up by a small number of people about this technology', he has said to the UK media. Referring to direct action against 'golden rice' in the Philippines he has said. 'I think what they do is absolutely wicked. There is no other word for it' (2).

#### 'Golden rice' is corporate hype

What this is really all about, is as follows. 'Golden rice' has been fitted with genes that produce carotene, which is the precursor of vitamin A. The World Health Organization reckons that around 5 million pre-school age children and 10 million pregnant women suffer significant vitamin A deficiency sufficiently severe to cause night blindness, and that a proportion of the children affected are liable to go blind. By such statistics, carotene-rich rice seems eminently justified.

But the case for 'golden rice' is pure hype. For a start, it is not a particularly good source of vitamin A. Besides, rice is not and never will be the best way to deliver it. Also, in countries where rice is grown without the use of chemicals and other inputs whose prices are high and fluctuate, farmers and consumers like to grow and eat rice just the way it is and has been. In Asian countries country people in areas where rice has been grown since time immemorial do not think of rice as a product, but – as corn in Mexico – they revere it as their source of life. (See also Box 1, below).



Rice farmers throughout the world, especially in Asia, have developed methods of cultivating rice that depend on constant care and very low money inputs, and they like their rice just the way it is now

And now to carotene. This is one of the commonest organic molecules in nature. It is the yellow pigment that accompanies chlorophyll in all dark green leaves, and is clearly on show in yellow or orange roots such as carrots and the yellow varieties of cassava and sweet potato, and in many fruits, such as papaya and mangoes that in the tropics can grow like weeds. Also, various tropical fruits such as *pequi* and *buriti* in Brazil, are exceedingly rich in carotenoids, and their oil is a richer source than animal liver or fish oil (3). The solution to vitamin A deficiency is growing on the trees.

#### *Box 1* 'Golden rice'

#### Edited extract from The Guardian 14 October (4) report by John Vidal and Karl Mathiesen

Supporters of golden rice, including GM company Syngenta, claim a single plateful can provide 60% of a child's daily vitamin A requirement, potentially reducing blindness and other illnesses that afflict millions of children in developing countries. Owen Paterson's outburst coincided with the launch of a pro-golden rice group by the US environmentalist Patrick Moore. "Golden rice is the cure for a crisis that kills more people each year than malaria, HIV/Aids or tuberculosis. The zero-tolerance policy towards GM by Greenpeace and its allies has blocked this cure, resulting in 8 million deaths, mostly among poor children. This policy is a crime against humanity'.

Doug Parr, chief scientist at Greenpeace said: 'Owen Paterson believes problems caused by vitamin A deficiency have only one solution: GM "golden" rice. But there are more than half a dozen vitamin A strategies in use today. Golden rice is not one of them because it doesn't yet exist. He's swallowed the industry spin. It's the politics, not the technology, that has failed to deliver access to a healthy diet for everyone."

'There's more than enough food to feed the world's population – the problem is access,' said the policy officer of the World Development Movement Christine Haigh. 'Malnutrition in the global South is almost exclusively a result of people's inability to access enough food, or a sufficiently varied diet. The way to solve it is to improve the conditions of life, not to hand power to the multinationals, further squeezing producers and forcing them into an industrial monoculture production that posits golden rice as a solution rather than a problem'.

The rice is not a commercial venture and is not owned by western multinationals such as Monsanto or Bayer. 'There is much public support for golden rice in Asia but, unfortunately, some western NGOs have recently influenced local activists to destroy some of the field trials', said Denis Murphy, adviser to the UN Food and Agriculture Organization.

However, Chito Medina, environmental scientist and national co-ordinator of Masipag, a network of Filipino farmers, scientists and development workers, countered: 'Vitamin A deficiency and malnutrition are complex issues that are inextricably linked to poverty and access to resources. Golden rice is a simplistic, techno-fix solution to the problem.'

'Golden rice is a Trojan horse for the GM industry,' said Jonathan Matthews, director of GM Watch. 'It's not even available yet. We do not know if it's effective. This is a feel-good product that appears to give the moral high ground to the industry. In fact, it may be diverting resources and distracting attention from farming methods that are proving themselves to be effective at both reducing poverty and improving health'.

The best way by far to supply carotene (and thus vitamin A) is by horticulture – traditionally the core of all agriculture. Vitamin A deficiency remains a public health crisis in some parts of the world primarily because horticulture has been squeezed out by mono-cultural big-scale agriculture, and by insoluciant urbanisation that leaves no room for gardens. Well-planned cities could always be self-sufficient in vegetables and fruit. 'Golden rice' is not the answer to the world's vitamin A problem. As a scion of mono-cultural agriculture, it is part of the cause. Syngenta's promotion of 'golden rice' is an exercise in corporate public relations in search of power and profit.

'Golden rice' has a context. It is a flagship for genetically engineered organisms. These are colossal big business, duly supported at huge public expense by powerful governments. The irony here is that 'golden rice' is a ship that has not been floated! May I continue... [Ed: yes you may and welcome – in the January edition of Feedback...]

> Colin Tudge Oxford, UK www.colintudge.com

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### How to respond

*Feedback* is edited by Isabela Sattamini. Please address letters for publication to wn.letters@gmail.com. Letters usually respond to or comment on contributions to *World Nutrition*. More general letters will also be considered. Usual length for main text of letters is between 200 and 850 words but they can be shorter or longer. Any references should usually be limited to up to 12. Letters are edited for length and style, may be shortened or developed, and once edited are sent to the author for approval.