



The Snack Attack

“In the second decade of this century the time for collective action in the public interest has come once again. Transnational food and drink companies will respond in ways that can help to slow, stop, or even reverse the current global deterioration of public health, after they are obliged to do so by laws that change the rules of their game in favor of fairness, equity, and a better future.”

ARE THE TRANSNATIONAL

food and drink manufacturing, catering, and allied industries—whose bottom lines depend on pathogenic products—really planning to help control and prevent worldwide public health calamities? This seems to be what Yach et al., who all work for PepsiCo, are suggesting. They claim support from other companies who they say have “a vital role to play alongside governments, nongovernmental organizations, and academics in addressing nutrition.” We examine what this may mean.

OBESITY AND CHRONIC DISEASE

Yach et al. state that transnational food and drink industries are now responding to the World Health Organization (WHO) Global Strategy on Diet, Physical Activity, and Health, the main purpose of which is to control and prevent obesity and chronic diseases. Indeed they are, but how?

Among other things the Strategy recommends that food and drink manufacturers limit levels of saturated fats, trans-fatty acids, free sugars, and salt in current products; formulate new products with better nutritional profiles; and reduce their promotion and marketing of processed products, especially to children.¹

The initial response to the Strategy in its draft stages by transnational industries was to force its dilution and to impede its approval by WHO member states. The heaviest pressure came from industry sectors whose profits depend on products high in sugar and salt, and also from the US government.^{2,3} Later, after approval of the Strategy and in response to pressure from several European governments that were considering statutory regulation of food and drink advertisements,⁴ 11 transnational companies committed themselves to a voluntary code. This includes pledges to restrict advertising and marketing of

foods and drinks to children and in primary schools.⁵

However, the “EU Pledge” applies only to advertisements in media vehicles with an audience of at least 50% of children younger than 12 years. It does not restrict use of licensed characters, games, and toys on packages or at points of sale. It exempts all products that conform to nutrition criteria devised by the individual companies themselves. It allows promotions in primary schools “where specifically requested by or agreed with the school administration for educational purposes.”⁵

Examination of the criteria used to exempt products from any voluntary restriction suggests to us that the EU Pledge can also be seen to be a damage limitation exercise, designed to deter statutory regulation and to maintain growth in product volume and profits. Thus, PepsiCo⁶ allows advertising of any of its products to children of any age, even if those products have levels of fat, saturated fat,

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Continued on page 977

Continued from page 975

dietary cholesterol, added sugar, or sodium that exceed the limits specified by WHO,⁷ if the levels of any single one of these items is reduced by 25% relative to the 2004 formulation. PepsiCo breakfast cereals and snacks with up to 25% of total calories from added sugar may be advertised without restriction to children of any age, as long as they contain at least 2.5 g of dietary fiber per serving.

Further, voluntary codes so far are not addressing other troublesome and pathogenic aspects of processed foods and drinks, such as extremely high energy density, inflated portion sizes, consumption of high levels of calories in the form of sugary soft drinks, glamorization of overconsumption, inducement of snacking instead of having regular meals, eating while watching TV, discouragement of meals and cooking, association of processed foods and drinks with sex appeal, and equation of happiness with spending.⁷⁻⁹ These aspects are not addressed in the EU Pledge.

In May 2008 some of the signatories of the EU Pledge also signed a global commitment to action in support of the WHO Global Strategy. This includes pledges to reformulate food and drink products, and global extension of the European marketing and advertisement pledges.¹⁰

Are the transnational companies following their own codes? Not in Brazil. Early in 2009, two Brazilian public interest organizations monitored the advertisements broadcast on four television channels by the companies that signed the self-regulatory pledge in North America and Europe. Nine out of the 12 monitored companies (Burger King, Cadbury Adams, Coca-Cola, Danone,

Ferrero, Kraft Foods, McDonald's, Nestlé, and PepsiCo) were not following their own codes.¹¹ A context for this is the spectacular annual retail sales growth of soft drinks, breakfast cereals, and ready meals seen in Brazil from 1998 to 2003, of 5.9%, 8.9%, and 17.3%, respectively.¹²

In Brazil, industry is also trying to thwart formal control. In response to a recent proposal by the Ministry of Health to regulate advertising and marketing of food and nonalcoholic drinks,¹³ the Brazilian food trade representative association first announced that all major food companies would comply with the pledges made in Europe and North America.¹⁴ However, this did not deter the government's proposal to use law in the public interest. The next industry response has been to claim that any statutory regulation would be illegal because it would infringe the principle of commercial freedom; if government persists in enacting any law, they say they will appeal to the Brazilian Supreme Court.¹⁵ To succeed, the Court would have to overturn the Brazilian Constitution, which states that when social and economic rights are in conflict, social rights will prevail.¹⁶

The struggle in Brazil is not likely to be exceptional. The strategies of transnational companies are global. In this context, though the United States, the European Union, and Japan together now account for about two thirds of all heavily processed food sales, three quarters of the world's population live in lower-income countries.¹²

FOOD INSECURITY AND UNDERNUTRITION

In May 2008 the same companies also declared that

they would develop and market products for consumers in lower-income countries.¹⁰ Following this, Yach et al. propose that transnational food and drink companies can help to solve undernutrition. Given the current linked financial, food, and fuel crises, this is a remarkable claim.

Yach et al. give a special value to novel enriched food products and downplay the value of local foods. They focus on food availability, but the issue is not merely one of lack of food. The nutritional status especially of young children is protected not just by adequate food but also by secure local food systems and supplies, access to safe water and adequate sanitation, access to health care, appreciation of food production and of preparation of family meals, and empowered mothers and other caretakers.^{17,18} Reduction of child undernutrition above all depends on improvements in income and other types of equity; population and community self-determination; and public investments in education, health, water supplies and sanitation services; and indeed in social security and cohesion. Overall what is needed is a better wealth distribution and strong public health services.¹⁹⁻²¹

Weaning Foods

A common feature of the proposals made by Yach et al. is advocacy of processed and often branded and patented packaged foods. However, proliferation of food products designed to complement breastmilk is a further threat to exclusive breastfeeding up to six months of age, followed by breastfeeding complemented with safe, locally available, affordable, nutritious foods.²² This threat is most potent in impoverished

countries with few or no effective governmental regulations that restrict marketing and claims made for complementary feeding products and weaning foods.²³

The brutal penetration of infant formulas in lower-income countries in the 1960s and 1970s was followed by virtual abandonment of breastfeeding and a consequent predictable increase in child disease and death.²⁴ Yach et al. ignore more recent successes in increasing breastfeeding in many countries.²⁵ Breastmilk is of course free and cannot be branded or patented.

Ready-to-Eat Foods

Yach et al. are also enthusiastic about novel packaged products originally designed to treat severely malnourished children. These ready-to-use therapeutic foods (RUTFs) are energy-dense, mineral- and vitamin-enriched products currently used by community-based programs, mostly in Africa. One leading RUTF is Plumpy'Nut, a patented paste made from peanuts, milk powder, sugar, oil, and a mineral/vitamin mix.²⁶

RUTFs can indeed save lives and also enable outpatient treatment in cases of acute, severe malnutrition. However, they are relatively expensive and are imported or made from imported ingredients. Experts in community-based treatment of severe malnutrition prefer products with comparable nutritional profiles based on locally available grains and legumes which also support local producers and economies.²⁶ However, Yach et al. believe that a big push by transnational companies is needed. They say that Josette Sheeran, executive director of the United Nations World Food

Continued on page 979

Continued from page 977

Programme, “believes that there is need to create incentives for food companies to develop a wider range of healthy weaning foods.”

RUTFs branded with the logos of transnational companies such as Nestlé and PepsiCo could indeed become monster sellers, and, when presented to mothers who are led to believe that the products have saved the lives of their children, potent ambassadors for equivalently branded baby foods, cola drinks, and snack foods.

LET THEM EAT SNACKS

Yach et al. recommend “product reformulation of low-cost nutritious foods for all markets.” One example is “popularly positioned products” which is a Nestlé initiative. As explained in the Brazilian weekly business news journal *Época*,²⁷ this involves door-to-door selling of small packages or individual sachets of Nestlé products by local women trained by Nestlé representatives in the Nestlé concept of good nutrition. These include global brands such as Bono (filled biscuits), Nesquik (instant powder milk chocolate drink), Mucilon (instant baby food), and Maggi products (instant soups and noodles). The products are 10 to 20% more expensive than those sold in supermarkets. The sellers also offer “exclusive” mineral and vitamin fortified products “especially developed to cover nutritional deficiencies.”²⁷

Nestlé popularly positioned products are also sold in train and subway stations in large Brazilian cities such as Rio de Janeiro and São Paulo, and placed in popular retail chains that sell electronics and house appliances. Sales are so far growing

by 15% per year, and currently account for 7% of the US\$8 billion total annual sales of Nestlé products in Brazil. The chief executive officer of Nestlé in Brazil has said to *Época* “Stomach does not have class. This project works. By the end of 2009 we will have 10 000 door-to-door sellers and 250 microdistributors.”²⁷ He says that popularly priced products target middle-income and low-middle-income families, not low-income families.²⁸

The Nestlé overall chief executive officer in Vevey, Switzerland, agrees:

Popularly priced product is a successful business model . . . that adapts the whole marketing mix—be it product, nutritional benefit, distribution, or communication—to the specific needs and possibilities of the emerging consumer. In fact, it allows emerging market consumers to buy Nestlé products for the first time.²⁹

NAMING THE CORPORATE GAMES

Industry is indeed a crucial partner in policies and programs designed to protect and improve public health. Enterprises such as the Grameen Bank and the Gates Foundation, and also industries whose products do not directly impact public health, have done and can continue to do great good. Many sectors of the food, drink, and associated industries can also be constructive partners. The problem lies with food, drink, and associated companies whose profits depend on products that damage public health and that also have damaging social, economic, and environmental impacts. These most of all include transnational companies, of which PepsiCo is one. To succeed, big business must sustain and increase annual turnover, profit,

and share price. The food and drink transnationals enjoy subsidies on processed oils, starches, and sugars. Most of their products are made from such cheapened ingredients with use of cosmetic additives, and claim to be healthy when they also contain added synthetic microconstituents. They lobby for abandonment of laws and regulations designed to protect the public interest. They spend colossal budgets on advertising and marketing of unhealthy products. They take over national and local industries, and public goods such as water supplies.

The evidence that food and drink transnationals are now becoming even a small part of the public health solution—rather than just a large part of the problem—is anecdotal, weak, and conflicted. Evidence that transnational industry initiatives are overall improving food supplies in any setting, let alone improving public health, does not exist. We suggest that public health professionals see papers such as those of Yach et al. as part of the marketing strategies of transnational food and drink companies. Once upon a time Coca-Cola promoted its main brand with a global advertising campaign whose theme song was “We’d Like to Teach the World to Sing.” PepsiCo is now the biggest manufacturer of globally branded processed snack foods. With other transnational companies, their current mission is to teach the world to snack. This is commercially ingenious but not, we suggest, part of the solution to any global public health problem.

THE SOLUTION

Happily, one strategic approach to public health crises

characteristically works efficiently and effectively. National, state, and local governments, as well as international governing bodies, supported by civil society and professional organizations and other actors, are legislators whose duty perhaps above all others is to enact laws in the public interest. Significant protection or improvement of public health has always involved legislation, the best of which carefully enables and encourages the equitable enjoyment of life. Examples include the protection of wildernesses, control of immigration, closed sewers, speed limits, pedestrian precincts, prohibition of smoking in public places, and indeed restriction of baby formula and weaning food advertising.

The privatization of public health does not work. Once disciplined in ways that will benefit responsible industry, big businesses can become trusted partners with independent actors, including those in the public health profession. ■

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Continued on page 981

Continued from page 979

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