Note For the Attention of Hon'ble Prime Minister

Action should be based on 3 Principles: Rights based, Universalisation of interventions, and free from conflicts of interests.

1. Enhance breastfeeding rates

India's report card is poor when it comes to policy and programme to support women for breastfeeding as shown in the 33 countries report on this issue. The result is obvious that 20 million out of 26-27 million infants born are NOT able to practice early and exclusive breastfeeding for the first six months and these rates have not improved over past 15-20 years. According to the Government of India, major causes of infant deaths in India (about 14 lakh deaths annually) are diarrhea, pneumonia and infections in the first month of life. Majority of these deaths are preventable. Beginning breastfeeding within one hour can save one fifth of the newborn deaths. Breastfeeding exclusively for the first six months can offset majority of diarrhea and pneumonia deaths. One WHO study has attributed 53% of pneumonia and 55% of diarrhea deaths to poor feeding during fist six months.

Breastfeeding operates under hormonal control and its rates can only be enhanced through skilled support to women for building their confidence. Currently the child health strategy of NRHM only "emphasizes" it while it needs quality skilled inputs. This is one of the important interventions to achieve rapid child survival and nutrition goals. The MTA of 11th plan has taken a serious note of this intervention that deserves Mid- term correction. Planning commission had done a draft GBS of about 940 Crores for 11th plan for a 'new scheme' with funding at block level but it disappeared and needs to be brought back on the table. This intervention has a policy legislation support in the form of *'Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992, and Amendment Act 2003".* You could decide to allocate budgetary support to it for proper and effective implementation based on nutrition norms of older children.

2. Universalise maternity entitlements

Enhancing breastfeeding rates needs a Minimum Essential Programme (MEP) of services that should include: all mothers should have nutrition and support, time, information, counseling by trained workers on optimal feeding through home visits by health workers till 24 months, support by nutrition counsellors, and adequate maternity entitlements, as well as work place support such as crèches. We welcome the new IGMSY scheme to be launched in 52 districts, we would like that it is universalised, should be without any conditions attached, and minimum wages be paid to women to help them in their own livelihood and take care of their babies through breastfeeding. This could be a part of poverty alleviation programme. The concept has been recognized by the central government as six months maternity leave is given to government employees, it is therefore utmost need to revise the existing 'Maternity Benefit Act' to apply to all women. This step will take us towards inclusive growth.

3. Strengthen the nutrition infrastructure

Thailand has shown clearly that worker intensity is critical to achieving health and nutrition goals for under 2 years. We need to appoint nutrition mentors at block and sub block level, and additional women workers as 'family counsellor' at village level. At least 6-8 women graduates per block, could be appointed and well trained in nutrition counseling. This would create a 'Nutrition Brigade' of women workers that can meet communities' need for proper nutritional guidance and assistance. This requires a policy decision for "Nutrition Counselling" as a service delivery. Allocation of budget of ₹180 Crores per annum for 30,000 mentors and ₹1080 Crores for additional 600,000 village level workers is required (Based on an Honorarium of @ ₹5000 PM for nutrition mentor, @ ₹1500 PM for village worker).

4. Constitute an 'authority' to look after nutrition

One of the major weakness in the current system is poor coordination and convergence. Please put the issue of coordinated action on Nutrition as a top priority as good as climate change. This authority could be an empowered independent group that can take a call every three months and serve the PM's Council, to monitor and follow up on its work, and report. This could be an institutional arrangement under the PMO to ensure coordination and convergence. This could also provide services of a clearinghouse, leadership, a stable think tank, a technical arm to guide implementation at state level etc. etc.

5. Create 'institutional safeguards' for preventing conflicts of interests and entry of commercial foods and products into government programmes

Market led growth is fine but it should not be applied to tackle undernutrion as it perpetuates poverty and marginalization. 'Food industry' and their lobby organisations, along with the international organisations are coming with a bag full of 'processed/ packaged foods' for all kinds of undernourished children whether mild, moderate or severe. You had to take a decision in the CCEA to stop such an entry but it did take more than 2 years to battle it out. There should be an institutional safeguard for preventing this invasion of packaged foods into public programmes. All these come as micronutrients, fortified foods or nutrition supplements. I am not saying these have no value, but not if stomachs are empty. Another bag full that is coming our way is vaccines for diarrhea and pneumonia for child survival. These have their own advantages and disadvantages but take us away from the basics of public health like food, water and sanitation and eat away major chunk of the funds. Fundamental Actions that need to be taken get further delayed. To rationalize action on public health and nutrition, key action that your government can take to prevent the commercial interest from taking over, to propose a **legislation to prevent and manage conflicts of interests in any programmes, health or nutrition or any other government led programmes is required. This could well be used as political strategy for minimizing scams.**

6. Ban all kinds of 'promotion' of nutrition supplements/ nourishers/products/health drinks for women and children, which make several claims including to 'increase height', 'growth and alertness', 'all round development', 'illness recovery' 'sports performance' 'tackle clinical malnutrition', 'complete balanced nutrition' 'simple solution for nutritional needs'. All these are misleading and inappropriately advertised. They are going to take away nutrition from the hands of people for the profits. For the poor it would perpetuate poverty. The 2010 World Health Assembly adopted a resolution 63 .14 of 2010 to which we are all committed to. This calls for action like e.g. "…Preventing the commercial food sector from using health and nutrition claims on their products…."[1]. "…. (2). To identify the most suitable policy approach given national circumstances and develop new and/or strengthen existing policies that aim to reduce the impact on children of marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt;…". Food Safety Act and its implementation should be unambiguous in this direction.

7. Provide universal access to food, safe water, **sanitation, and health care**

Water should be taken up as an infrastructure project aiming at a tap in every house, all in a time bound manner over the next 2 years much as we do the roads. This will be the best step for being equitable. It reminds me of recent Cholera outbreak in Haiti that would not have happened if they had set up water and sanitation facilities as fundamental requirements. Sanitation is another big need currently at 49% (DLHS-3).

Universal food security at household level is a must and minimum requirement

Minimum health care for everyone should include home based care of all the newborns and infants for 0-12 months supervised by a skilled health worker; including education on hygiene, warmth, breastfeeding counselling as well as full coverage with basic immunisation which is at 54% (DLHS-3). We owe it to our children and owe it fast within 2-5 years. Prevention of diarrhea and its treatment with simple oral dehydrating solutions deserves to achieve 100% coverage.

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Member

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Submitted at the meeting of the Prime Minister's Council for India's Nutrition Challenges,
7 Race Course Road, New Delhi.

24 November 2010

[1] **SIXTY-THIRD WORLD HEALTH ASSEMBLY WHA63.14 Agenda item 11.921 May 2010**
Marketing of food and non-alcoholic beverages to children