

## Plenary Session 3

# MAKING POLICY WORK

### Overview

Policymaking begins with the designation of responsible agencies or institutions. At the Manila Forum, several speakers indicated that through a number of legal instruments, various government ministries or related institutions have been designated to take the lead to make food fortification a reality. If governments were solely responsible, foods throughout the region would be fortified. However, most governments do not produce foods and therefore cannot fortify them. Likewise, many food companies are working to expand their markets or product lines and have the technical capacity to fortify their products. Certainly, if food companies were solely responsible, foods throughout the region would be fortified. However, since food companies are not responsible for public health and governments are not producers and marketers of food products, food fortification policy must be implemented through multisectoral public-private sector collaboration.

The initial steps in formulating food policy are data driven. The prevalence of micronutrient malnutrition must be measured and the consequences must be communicated. Policymakers, in both public and private sectors, deal with a variety of pressing critical issues. They are often not aware of the severity of the impact of micronutrient malnutrition. This is true even among health professionals. Although policymakers may understand clinical impact, they may be unaware of the population-wide impact on economic and social development. For example, although there was discussion on wheat flour fortification in Indonesia for several decades, it was the release of new data on the prevalence of anemia that provided the impetus for policymakers to move toward developing a clear fortification policy.

Clear data can have a major impact. However, they must be communicated powerfully and persuasively. This may take place on a regional level, as with WHO's recent convening of a Working Group on Accelerating Progress in Preventing and Controlling Micronutrient Malnutrition. This consultation reported that government agencies, NGOs, the private sector, and international organizations must "join forces, avoid duplication of efforts, and combine the strengths of all agencies." Each sector has its relative advantage. Government agencies can set the agenda, create an investment environment, and have broad outreach. The private sector brings technical knowledge and marketing ability. NGOs have field experience and infrastructure. International organizations and regional banks provide access to policymakers and potential resources.

In India, workshops by the South Asian Association for Regional Cooperation on the elimination of micronutrient malnutrition have been held since 1995 at both national and regional levels. These have been the initiative of the Government with an alliance of NGOs, international agencies, and the private

sector. Currently, India's Department of Food Processing Industries is conducting a series of regional fora to bring the message of this multisectoral alliance to a provincial and subnational level. National micronutrient conferences and advocacy events in the PRC, Indonesia, and the Philippines have also been critical to bringing together a range of stakeholders to forge a consensus on fortification policy and strategies.

Intersectoral collaboration often results in new cooperative structures and communication channels. For example, in the Philippines, a national food industry organization together with the government departments of health, agriculture, education and sports, and science and technology, signed a memorandum of understanding, which defined a mutual commitment to cooperate with programs to curb micronutrient malnutrition. This document forms the basis for ongoing cooperation and communication between Government and industry. It provides the Government with an effective channel to communicate with industry on a host of issues related to micronutrient malnutrition. It also affords industry the opportunity to highlight issues of concern such as increasing public awareness or adjusting mandated levels of fortificants.

Policymaking is a complex and institutionalized process. Understanding the structure and timing of how policy is made is the key to getting results. In Indonesia, fortification projects and programs will be implemented only after the goals and objectives are made part of the Five-Year Development Plan. This is outlined by the President's Cabinet, elaborated by the national planning authority (*Bappenas*), and ultimately approved by the Parliament. In India, the key to assembling the commitments and investment necessary to implement a national fortification policy may be establishment of a "mission mode." Mission mode is a cross-cutting multiministerial approach, which can bypass normal procedures and get direct access to high decision-making levels.

In some cases, fortification policy defines specific actions required by government. For example, in India, policy goals include spending 10 percent of the national nutrition budget on fortification for target groups or making a transition in the government-funded food distribution system to fortified wheat flour. Often, the key issues involve a partnership to create an enabling business environment for food fortification. Many speakers at this Forum have indicated a need for collaborative public-private sector campaigns to raise public awareness of micronutrient malnutrition and thereby create demand for fortified products. Likewise, there is a common call for collaboration in the development and transfer of new fortification technologies. In other instances, strategies and approaches differ in each country. In India, there is discussion of a 1-percent tax on food industries to support laboratory and quality-assurance activities as well as a variety of tax and tariff concessions, and special assistance from financial institutions. In the Philippines, the creation of an enabling business environment is articulated through a government seal of acceptance for fortified foods. Consequently, in the Philippines, policy discussion centers on very specific issues related to this seal such as simplified application procedures or fast-tracked accreditation of laboratories in order to speed the decision-making process for obtaining the seal.

## Food Fortification as Part of an Integrated Food and Nutrition Strategy

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In August 1999, the WHO Regional Office for the Western Pacific organized, in Kuala Lumpur, the Working Group on Accelerating Progress in Preventing and Controlling Micronutrient Malnutrition. This technical consultation was held in collaboration with the Institute for Medical Research, Malaysia, and with UNICEF, FAO, and the Micronutrient Initiative as cosponsoring organizations. Other agencies, including ADB, NGOs, research institutions, and representatives of the private sector also helped organize the Working Group, which was truly a product of interagency and intersectoral collaboration. The main objectives of the Working Group were to identify successes and constraints in the region in efforts toward achieving the end-of-decade goals of the FAO/WHO International Conference on Nutrition and to make recommendations on ways to accelerate progress in the control of micronutrient malnutrition. This presentation focuses on the main conclusions and recommendations of the Working Group, focusing on food fortification.

The adverse effects of micronutrient deficiencies are not always well understood by policymakers. These effects are severe and include premature death, poor health, blindness, growth stunting, mental retardation, learning disabilities, and low work capacity. The consequences are grave not only for individual health and survival, but also for the economic and social development of entire nations. Substantial progress has been made in the Western Pacific Region (WPR) in preventing and controlling iodine and vitamin A deficiencies, but much remains to be done, particularly with regard to iron deficiency: 40-50 percent of pregnant women and preschool children are estimated to be affected by anemia; 27 percent of the region's population are considered at risk of iodine defi-

ciency; and vitamin A deficiency constitutes a public health problem for women and children in at least nine countries. The meeting recognized that to deal successfully with micronutrient deficiencies, a combination of strategies is required, some of which have already proven successful: the use of iodized salt has greatly reduced the prevalence of IDD in the past 10-15 years; vitamin A supplements have been shown to reduce morbidity and mortality in vitamin A-deficient children; dietary improvement has also been successful, in certain circumstances, but generally takes more time to achieve; and new approaches for the prevention of IDA through the use of weekly supplements and the fortification of widely consumed foods like rice, wheat flour, and soy sauce hold considerable promise.

The meeting agreed that to deal successfully with the multiple challenges of a technical, social, economic, and cultural nature posed by the widely diverse countries and areas in the WPR, it is necessary to join forces, avoid duplication of effort, and combine the strengths of all agencies. Government agencies have an opportunity for vast outreach; the private sector has much technical knowledge and marketing ability; NGOs have great field experience to share; international organizations and regional banks have important norm-setting functions, easy access to policymakers, and, for the banks, the possibility of granting loans for undertaking micronutrient control programs. Technical advice on how the actions proposed by the Working Group can be achieved is contained in its report, to be released soon.

The WHO Regional Offices' role has been and will continue to be to provide technical advice to countries, to help countries develop and implement plans of action for the control of

micronutrient deficiencies, to help raise funds for these programs, and to promote the collaboration of all agencies working in this field. Examples of projects supported by WHO, besides technical meetings and publications, are the national plan for the prevention and control of anemia in Cambodia; a study on the causes of rickets in Mongolian children; the introduction of weekly

iron/folate supplements to prevent anemia in women of reproductive age and children in Malaysia, Philippines, and Viet Nam; planning of the national survey on VAD in Lao PDR; and a feasibility study for strengthening the IDD control project in Tibet, where we aim to obtain the financial support of other agencies. □

## How Food Policy is Made in Indonesia

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Fortification policies are a part of overall nutrition and development policies. The Indonesian Constitution specifies that development guidelines are promulgated by the People's Assembly for inclusion in the nation's Five-Year Development Plan (FYDP). An issue not mentioned in the FYDP will not be considered a priority. Fortification policies have been discussed in Indonesia for more than 20 years. However, policy statements in the second FYDP of 1978 were vague, resulting in debates over which food vehicles should be fortified with what nutrients. Some very unrealistic plans were proposed. As a result, policymakers lost interest in fortification. During the 1980s, as more information on micronutrient malnutrition became available, more explicit issues and target groups were defined.

Salt iodization was first mandated in Indonesia under the Dutch in 1927. However, from 1945 to 1972, the problem was largely ignored. Attention was revived in 1972 after surveys revealed increasing goiter incidence. Subsequently, the fifth (1989-1993) and sixth (1993-1998) FYDPs included strong statements on salt iodization. Based on these FYDPs, a Presidential Decree mandated USI in 1994. The Food Law of 1996 enacted fortification regulations. These legal instruments laid the foundation for salt iodization programs. The results are encouraging. Prevalence of goiter dropped from 30-60 percent in the 1970s to 9.8 percent now. This exceeds the target of the FYDP, which was set at an 18-percent improvement.

Policy discussions on wheat fortification started more than 20 years ago but fortification was implemented only recently. In the 1990s, new data showed that iron deficiency was high and in 1997, a new intersectoral commission on fortification was established by the Minister of Food Affairs. This commission developed a dialogue among government agencies and food producers and in 1998, the Minister of Health issued a decree on wheat fortification. In 1999, these policies resulted in the initiation of flour fortification.

There has been only one targeted project focused on fortification with vitamin A. A pilot project on the fortification of MSG was implemented from 1986 to 1989. Even though controversial, this was motivated by the government's focus on gradually replacing high-dose vitamin A capsule distribution by a food-based intervention. Unfortunately, despite demonstrating the effectiveness of fortified MSG, the project was discontinued.

The current fortification policy of the Government is based on the following criteria. First, it should focus on the most prevalence deficiencies and be consistent with the FYDP. Current priorities are iodine, iron, vitamin A, and zinc. Second, fortified foods should reach the most vulnerable target groups via commonly consumed foods. The present priorities include salt, wheat, noodles, and possibly MSG and sugar. Third, fortification should comply with international law and meet national industry standards requirements. Finally, except in times of crisis, the costs of fortification should be born by consumers. □

## Moving the Food Fortification Agenda Ahead in India

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Article 47 of the Constitution of India states that the “State shall regard raising the level of nutrition... among its primary duties”. Iron, iodine, and vitamin A have been found to be widely deficient in the diets of children and adults. “Controlling micronutrient deficiencies” and “fortifying essential foods with nutrients” are specified in the official National Nutrition Policy adopted in 1993. In India, there has been activity in fortification since 1962 when fortification of hydrogenated vegetable oil (ghee) was made mandatory. Salt iodization was launched in 1962 by the Ministry of Health and Family Welfare. These programs have provided valuable lessons in collaboration between government, industry, NGOs, media, and other sectors.

As a sequel, under the National Plan of Action of Nutrition, the Department of Food Processing Industries (FPI) specifies “undertaking fortification and enrichment of common foods with vital nutrients like vitamin A, iron and iodine.” Working toward achieving this objective, FPI cosponsored a National Conference on Micronutrient Fortification at Jaipur in 1999. The conference recommended establishing a multisectoral food fortification committee under the chairmanship of the Secretary of Food Processing Industries and comprised of FPI, other ministries, industry, and various research and development institutions. After its first meeting, the committee identified a number of action points including: defining changes in the Prevention of Food Adulteration Act that constrain fortification efforts; proposing excise and sales tax concessions for fortified foods; developing a program of cooperation with research and development institutes; undertaking consumer awareness and media campaigns; and

convening a series of regional conferences to identify specific micronutrient deficiencies and appropriate fortification vehicles based on India’s regional cultural and dietary diversity.

In response to these recommendations, four regional conferences have been held to identify issues specific to various regions of the country. These conferences issued a 20-point action plan, six of which are summarized here. First, the National Institute of Nutrition should finalize technology for double fortification of salt with iron and iodine and include industry, with an eye toward commercialization. Second, a 1-percent tax should be levied on food industries to create a fund for upgrading laboratories. Third, there is a need to develop simple technologies for small-scale fortification of oil and flour. Fourth, 10 percent of national expenditure on nutritional programs should be dedicated to food fortification for target groups. Fifth, fortified flour rather than wheat should be distributed through the Public Distribution System. Sixth, there is a need for fiscal incentives, including concessional duties and special assistance from financial institutions to promote fortified foods. A number of other points stress the need for information sharing and cooperation among the various sectors to raise awareness, harmonize the legal and regulatory environment, and improve fortification technology and quality assurance. After these actions are complete, a coordinated effort of government, industry, technical organizations, financial institutions, and donor agencies should adopt a “mission mode” approach to making regionally and ethnically appropriate fortified foods accessible to target populations throughout India. □

## Public-Private Collaboration to Enable Food Fortification in the Philippines

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The Philippine Chamber of Food Manufacturers serves as a voice of the food industry. It was founded in 1958 specifically to represent industry in dialogues and consultations with the Government. In 1997, the Chamber forged a memorandum of understanding with the Philippine Government. This document, signed with the departments of health, agriculture, education and sports, and science and technology, underscores the commitment of the Chamber to fully support and cooperate with programs to curb micronutrient malnutrition. In fact, many Chamber member companies have been fortifying many of their products with vitamins and minerals since the 1970s.

A major vehicle for industry collaboration with Government in food fortification is the Department of Health (DOH) *Sangkap Pinoy* Seal Program. This DOH seal of acceptance is awarded to qualifying products fortified with 33 percent RDA per serving of iron, iodine, and/or vitamin A. Since the program was launched in 1995, 32 products from 16 companies have attained this seal. The Chamber believes that these numbers will significantly increase if a number of barriers to entry into the seal program are lowered. First, both the technical and marketing departments in food companies need more timely information regarding the program so they can incorporate fortification into their product development and marketing plans. In order to convince more manufacturers to join the program, companies need information on studies that focus on the Filipino diet and availability of fortification technologies. The Chamber stands ready to provide a channel for these communications.

*Sangkap Pinoy* education and marketing need to be strengthened so that consumers will prefer fortified to nonfortified products. The Chamber believes an intensified government-led consumer education campaign is a crucial element in the fight against micronutrient malnutrition. Filipino consumers must be educated regarding the signs, causes, and prevention of micronutrient malnutrition. Mothers need to understand better the role of fortified foods in the diet they serve their families. Young school children need greater guidance and nutrition education so that they can make better food choices.

Finally, there are a number of procedural modifications that can lower barriers to entry into the *Sangkap Pinoy* Seal Program. For example, depending on the product, the 33-percent RDA level is not considered achievable without altering the functional properties of many food products. Based on a survey of food manufacturers, the Chamber recommends the following modifications: simplify steps to achieve the seal; centralize applications in one agency; accredit more laboratories to analyze nutrient levels; adjust fortification levels based on food groups; and finally, lower the applications fees.

The food industry employs many of the nation's expert nutritionists and food scientists. Our companies will continue to formulate innovative products with an improved nutritional content and we will continue to support public-private sector collaboration to enhance the current market-driven approach to food fortification in the Philippines. □