

Breastfeeding
Promotion Network of India
(Registered Under Societies Registration
Act XXI of 1860, Delhi R.No. S-23144)
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BPNI/2018/015

January 31, 2018

To,
Shri Pawan Kumar Agarwal,
Chief Executive Officer (CEO),
Food Safety Standards Authority of India (FSSAI)
FDA Bhawan, Near Bal Bhavan, Kotla Road, New Delhi, Delhi 110002

Sub: FSAAI & IYNCI partnership "Diet4Life" posing threat to the health of million babies by undermining IMS Act.

Dear Shri Pawan Kumar Agarwal,

Greetings from Breastfeeding Promotion Network of India (BPNI)!

- 1. BPNI is a 26-year-old organisation that works to protect, promote and support breastfeeding and infant and young child feeding in India in particular on the policy. BPNI is notified in the gazette of India to check with compliance with the *Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003*(IMS Act) and initiate legal action where necessary.
- 2. The IMS Act aims to regulate production, supply and distribution of all foods for consumption of children under the age 2. This law was enacted to control marketing of baby foods in India with a spirit to protect millions of mothers and babies from commercial influence of these very companies which leads to inappropriate feeding practices contributing to child malnutrition, disease and death.
- This is with reference to FSSAI's partnership project "Diet 4 Life" with Infant and Young Child Nutrition Council of India (IYNCI), which is a front organization of 4 leading baby food manufacturers Abbott, Danone, Mead Johnson and Nestle.
- 4. Under this project FSSAI has undermined the IMS Act, a central Act of Parliament by allowing the above said manufacturers under this project to be exempt from provisions of IMS Act. FSSAI has also issued a notice for public comments proposing such exemption to foods for special medical purposes (FSMP). (Annexure-1)
- 5. Ironically, under the disguise of this partnership baby food manufacturers who are meant be regulated are being provided government platform as well as given a free hand to promote their products/sponsorship of health workers conferences, and contact parents directly which is banned under the IMS Act.



6. Unsurprisingly, these baby food manufactures have already been involved in sponsorship of doctors and gifts to Hospitals. (Annexure -2), which blatantly violates section 9 of the IMS Act.

Therefore,

- 7. BPNI requests you to withdraw the exemption given to these foods through "Diet 4 Life" or the proposal in the notice issued to uphold the sanctity of IMS Act and not to undermine it.
- 8. BPNI also wishes to draw your attention to the guiding principles of the National Nutrition Strategy of Government of India launched last August by the VC, Niti Aayog. Recognising this project to be a serious institutional conflicts of interest, BPNI calls upon FSSAI to call off this partnership with IYNCI.(Annexure-3)

BPNI thanks you for your attention and time to discuss this issue.

With warm regards,

Dr. Arun Gupta

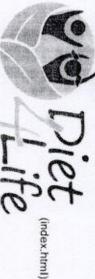
Central Coordinator BPNI

Regional Coordinator IBFAN Asia

Cc: - Dr. Rajiv Kumar, Vice chairman, NITI Aayog, Chairperson, National Council on India's Nutrition Challenges,

Cc: - Ms. Preeti Sudan, Secretary, Ministry of Health & Family Welfare

Cc: - Shri Rakesh Srivastava, Secretary, Ministry of Woman and Child Development.



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FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA DISpiring Brust, Assuring Safe & Nutritious Food

FAQs

Which products are covered under the scope of this direction?

What is the date of implementation of this direction and who are bound by this direction?

Will the IMS Act and the regulations thereunder be applicable to these foods?

which are out of scope of the Infant Milk Substitutes, Feeding Bottles and Infant foods (Regulation of Production, Supply and Distribution) Act, 1992. foods are required to be consumed under medical supervision. These foods are covered under special category of foods defined as Foods for Special Medical Purposes (FSMP) No. These foods are neither infant milk substitute nor infant food but are intended to meet special medical needs arising out of rare disorders/medical conditions. Further, these

Will the import requirements change in anyway?

What are the labelling requirements for these products?

Will these foods for IEM disorders and hypoallergenic formula for altergenic conditions require BIS certification mark?

Will these foods for IEM disorders and hypoallergenic formula for allergenic conditions fall under the scope of Second Schedule (for standard pack sizes)

Which are the ports where such products can be imported?

based complementary food and follow up formula except under Bureau of Indian Standards Certification Mark.

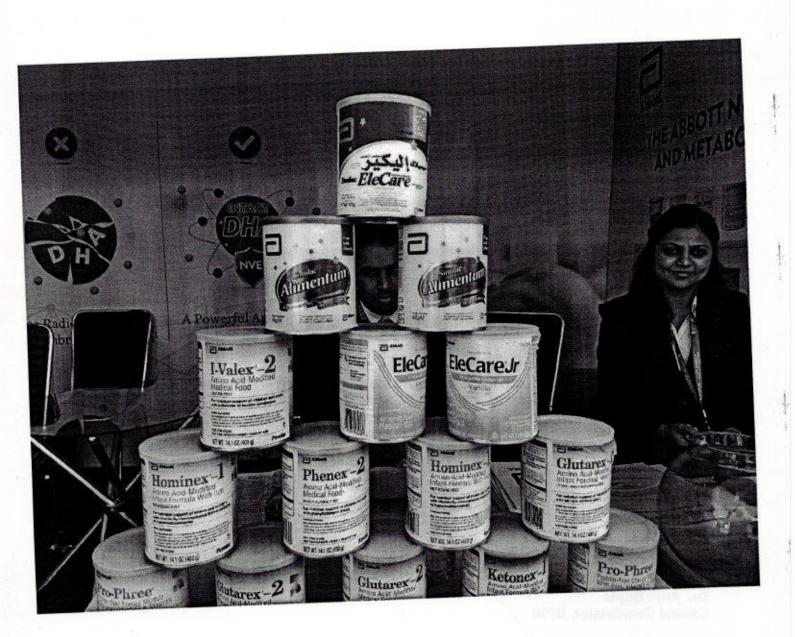
Provided that the category infant formula for special medical purpose provided under these regulations shall be exempted from the above provision.

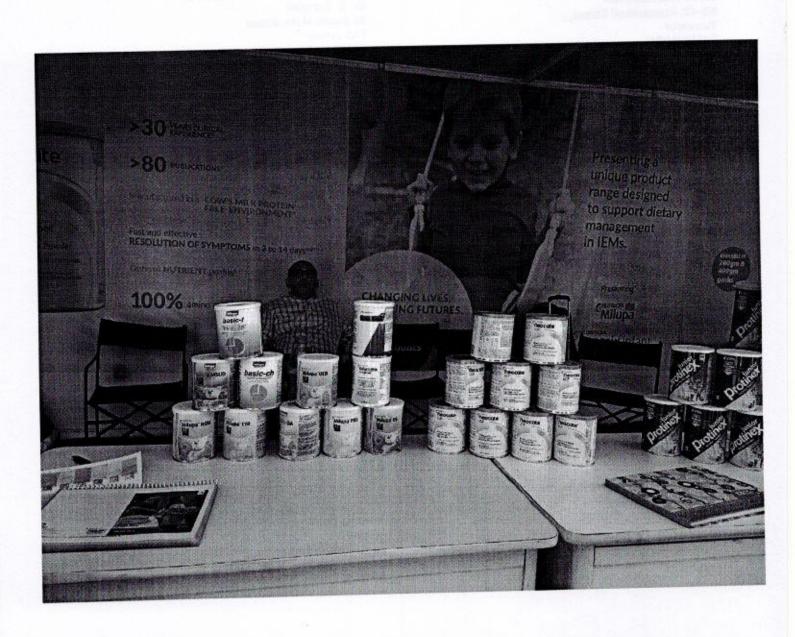
(8) Food for infant nutrition except in the category of food for special medical purpose shall also comply with the requirements of the "Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 as amended in 2003 (IMS Act)".

4. Infant Milk Food:

- (1) Scope: This standard applies to infant milk food in powder form for meeting the normal nutritional requirements of infant.
- (2) Composition: (i) Infant milk food is a product based on milk of cow or buffalo or mixture thereof, and other nutrients and ingredients which have been provided under these regulations.
 - (ii) The product may be modified by partial removal or substitution of different milk solids and addition of carbohydrates such as sucrose, dextrose, maltose, lactose and maltodextrin; and salts such as phosphates and citrates.
 - (iii) The product shall be uniform and free from lumps and coarse particles. It shall be free from rancid taste and musty odour.
 - (iv) The infant milk food shall conform to the following requirements, namely:

Sl. No.	Parameters	Limits		Limits per 100 kcal	
		Minimum	Maximum	Minimum	Maximum
1.	Moisture, per cent by weight	-	4.5	-	
2.	Total milk protein (N x 6.38), per cent by weight	12.0	•	2.50	
3.	Milk fat, per cent by weight	18.0		3.80	-
4.	Total ash, per cent by weight		8.50	-	
5.	Ash insoluble in dilute hydrochloric acid, per cent by weight		0.10	-	
6.	Trans fatty acids, per cent by weight of total fatty acids	-	3.0	-	
7.	Energy per 100 ml of the reconstituted product prepared in accordance with manufacturer's instructions	60 kcal	70 kcal	-	•
8.	Carbohydrates, g per 100 g	45.0	70.0	9.60	14.90
9.	Vitamin A (as retinol equivalent,	350.0	400.0	75.00	85.00

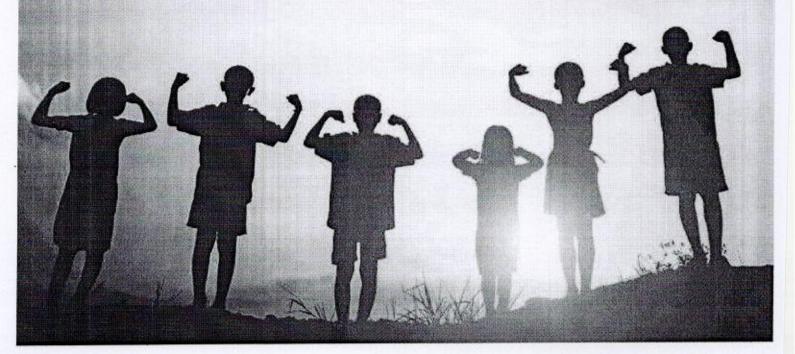






Nourishing andia

NATIONAL NUTRITION STRATEGY. GOVERNMENT OF INDIA.



National Nutrition Strategy

of social change.

5.6 DECENTRALIZATION AND FLEXIBILITY

Contextually relevant, decentralized approaches will be promoted, with greater flexibility at State, district and local levels for greater and sustained programme effectiveness and impact, in harmony with the approach of cooperative federalism. This will also enable utilization of opportunities provided by the recommendations of the Fourteenth Finance Commission with greater devolution of resources to States- mobilizing and catalyzing state resources and action for Nutrition.

5.7 OWNERSHIP OF PANCHAYATI RAJ INSTITUTIONS AND URBAN LOCAL BODIES

Strengthening the ownership of Panchayati Raj Institutions and urban local bodies is a key principle – to ensure that local self governments own, promote, monitor and sustain nutrition initiatives – effecting convergence of action at the grass roots. This is essential as the subjects allocated in the 73rd Amendment include those addressing the immediate and underlying determinants of undernutrition such as Health and Sanitation, Family Welfare, Drinking Water, Women and Child Development, Public Distribution Systems, Agriculture, Education, Poverty Alleviation and Social Welfare, among others. This is even more relevant in the light of the Fourteenth Finance Commission Recommendations.

5.8 FOSTER INNOVATION

Innovation will be encouraged and recognized - including through quality circles which encourage a cluster of frontline teams to identify best practices and replicate the same - with a ripple effect and widening of the innovation. Best practices will be identified and local adaptation and replication or scaDcouragW

5.9 INFORMED BY SCIENCE AND EVIDENCE

Programme strategies will be evidence based, informed by the state of the science (as well as by the state of the practice) and updated as new evidence emerges related to nutrition, health and development.

5.10 ENSURE THAT THERE IS NO CONFLICT OF INTEREST

An underlying principle of action is that policy development and programme implementation must be transparent, open to public scrutiny and kept free from conflict of interest, with requisite safeguards. (This includes ensuring that representation on policy, technical advisory groups and various management committees at different levels is free from conflict of interest.)