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TEN PROPOSALS

**REGARDING
MILK FOOD INDUSTRY
&
HEALTHY & SAFE FOOD CONCEPT**

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Executive Summary

Milk is disintegrated and reconstituted to produce milk powder. In this process, additions and substitutions are common for scientific and marketing purposes. As such, milk powder is not the nutritional equivalent of fresh milk. Therefore developed countries exclusively use fresh milk.

Milk powder plays a major role in macroeconomics as well as in microeconomics in Sri Lanka. Milk powder importation costs Rs. 40 billion (0.58% of GDP) annually, which exceeds the annual medicine budget of the Sri Lankan free health service. Milk powder has become the second most widely used household consumable in Sri Lanka second only to rice, which is the staple food.

This disproportionate importance and financial burden is due to promotion and advertising by the milk industry which exaggerates the importance of milk powder. Dairy companies have violated ethical norms by claiming nutritional superiority and projecting unrealistic nutritional benefits. They tactfully use professionals, social workers, media, journalists, celebrities and politicians for their unethical promotions. As such, we need to re-visit the policy and regulations on food promotion.

In addition, milk powder has created an international food safety issue. **Melamine**, **Botulinum** and **Dicyandiamide** contamination are proven examples. Responses by dairy companies in Sri Lanka to those events are inconsistent and unethical. This has highlighted far reaching deficiencies in food safety and accountability in the existing regulatory structure.

Furthermore, the incidence of Non Communicable Diseases (NCD) has unusually risen over the past decade. This disturbing trend has been widely attributed to epigenetic causes. However, the possible effect of genome-altering toxic substances in foods that could trigger such a rapid rise in NCD needs to be explored.

Therefore we emphasize on the value of promoting fresh milk by a multi-sectorial strategic plan according to the government policy spelled out in “Mahinda Chinthana”. Establishing Specialist human nutrition services and medical toxicology services are essential to achieve this objective. Reinforcing breast feeding promotion and introduction of healthy and safe food concept should be a priority in the health sector task lists.

We hope these ten proposals would create a good platform for brainstorming, planning, and implementation and for periodic reviews in order to better address food related issues. We wish Sri Lanka could reap multi-faceted benefits through implementing these proposals and be a role model in food safety to the South Asian region.

Replace powdered milk with liquid milk

Nutritional superiority of fresh milk over powdered milk is scientifically recognized for adults and children over 2 years. As such, almost all developed countries exclusively produce and promote liquid milk. However, decades of advertising and promotion has conditioned Sri Lankan citizens to use powdered milk by creating a false notion that powdered milk is essential, especially for infants, children and even for adults.

As a result, milk powder has become the second most widely used household consumable behind rice. Annually, milk powder importation costs Rs. 40 billion (0.58% of GDP) which is second only to sugar as a single food item. This is higher than the entire annual medicine budget of the Sri Lankan free health service. Currently, Sri Lanka is the 4th highest milk powder importer in the world despite our diminutive size. Sri Lanka increased its milk production to reach 40% of the domestic requirement in 2012. The government plans to increase milk production to meet 90% of domestic requirement by 2020.

In addition to the nutritional and economic downsides, there have been many instances of quality failure and deliberate malpractice by the milk food industry threatening food safety. In 2008, 6 infants died and 54 000 were hospitalized due to contamination of milk powder by melamine in China. Recently, China and Russia banned certain multinational brands of milk powder due to contamination by Botulinum bacteria, which produces a fatal toxin. Concurrently, local scientists discovered toxic substances in milk powder that were not declared by the multi-national dairy companies at food registration.

As such we propose to,

1. Appoint an inter-ministerial committee comprising of Ministry of Agriculture and Livestock Development, Ministry of Finance and Planning, Ministry of Trade and Commerce, Ministry of Health and other relevant ministries to facilitate production and promotion of liquid milk.
2. Promote liquid milk production at all levels from individual house-holds to the national level.
3. Promote liquid milk production at Government, Semi-government and private enterprises.
4. Provide technical expertise, financial assistance and other facilitations to sustain milk production and distribution in order to sustain the liquid milk industry.
5. Promote consumption of liquid milk using government resources including the Health Education Bureau.
6. Establish milk sales outlets and promote liquid milk at all government institutions, schools and all government sponsored programmes.

We hope this proposal would create a good platform for brainstorming, planning, and implementation and for periodic reviews in order to better address food related issues.

**Reinforce the Food Authority
- Headed by Director General of Health Services**

Food unit (it is still not an authority) currently operates as a part of the health administration system and under the directorate of Environmental & Occupational Health (E&OH). E&OH unit has many responsibilities on environmental and occupational issues. Therefore, food unit activities are diluted, despite their critical importance to ensure food safety of Sri Lanka.

Food unit does not have an identified budgetary line to obtain government funds and it operates without a national strategic plan. It lacks proper technical guidance and experiences shortcomings in human resources, technical capacity and laboratory facilities. It is evident that the current structure and procedures of the food unit (authority) is grossly inadequate to ensure food safety in the country. It may be dangerous to recognize this unit as an authority without essential elements.

Furthermore, a National Nutrition Policy was introduced in 2010, outlining the nutritional requirements of specific groups such as infants, children, pregnancy and elderly. However, it does not recognize the role of Food authority and Director General of Health Services.

As such we propose to,

1. Conduct a review on food authority, its structure, functions and regulations and initiate process of re-structuring with the participation of all relevant stakeholders. It may start with a brainstorming session.
2. Expand the Food Authority and provide expertise in food related fields such as food safety, quality assurance, policy development and legislative authority.
3. Develop collaborations between the Food Authority and local and international institutions of food safety and quality.
4. Revisit the Food Act which was introduced 33 years ago.

We hope this proposal would create a good platform for brainstorming, planning, and implementation and for periodic reviews in order to better address food related issues.

Establish Food Quality & Safety Unit

Ministry of Health holds several ex-officio posts in other ministries and organizations to provide food related expert opinions. However, often, Ministry of Health provides food related advice without the consensus and consultation of experts on the specialty. Many food related statements are issued in an ad-hoc manner by health administrators with no academic background to perform these vital tasks.

As such we propose to,

1. Establish a 'Food Quality and Safety Unit' under Ministry of Health to work in collaboration with all related organizations to undertake expert advice on food related issues.
2. Incorporate Clinical Nutritionists and Medical Toxicologists to this unit.
3. Develop food quality and safety guidelines through the Food Quality and Safety Unit.
4. This unit should entertain public complaints regarding foods and should response within a reasonable time frame.

We hope this proposal would create a good platform for brainstorming, planning, and implementation and for periodic reviews in order to better address food related issues.

Establish Specialist Human Nutrition Services

Currently, only two Specialist Nutritionists are available in the Department of Health, which is grossly inadequate to meet the demands of the Sri Lankan public. After years of persistent demands by GMOA, Post-Graduate Institute of Medicine initiated an MSc (Human Nutrition) programme, a selection examination was held in January 2013. However, implementation was delayed till 2nd of September 2013.

Furthermore, MD (Nutrition) is recognized as a specialist discipline both internationally and by the Medical Services Minute of Sri Lanka. But no training programme has been initiated for MD (Human Nutrition) to date.

As such we propose to,

1. Urgently implement the already established MSc (Human Nutrition) programme.
2. Introduce MD (Nutrition) programme linked with MSc (Human Nutrition) immediately.
3. Recognize Specialist Human Nutritionist cadre at National and Provincial institutions.
4. Develop an infrastructure of the health sector to employ above human resources.

We hope this proposal would create a good platform for brainstorming, planning, and implementation and for periodic reviews in order to better address food related issues.

Establish Medical Toxicology Services

Sri Lanka does not have satisfactory Medical Toxicology services despite having significantly high suicide and homicide rates. Furthermore, Toxicology inputs are not incorporated into food safety activities conducted by Ministry of Health. Ministry of Health does not have adequate Toxicology lab facilities and does not collaborate with available facilities outside Ministry of Health in a regular manner.

Ministry of Health is also a member of several decision making councils with the responsibility of providing toxicological data and opinions. However, Ministry of Health doesn't have updated scientific and clinical expertise to function in this role. Due to the lack of medical toxicology experts, medical administrators without toxicology credentials are compelled to provide toxicology opinions.

Eg:- Registrar of Pesticides made improper recommendations on pesticides containing heavy metals taking health related facts out of context, which led to serious consequences.

As such we propose to,

1. Establish a National Medical Toxicology Unit equipped with latest technology to conduct research and development related to food and public safety.
2. Recognize cadre for Specialists in Medical Toxicology at National, Provincial and District levels.
3. Appoint MSc (Medical Toxicology) qualified medical officers to provide their expertise.
4. Initiate MD (Medical Toxicology) programme through the Post Graduate Institute of Medicine.
5. Recognize MD (Medical Toxicology) as a Specialist discipline in the Medical Service Minute.

We hope this proposal would create a good platform for brainstorming, planning, and implementation and for periodic reviews in order to better address food related issues.

Reinforce Policy and Regulations on food advertising

Food Act No 26 of 1980 and the Code on Breast Milk Substitutes and Designated Products amended in 2002 regulate the advertising of food, with special emphasis on milk and milk products in Sri Lanka. However, there are deficiencies in the implementation of above rules and regulations. Furthermore, advertising of milk and other consumable products unethically, giving wrong health messages to the public have been observed.

As such we suggest to,

1. Re-visit and update the existing rules and regulations urgently.
2. Expand the Code on Breast Milk Substitutes to cover young children, at least up to 2 years.
3. Introduce an ethical code for milk and food advertising and obtaining sponsorships from milk food companies.
4. Introduce a government message on every milk and food pack.
5. Allocate a percentage of tax earned from milk food for promotion of Breast Feeding activities.
6. Perform thorough Quality-Check on every food product
 - (a) On Registration
 - (b) Randomly
 - (c) On public complaint
7. Ensure very strict law enforcement against hazardous food material.

We hope this proposal would create a good platform for brainstorming, planning, and implementation and for periodic reviews in order to better address food related issues.

Upgrade laboratory facilities to ensure food safety

Current laboratory and testing facilities in the Ministry of Health are not adequate to comprehensively test and assure food safety.

Therefore, we propose to

1. Develop laboratory facilities at Ministry of Health to meet best attainable standards.
2. Collaborate with available laboratory and testing facilities at other ministries and organizations. Eg – Industrial Technology Institute
3. Establish a unit dedicated to food safety at Government Analyst's Department.
4. Develop a system to allow consumers within the general public to test samples of food items.

We hope this proposal would create a good platform for brainstorming, planning, and implementation and for periodic reviews in order to better address food related issues.

Explore the possible etiologies for unusual increasing trend in Non – Communicable Diseases in Sri Lanka

The recent abrupt rise in Non-Communicable Diseases (NCD) in Sri Lanka is both extremely unusual and alarming. Minister of Health has declared 2013 as Year for the Non-communicable diseases. Ministry of Health developed a policy on NCD which was approved by the government in 2010. A huge amount of money was allocated for preventive measures. But the relevant units have failed to implement the policy and utilize available resources optimally during the past few years.

There haven't been satisfactory attempts to explore possible etiologies specific for this dangerous trend in Sri Lanka. Most of the research findings have been disregarded and not disseminated among stakeholders. Epigenetic concerns for above trends have not been explored adequately.

There are serious concerns that toxics/toxins contained in food could be a main etiology behind the recent trend of non-communicable diseases.

Therefore we suggest to,

1. Strengthen the NCD unit of Ministry of Health with highly qualified specialists and adequate physical resources.
2. Guide and facilitate research to reveal possible epigenetic and other etiologies for the rising of non-communicable diseases.
3. Organize forums to disseminate research findings on the rising trend of non-communicable diseases among academics, policy makers and the general public.
4. Develop a comprehensive plan for prevention, management and rehabilitation of NCD parallel to existing NCD screening programmes.

We hope this proposal would create a good platform for brainstorming, planning, and implementation and for periodic reviews in order to better address food related issues.

Breast Feeding Promotion and Capacity building of Lactation Management Centers

Breast feeding contributes to child survival, growth and development. Research evidence shows that breast milk and breast feeding has many advantages both in the short term and the long term on the mother, the baby and the society. Breast feeding also reduces the incidence of NCDs. As such WHO and UNICEF recommend

1. Exclusive breast feeding for the first 6 months
2. Introduce complementary food at 6 months
3. Shift to adult food at 1 year
4. Continue breast feeding till 2 years

Sri Lanka was one of the first countries in the world to develop supportive policies, including maternity protection legislation and a code of marketing of breast milk substitutes prior to the formulation of the international code. Research evidence has shown that support received by the mother from health care staff and family during the first few days is essential to establish exclusive breast feeding. However, unethical media advertisements may be badly affecting the continuation of breast feeding after the first year.

Therefore we recommend to:

1. Finalize the Infant and Young Child Feeding (IYCF) strategy for the country.
2. Compulsory capacity building of health workers who are working in maternity and paediatric sections using 40 hour Breast Feeding Counseling course.
3. Train all pediatric trainees on 40 hour Breast Feeding Counseling course and 20 hour Baby Friendly Hospital Initiative course.
4. Establish Lactation Management Centers (LMC) and Mother Baby Centers (MBC) in all specialized hospitals with dedicated trained staff on priority basis.
5. Distribute educational material on IYCF to all mothers on regular basis (revise the five existing booklets on breast feeding).
6. Expand the successful Hambanthota model Breast Feeding and Child Feeding classes for mothers to other districts.
7. Amend the Marketing Code on Breast Milk Substitutes to cover up to 2 years.

We hope this proposal would create a good platform for brainstorming, planning, and implementation and for periodic reviews in order to better address food related issues.

Healthy and Safe Food Program

Ministry of Health has failed to adequately guide the public with regards to healthy and safe food. Advertisements have become the primary source of health messages instead of genuine opinions by experts.

As such we suggest to,

1. Appoint a multi-disciplinary council consisting of Medical Specialists, Human Nutritionists, Agriculturists, Toxicologists, Food Scientists and Chemists etc., to develop a plan and strategies to promote healthy and safe food prioritizing groups like school children, pregnant mothers etc.
2. Develop updated specific nutrition guidelines for groups such as infants, children, pregnant and lactating mothers as per the Nutrition policy introduced in 2010.
3. Disseminate already developed nutritional guidelines among all medical practitioners and institutions.
4. Develop collaborations between regulatory authorities responsible for food safety such as SLS, Consumer Protection authority, Ministry of Health etc.
5. Train all intern medical officers on safe food advice.
6. Include concepts of healthy and safe food in undergraduate medical curricula.

We hope this proposal would create a good platform for brainstorming, planning, and implementation and for periodic reviews in order to better address food related issues.

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