

Guidance on financial and in-kind contributions from the food and beverage industry in emergency context

Background and rationale

Protection, promotion and support for healthy diets that are nutritionally adequate and affordable is critical for all people, at any time, including during emergenciesⁱ. Certain groupsⁱⁱ, including women and children have an increased risk of adverse outcomes when adequate nutrition is not provided. Infants should be exclusively breastfed from birth to 6 months of age, after which breastfeeding should continue along with the addition of nutritious and safe complementary foods to the dietⁱⁱⁱ. It is important for women and children to consume sufficient nutrient-rich foods, including eggs, fish, dairy, poultry and meat, as culturally appropriate, as well as fruits, vegetables, wholegrains and seeds^{iv,v}. It is also essential that women and children continue to have access to safe, free and palatable drinking water, especially in areas that lack safely managed services. On the other hand, highly processed foods and beverages high in saturated fats, free sugars and/or salt (hereafter “unhealthy foods”^{vi}) are associated with overweight and obesity, poor dental health, as well as diet-related noncommunicable diseases, and can also displace more nutritious foods^{vii}. As such, consumption of unhealthy foods should be limited as part of a healthy diet. Unhealthy foods are often heavily promoted to the public, negatively influencing dietary habits^{viii}. It is important that caregivers and children are protected against the inappropriate promotion of unhealthy foods^{ix}.

During the emergencies, such as the COVID-19 pandemic, many families experience extreme hardship and countries face significant challenges in securing access to nutritious food for the population in the right quantity, frequency, and diversity^x. Financial contributions and/or contributions in-kind (CIK) from individuals and the private sector can provide important support to nutrition programmes and may help address identified needs for specific goods and services for children. For example, business can contribute by providing much needed financial resources, by channeling important messages through their networks, or adapting their production and innovation processes to secure supply of essential goods.

However, it is important to ensure that any financial contributions and/or contributions in-kind (CIK) guarantee adequate nutritional quality of the diet, align with programme priorities, are needs-based rather than donor-driven, avoid conflicts of interest and minimize reputational risk to the organizations involved. Engagement with the food and beverage sector is, by its nature, particularly sensitive in view of its proximity to nutrition programming and the harmful impacts that some food and beverage sector practices have on children.

Below we outline some key considerations when working on nutrition in humanitarian contexts around accepting financial contributions or CIK from the food and beverage sector.

Key considerations

Consider whether the engagement is needs-based

- Engagements should only be considered when responding to specific needs and requirements identified by programme or operations colleagues working in the field. This is important to remain focused on desired impact, but also to avoid spending precious time and resources on donor driven opportunities that do not meet real needs or mandate.
- The engagement should support, not duplicate, government efforts to ensure continuity of critical services. Support may be needed to ensure governments can put in place alternative arrangements for school feeding and other food assistance programmes or expand cash-based and other safety-net and social protection programmes to increase access to nutritious diets by vulnerable children and families.
- Offers should be considered based on an identified financing gap or need (e.g. necessary food supplementation, equipment such as soap, hand sanitizer, face masks, cooking material or logistic support), an assessment that the company has a comparative advantage, no suitable alternative donors exist, and there is good evidence that not accepting the contribution would do harm to children. In addition, the quality of CIK must be established.

Consider the nature of different companies

- Companies that manufacture or distribute breastmilk substitutes (BMS) should be excluded from any CIK, funding engagements or co-branded partnerships.
- As is good practice for any corporate engagement, companies whose core business^{xi} is the production, marketing or distribution of ‘unhealthy foods’ should be subject to due diligence, and where they are identified as being of “high risk”, such companies should be avoided for financial contributions and CIK. Due diligence should examine among others, the company’s product portfolio, their marketing practices, their corporate lobbying practices with regards to government public health measures, as well as their own internal policies with regards food composition and promotion. Engagement with companies whose core business is the production, marketing or distribution of ‘unhealthy foods’ carries the risk that your organization and/or your partners will be perceived as endorsing a specific brand or products. Such engagements may also damage your organization’s and your partners’ reputation with host governments, donor governments and communities. It may also appear to contradict ongoing work on prevention of overweight.
- Food and beverage companies that do not produce/are not strongly associated with the production, marketing or distribution of unhealthy foods may be considered on a case-by-case basis if a need has been identified.

Consider which types of foods are suitable for CIK

- Donations of BMS, complementary foods and feeding equipment, including bottles and teats, should not be sought or accepted for distribution. Donation of BMS by manufacturers has been shown to lead to increased use of substitutes and a reduction in breastfeeding. In circumstances where the use of BMS is required, they should be purchased, distributed and used according to strict criteria^{xii}. Read the [Operational Guidance for Infant Feeding in Emergencies](#) for more information.
- Foods and beverages high in saturated fats, sugar and/or salt should not be sought or accepted for distribution. These foods do not meet [WHO recommendations](#) for a healthy diet and may undermine local food use and recommended dietary practices and contribute to expand the consumption of unhealthy foods.

- Healthy food options, in line with WHO Recommendations for a healthy diet, including diverse perishable and non-perishable items or meals consistent with the following elements:
 - Fresh, frozen or tinned fruits and vegetables, with no or minimal added salt or sugar
 - Tinned or dried pulses and legumes (e.g. beans, lentils), with no or minimal added salt or sugar
 - Tinned oily fish (e.g. tuna, mackerel, salmon), preferring those in packed in water rather than oil
 - Unsalted nuts
 - Potatoes, bread, rice, pasta or other starchy carbohydrates or tubers; choosing wholegrain versions where possible
 - Unsaturated fats and oils (e.g. sunflower, soybean, canola and olive oils) are preferable to saturated fats (e.g. butter, palm and coconut oil, ghee or lard)
 - Limited amount of salt and high-sodium condiments or sauces (e.g. soy sauce, fish sauce and bouillon) and no salty snacks
 - Limited added sugar and no soft drinks or confectionery
 - Safe and palatable drinking water as the preferred beverage

Consider the rules of engagement

- Emergency donations from the private sector do not necessarily equate to partnership. They should normally be considered contributions. As such, any engagements with food and beverage companies during emergencies, such as the COVID-19 pandemic, should be structured and communicated accordingly. It is advisable to avoid partnership language and the terms of agreement should be negotiated on a case-by-case basis, including agreement on:
 - ✓ Minimizing public communication
 - ✓ Avoiding co-branding of donations/in-kind contributions
 - ✓ Clarifying that there is no expectation from any side regarding future engagements.
- Avoid engagement in cause-related marketing of unhealthy foods and beverages. Food and beverage product-based fundraising activities (known as cause-related marketing), where the profits or proceeds from sales go to a specific cause, or direct logo association with food and beverage brands may mean that your organization is perceived as endorsing a specific brand or product. Promotional cause-related marketing with companies with a diversified product portfolio (e.g. manufacturing and selling other goods besides food and beverages) should focus on non-food product ranges only.

Endorsed by:



ⁱ Core Commitments for Children in Humanitarian Contexts

<http://www.unicefinemergencies.com/downloads/eresource/docs/1/2010-CCC-Final.pdf>

ⁱⁱ Groups at increased risk of adverse outcomes due to poor nutrition include, elderly, people living with disabilities, people with chronic illness, women and children. Note the focus groups for this guidance are women and children.

ⁱⁱⁱ WHO Infant & Young Child Feeding Factsheet <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>

^{iv} WHO Healthy Diet Factsheet <https://www.who.int/news-room/fact-sheets/detail/healthy-diet>

^v Global Strategy for Infant and Young Child Feeding https://www.who.int/nutrition/topics/global_strategy/en/

^{vi} In defining ‘unhealthy foods’ consider referring to the NOVA classification system which categorizes food and beverages according to the extent and purpose of food processing <http://www.fao.org/3/ca5644en/ca5644en.pdf>

^{vii} Unhealthy Snack Food and Beverage Consumption is Associated with Lower Dietary Adequacy and Length-for-age Z-scores among 12-23 months old in Kathmandu Valley, Nepal <https://academic.oup.com/jn/article/149/10/1843/5530103>

^{viii} <https://onlinelibrary.wiley.com/doi/abs/10.1111/obr.12445>

^{ix} WHO Guidance on ending the inappropriate promotion of foods for infants and young children <https://apps.who.int/iris/bitstream/handle/10665/260137/9789241513470-eng.pdf?sequence=1>

^x Supporting children’s nutrition during the COVID-19 pandemic <https://tinyurl.com/y7zbx9a9>

^{xi} A company or organization may be considered to have core business in the production, marketing or distribution of unhealthy food if a large proportion of their product range or sales volume (e.g. more than 25%) is for unhealthy foods. A small proportion or no production of unhealthy foods lowers the risk.

^{xii} World Health Assembly Resolutions have clarified that in instances where children require BMS in the health care system, they should be purchased. WHA Resolution 47.5 stated that Governments must take measures “to ensure that there are no donations of free or subsidized supplies of breastmilk substitutes and other products covered by the International Code of Marketing of Breastmilk Substitutes in any part of the health care system”; WHA Resolution 63.23 emphasized “the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria”. See here for full Code of marketing on breastmilk substitutes and relevant resolutions <https://www.who.int/nutrition/netcode/resolutions/en/>