Recently I came across a story of the type that New York University professor Marion Nestle characterises as ‘you couldn’t make it up’. This was the story. The transnational soft drink industries can help to prevent and treat child undernutrition and hunger, if they ‘fortify’ their soft drinks with micronutrients, and truck them to

Cite as: Monteiro C. The big issue is ultra-processing. ‘Fortified’ soft drinks for Africans. [Commentary]. World Nutrition, January 2011, 2, 1: 18-21
the most impoverished parts of Sub-Saharan Africa. The proposal was made in the leading international scientific journal *Pediatrics*, by two academics from the University of California at San Francisco (1). Could this be a joke? No, it was serious.

The arguments in support of this bizarre proposal are so fragile that commenting on them in detail is perhaps not necessary. One point will do. The case of the West Coast academics depends on their assertion that soft drinks and other bottled products are affordable by African people living in poverty and misery. To ‘prove’ this, they say: ‘Costs of Coca-Cola products are kept low in African markets (~20 - ~30 cents), less than a cost of a newspaper, so that they are affordable for the population’. But people existing virtually without money, or on the equivalent of a US dollar a day or less, do not buy newspapers. Their needs are more fundamental.

True, the proposal is not new. Industry constantly presses it. Thus, the claim that the transnational food and drink manufacturers could fight hunger and undernutrition in impoverished countries, by marketing ‘fortified’ versions of their ultra-processed snack, drink and other products, was recently made by Derek Yach, Vice-President of PepsiCo’s global nutrition policy, and Pepsi-Co colleagues (2,3).

But impoverished populations in Africa and elsewhere in the world, whose food supplies are insecure and who are constantly hungry and undernourished, cannot afford industrially processed foods and drinks, although they may dream of consuming them, as a badge of ‘the good life’. In Africa, as well as in Latin America and Asia, the transnational food and drink companies’ market target for their ready-to-heat and ready-to-consume energy-dense ‘fast’ and ‘junk’ products, many of which are already ‘fortified’ and make health claims, is middle-income and low-middle-income families rather than the extremely poor (3).

**The habit of snacks**

Worse, if ‘fortified’ branded products made by transnational companies with massive marketing muscle are promoted as helping to save the lives of small children, impoverished parents might indeed be induced to drive their families closer to destitution by making a habit of buying such products. This would be more likely if industry propaganda included supportive statements from pediatric health professionals. Worse yet, if any branded product gains the reputation of being a life-saver, families are liable to remain loyal to the brand, and to any or all available ‘fast’ and ‘junk’ snack and other fatty, sugary or salty ultra-processed products made by the company owning the brand, life-long. The result would be an ‘extra help’ to the obesity pandemic, with all that implies, including intolerable burdens on health services for treatment of serious obesity-related chronic diseases.

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Box 4
‘Fortified’ UPPs to prevent undernutrition?

Carlos Monteiro writes: The one and only reliable and sustainable way to reduce undernutrition and where possible to eliminate hunger and starvation, is to give the communities and the countries most affected, the ability to look after themselves. This can only be fully achieved after the elimination of unfair foreign debt burdens, most of all of African countries. Meanwhile all support needs to encourage and enable national, local and community self-reliance. ‘Band aid’ approaches, including the use of food ‘fortification’ and supplementation, may work in the short-term, but are liable to erode and even destroy the ability of impoverished governments and communities to become food-secure and self-sufficient.

The giant transnational ultra-processed product manufacturers all share a global strategy. This is to maintain their ‘market share’ of ‘saturated’ high-income countries and regions, and to increase their penetration of lower-income ‘emerging markets’ in impoverished continents and countries. You don’t have to take my word for this: access any transnational company annual report on the internet.

Teaching the world to snack

‘Premium’ ultra-processed products usually cost more. They are usually promoted using prominent health claims. Such claims are particularly potent when they are addressed to the mothers and carers of children. The general strategy of the transnational food and drink manufacturers and caterers, is steadily to replace traditional and established food systems, with their branded ready-to-consume and ready-to-heat products, and in particular snacks. Products with a claimed high nutrient profile, often because ‘fortified’ with synthetic micronutrients, are part of this plan. The vision of the most diversified transnationals is to ‘teach the world to snack’ – to bring about a world in which meals and foods (and families) are replaced by branded ultra-processed snacks, purchased and consumed from the age of weaning and hen by individuals throughout life. Again, if you feel this is exaggerating, please access the freely available on-line industry literature.

I ask my fellow health professionals, very sincerely, to become aware of such contexts, in which we all work.

The result would also be persistence of undernutrition, food insecurity, and at worst hunger and even starvation. There is no ‘magic bullet’ or ‘band aid’ or ‘technical fix’ solution to world hunger. In any case, as everyone knows (or should know) the nutrition and health of young children does not depend just on their micronutrient status (4). It is of course true that acutely and seriously undernourished populations need immediate medical and nutritional support and other forms of care (3).

What the impoverished populations of Africa, Asia and Latin America and elsewhere need, are the means with which to lead a decent life. These include secure local food systems and supplies, access to safe water and adequate sanitation, adequately

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resourced primary health care services, ability to produce and prepare meals from local resources, universal primary education, and empowered mothers and other caretakers. Substantial reduction of child undernutrition can be achieved in a short period of time with improved income distribution, population and community self-determination, and public investments in public goods such as education, health, social security, water supplies and sanitation (5-7). The persistence of undernutrition is a sure sign of a ‘world order’ that has gone wrong.

The business of transnational industries is to increase turnover and to make more profits, which they do by penetrating and controlling markets, partly by making their products with the cheapest possible labour and from the cheapest possible materials, and partly by means of driving national and local industries out of business. If the transnationals are seriously interested in improving the nutrition of impoverished populations, they should press the governments of rich countries in which they have headquarters and branches, to increase the programme funding of relevant United Nations agencies, and health professional and civil society organisations, and, also, to cancel the outrageous foreign debt of impoverished countries, most of them in Africa. That will be the day.

Meanwhile, the continued privatisation of public health and of public goods, can only increase inequity, instability, disturbance, and even more serious ill-effects of desperation and hopelessness.

References

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