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On Technological Interventions in Food for Malnutrition*

We believe that the problem of malnutrition in our country is created by structural poverty and inequality resulting in severe food insecurity. This situation is exemplified by huge problems of unemployment and the on-going agricultural crisis. The public response to this situation has been far from adequate in terms of protecting and promoting community self-reliance and control on issues of food security and livelihoods, and providing basic support services such as PDS, MDMs, ICDS, maternity entitlements, crèches and childcare services (for optimal Infant and Young Child Feeding (IYCF) including breastfeeding).

Various technological interventions are being suggested and considered for modification of food, such as genetically modified foods, ready-to-use therapeutic foods, and food fortification, to deal with various aspects of malnutrition such as micronutrient deficiencies, severe acute malnutrition, etc. Many of the products being brought in as pilots are imported and branded (e.g French plumpy nut, Chinese nutrigrain), perhaps with the intention of scaling up these interventions using Indian manufactured products. However, such interventions necessarily create centralised systems for food production and distribution that further compromise decentralised autonomy and community control. They also detract from local livelihoods and take away the option of using local foods and recipes many of which have good nutritional value.

We recommend that the issues of food and medicine should not be mixed up where micronutrient deficiencies are concerned. Fortification is a centralised process with debatable impact on micronutrient deficiencies. Micronutrient supplements need a production process that is akin to that of producing other drugs and we already have on-going supplementation programmes though they need reform and better implementation. The issues of food, on the other hand, are closely linked to local agricultural practices, subsistence economies, livelihoods and culture including women's work and child care and infant and young child feeding practices.

Whereas feeding practices need to certainly change if malnutrition is to be tackled with urgency and efficacy, higher density foods need to be produced in as decentralised a manner as possible and from locally available foods.

As far as Genetically Modified (GM) food is concerned, not only is impact debatable, there are also serious current, potential and irreversible consequences for health. In the absence of proper evidence and regulation for safety, we recommend a moratorium on GM imports as well as on open field testing till safety concerns have been put adequately to rest.

Last but not least, technological interventions in food for malnutrition should be protected from commercial interests. They should be carried out through public institutions, based on transparent processes and scientific evidence, with extensive safeguards against profit motives.

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* Position note prepared by the Working Group for Children Under Six, a joint working group of the Right to Food Campaign and Jan Swasthya Abhiyan.