Nutrition responses from food and beverage companies to the Covid-19 pandemic

Report 3: A country-level response – India, Mexico and Nigeria

February 2021
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Abbreviations

ALN  African Leaders for Nutrition
ANPEC  National Alliance of Small Merchants (Mexico)
APRA  Agricultural Policy Research in Africa
AS/COA  Americas Society/Council of Americas
ATNI  Access to Nutrition Initiative
B2B  business-to-business
BMS  breast-milk substitutes
CACOVID  Coalition Against COVID-19 (Nigeria)
CDC  Centers for Disease Control and Prevention
CGF  The Consumer Goods Forum
CIK  contributions in kind
CONVEAL  National Council for the Evaluation of Social Development Policy (Mexico)
COPARMEX  Confederación Patronal de la República Mexicana (Mexico)
CPG  consumer packaged goods
CSR  corporate social responsibility
the Code  International Code of Marketing of Breast-milk Substitutes
EPRI  Economic Policy Research Institute
F&B  food and beverage
FAO  Food and Agriculture Organization
FCDO  Foreign, Commonwealth and Development Office (UK)
FOP  front-of-pack (labeling)
FSSAI  Food Safety and Standards Authority of India
GAIN  Global Alliance for Improved Nutrition
GDP  gross domestic product
GHAI  Global Health Advocacy Incubator
GloPlan  Global Panel on Agriculture for Food Security and Nutrition
HFSS  high in fat, salt and sugar
HUL  Hindustan Unilever
IBFAN  International Baby Food Action Network
ICU  intensive care unit
IFAD  International Fund for Agricultural Development
IFBA  International Food and Beverage Alliance
IFPRI  International Food Policy Research Institute
ILO  International Labour Organization
INSPI  National Institute of Public Health (Mexico)
LMICs  low- and middle-income countries
MSMEs  micro-, small- and medium-sized enterprises
NAFDAC  National Agency for Food and Drug Administration Control (Nigeria)
NCD  non-communicable disease
NCDC  Nigeria Centre for Disease Control
NGO  non-governmental organization
NMPFAN  National Multi-sectoral Plan of Action for Food and Nutrition (Nigeria)
OECD  Organisation for Economic and Co-operation Development
PAHO  Pan American Health Organization (regional agency of WHO)
PPE  personal protective equipment
R&D  research and development
SBN  SUN Business Network
SDG  Sustainable Development Goals
SMEs  small and medium-sized enterprises
SSB  sugar-sweetened beverage
SUN  Scaling Up Nutrition
TFAs  trans fatty acids (trans fats)
UN  United Nations
UNDP  United Nations Development Program
UNICEF  United Nations Children’s Fund
VCDP  Value Chain Development Programme
WFP  World Food Programme
WHO  World Health Organization
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1. Summary

The Access to Nutrition Initiative (ATNI) is committed to supporting the food industry’s contribution to addressing the world’s nutrition challenges. This contribution has become more evident and pressing in the face of Covid-19, which has increased food and nutrition insecurity and revealed many unanticipated challenges for food and beverage manufacturers and their value chains. At the time of writing (December 2020), vaccination has begun, but for much of the world’s population this remain months or years away, and the serious economic and nutrition consequences of the pandemic continue.

This document is the third in a series of four quarterly reports, which together will chart the way in which food and beverage manufacturers pivot their operations in the first year of the Covid-19 pandemic and which ATNI hopes can be used by other stakeholders to understand the industry response.

- The first report set out the Framework developed by ATNI to identify action by food and beverage manufacturers in response to this crisis.
- The second report summarized the results of an assessment of 39 of the world’s major food manufacturers (companies that have all been included by ATNI in its other Indexes).
- This third report has taken a deeper dive into three middle-income countries – Mexico, India and Nigeria – combining research into the impact of Covid-19 on each country and the governments response with a look at the countries’ largest food manufacturers by 2019 retail sales value. The analysis used the ATNI Framework as a guide, particularly focusing on the themes identified in the second report, and the desk research was supplemented by a series of in-country interviews from a range of sectors (government, non-governmental organization (NGO), UN agency, industry) to provide on-the-ground context and invaluable extra content.

The research identified many similarities between the food industries’ response in the three markets, as well as some intriguing differences. The similarities broadly reflect the global trends previously identified.

The most information provided is on how companies have worked to ensure employee wellbeing, either through safety/hygiene measures introduced in the workplace or through financial support. The importance of good nutrition as supporting employee health was rarely in evidence.

The second most cited action was donations to address the effects of the pandemic on vulnerable populations, both in-kind donations of food products and financial contributions, including to NGOs and to nationally orchestrated government or industry-led initiatives. It is usually unclear as to the healthiness of in-kind donations and how long contributions will continue, and no reporting was found on the impact of the initiatives.

Other themes include some focus on value chains, particularly support by the large manufacturers for micro, small and medium-sized enterprises, such as smallholder farmers and small retailers, who are at the heart of the food system in all three countries. Examples of support include training, improved e-commerce and credit assistance.

However, reporting on in-country efforts is generally less detailed than in more developed markets, and consequently some of the references in this report come from third-party sources (such as national news sources or NGOs) rather than from the companies themselves (all sources are provided). Indeed, some of the companies provided no Covid-19-specific information on their websites at all. Limited information was found even on the more frequently cited themes, and other issues such as marketing (including of breastmilk substitutes (BMS)) are even less reported upon. Only one company (in Mexico) has a promise to maintain its prices during the pandemic. There is little evidence of a strategic approach to the pandemic in these countries, although it should be noted that the research was based only on material in the public domain and predates any annual reporting for 2020.

The standout differences are due to the different political, cultural and economic climates of the countries. In India, with the encouragement of a dedicated government department, the food industry is pivoting towards the production of Ayurvedic products, promoted as boosting immunity. In Mexico, many in the industry came together to support small retailers, but there has also been pushback by some companies against the introduction of the new,
striking front-of-pack labeling scheme that has been strongly supported by public health advocates. In Nigeria, the food industry has taken a leading role in a public-private partnership to distribute food and other essential goods (‘palliatives’), organized by the government, which has faced criticism for the slow pace at which the palliatives have been distributed.

In all countries, as the economic and health consequences of Covid-19 continue to unfold, food insecurity, notably among children, remains a concern.

**ATNI has developed recommendations for the major food and beverages manufacturers in each country (section 7.2), highlighting the need for greater transparency at country level, for a more strategic and nutrition-sensitive response for employees, value chains and customers, for renewed and strengthened commitments to responsible marketing (including of breastmilk substitutes) and to support national governments in their efforts to improve public health through good nutrition.**

It is now more than a year since the crisis first began in China— but the world is just at the start of what is a **unique and urgent opportunity to reorient the food system towards a more healthy, equitable and sustainable future.** The food industry must ensure that it plays a key role in building back better from this global emergency. The final report in the series, to be published in the second quarter of 2021, will look back at the changes in response over time and make recommendations for moving forward.

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**Responses to the second report in the series**

‘I am very pleased that ATNI has stepped into this unique space of monitoring and reporting major food companies’ response to Covid-19’
– Doreen Hashemi, Private Sector Adviser, Nutrition Policy Team, UK Foreign, Commonwealth and Development Office, during a webinar presenting the second report

‘So many reports out of #WorldFoodDay. This one is definitely worth a read – how food businesses have responded to #COVID19 and a call to place healthy diets at the core of what they do’
– Prof. Corinna Hawkes, Director, Centre for Food Policy at City, University of London, Distinguished Fellow at the George Institute for Global Health, and Vice Chair of London’s Child Obesity Taskforce (on Twitter @CorinnaHawkes)

‘The findings of this report demand that all of us take a harder look at how the activities and strategies of the food and beverage industry are impacting public health and nutrition, especially in this era of COVID-19. I hope it will inspire a greater level of accountability on the part of leading companies’
– Lucy Martinez Sullivan, Executive Director, Feed the Truth

‘Good insights on nutrition responses to COVID from food & beverage companies in today’s #ATNIcovid19Report webinar. There may be some malpractice & some inconsistency, but it’s still good to see a general mobilisation of the private sector to support nutrition’
– Oliver Camp, Senior Associate (Innovations), GAIN (on Twitter @OWC93)
2. Introduction to this report

2.1 The current Covid-19/nutrition context

At the time this report was finalized (19 January 2021), over 94 million people had been diagnosed with Covid-19 and over 2 million has died from the disease globally. New, more infectious variants of Covid-19 are emerging (notably in the United Kingdom, South Africa and Brazil) with resurgent lockdown restrictions coming into force. The race between the roll-out of the vaccine and these new strains is becoming increasingly pressing, with nutrition thought to play a role in vaccine efficacy. Poor nutrition may lead to the vaccines being less effective, so monitoring nutrition may be a practical and low-cost way to impact vaccination outcomes. Studies also suggest that people whose immune system is adversely affected by obesity may ultimately lack vaccine-induced immunity – which is particularly concerning as people with obesity are also at greater risk of severe Covid-19 outcomes.

For most, however, vaccination is months or years away and the direct health impacts of Covid-19 are playing out against the backdrop of serious economic repercussions of the pandemic, with significant impacts on nutrition. The chief economist of the Food and Agriculture Organization (FAO) recently noted that the economic impact of Covid-19 is four times greater than that of the 2008 financial crisis – and this is likely to result not only in decreasing dietary diversity and the worsening of nutrition indices, but also in exacerbated inequalities within global food systems. A statement by the International Labour Organization (ILO), FAO, the International Fund for Agricultural Development (IFAD) and the World Health Organization (WHO) in October 2020 warns that ‘millions of enterprises face an existential threat’, with nearly half of the global workforce at risk of losing their livelihoods and with workers in the informal economy being particularly vulnerable: ‘the majority lack social protection and access to quality health care and have lost access to productive assets. Without the means to earn an income during lockdowns, many are unable to feed themselves and their families. For most, no income means no food, or, at best, less food and less nutritious food.’

A position paper from African Leaders for Nutrition (ALN) called in September for African heads of state and government to ensure that financing for nutrition is included in their countries’ Covid-19 response and recovery plans.

Although some countries in Africa and Asia (for example) may not – at least initially – have been as directly affected as at first feared, Covid-19 has ruthlessly exposed existing weak spots. But Covid-19 must not deflect attention from existing fragile settings and structural problems, which are being exacerbated by the indirect effects of the pandemic.

The impact on malnutrition among children is an important concern, as highlighted by two reports published in December 2020: the Standing Together for Nutrition Consortium found that, by 2022, Covid-19 could result in 168,000 additional child deaths. And a report by Save the Children notes that, without urgent action, the pandemic could reverse years of progress, projecting that pandemic-related malnutrition could ‘kill an average of 153 children a day over the next two years if action is not taken’.

There is a clear need to keep food fortification alive. The manufacturers of premixes (the mixes of essential micronutrients that are added to staple foods such as flour and cooking oil) are an essential part of the supply chain of fortified foods, which has been coming under strain through increased costs of transport/logistics and production. A report from October calls on the manufacturers of premixes to take the lead in quality assurance, join advocacy efforts to eliminate tariffs on premixes and to invest in marketing to inform consumers of the health benefits.

The nutrition impacts are not restricted to undernutrition: the triple burden of malnutrition is relevant, with the response to lockdown potentially leading to increased obesity in both children and adults, and micronutrient deficiencies are also a concern.

In recent months, the emphasis on the economic impacts of Covid-19 has included a focus on those working within the food system. The October statement from the ILO et al. cited above also highlights the problems faced by migrant agricultural workers (whose transport, working and living conditions are all at risk, and they may have...
difficulty in accessing government support), noting that ‘Guaranteeing the safety and health of all agri-food workers – from primary producers to those involved in food processing, transport and retail, including street food vendors – as well as better incomes and protection, will be critical to saving lives and protecting public health, people’s livelihoods and food security.’

There have also been calls for those working in the food sector to be prioritized for vaccination. As early as June, a group of US food associations wrote to the president, requesting that ‘food and agriculture workers be given the next highest priority for receiving the vaccine behind our nation’s healthcare workers, first responders, and high-risk individuals.’ This has since been followed up with a letter in November welcoming the US government’s ‘Playbook’ on COVID-19 vaccination as including non-health essential workers and asking that the food system be included. Prioritizing vaccinations for food, agriculture, retail, and CPG [consumer packaged goods] workers will be a key intervention to help keep workers healthy and to ensure that agricultural and food supply chains remain operating.

For individuals and families, the ‘new normal’ depends on their circumstances. For some, the income loss, rising food prices and deteriorating diets will push them into acute hunger, likely to affect an estimated 130 million more people in 2020, according to the World Food Programme (WFP). Food insecurity has also been rising in developed countries: an estimated 50.4 million people in the United States were estimated to be affected by the end of 2020 (one in six of the population (and one in four children), up from 35.2 million in 2019) and in Australia food-bank demand rose by almost a half, with many casual workers among the ‘newly food insecure’.

Among consumers for whom acute food insecurity is not the primary issue, ongoing trends in consumption are not always consistent. For example, what has been described as ‘foodies’ and ‘comfort foods’ (many of which are considered unhealthy) but also a shift towards foods seen as being healthy and, in particular, ‘functional foods’ perceived to improve immunity. This latter trend is evident globally – a survey in November suggested that over half those surveyed now spend time educating themselves on ingredients or other ways to increase immunity with this particularly evident among younger consumers. Food manufacturers are responding to and fostering these new trends, producing new products claimed to be ‘health-promoting’ – and the pivot towards Ayurvedic foods is a particularly striking trend in India (box 4).

However, all the struggles worldwide with nutrition come despite strong performances by some of the large food manufacturers. A report in September suggested both that the world’s top food and drink brands are unlikely to lose much brand value and there is a suggestion that venture capitalists’ hesitancy (in the early days of the pandemic) to enter new deals have been changing, with ‘the most [investor] interest and activity focused on grocery CPGs and food delivery.’

Box 1: WFP’s channels through which Covid-19 is affecting food insecurity
In October, the World Food Programme published an update to the 2020 Global Report on Food Crises, subtitled In Times of COVID-19. This makes clear that ‘we still lack systematic information from direct observation to come to fully quantify the impacts of the pandemic, but sets out ‘five channels through which the COVID-19 pandemic and containment measures are affecting food security and nutrition: loss of income; constrained government finances; deepening inequalities; food systems; increased malnutrition levels; and humanitarian assistance challenges’. 
2.2 The importance of 2021 for global nutrition

2021 is a ‘make-or-break year’ for nutrition. The Nutrition for Growth Year of Action began on 14 December 2020 and will culminate in the Nutrition for Growth Summit in December 2021. Coupled with the UN Food Systems Summit, this offers important opportunities for a step-change in tackling malnutrition in all its forms in conjunction with climate change – and a chance to address the many ways in which nutrition is affected by Covid-19 (see box 1). Given the apparent strength of the large food companies – and their abilities both to support small- and medium-sized enterprises (SMEs) in their value chain and to enable healthier eating among consumers – they will be important partners in delivering this healthier future. As a report of the Global Panel on Agriculture and Food Systems for Nutrition has put it, ‘The diverse companies that make up the food industry must align their considerable influence (e.g., through advertising, retail environments) to shift demand in the right direction. Anything else is unacceptable.’ As annual reviews for 2020 are published, stakeholders should watch for evidence of how the crisis has been translated into explicit company strategy that prioritizes nutrition.

2.3 The three-country focus: India, Mexico and Nigeria

As the second report in this series noted, much of the available information on the companies’ food system response to Covid-19 comes from high-income countries – and ATNI decided soon after the start of this one-year initiative, to focus the third report on key lower- or middle-income countries, to provide more balance in reporting: Mexico (upper-middle income) and India and Nigeria (lower-middle income) were chosen, representing three regions: Asia, Africa and South America. All three countries are part of previous and/or ongoing work by ATNI – such as the ATNI India Spotlight Indexes; work done by ATNI in Nigeria to test the Nutrition Business Monitor tool for SMEs; product profiling piloting, and the BMS in-country assessments conducted in Mexico – which enabled the analysts to draw on existing research and contacts.
Box 2: The research process

The research underpinning this report has been three-fold:

1. **Third-party collection**: Since March 2020, ATNI began compiling weekly updates on the response of food manufacturers, the wider food industry, consumers, NGOs and government to Covid-19 and its impact on nutrition. These updates have been systematically sourced from third parties, with a more ad hoc approach on Google where there is an issue or country of interest, and from the start ATNI has taken particular note of information reported from India, Mexico or Nigeria.

2. **Company deep-dives**: The second report presented the results of a deep-dive analysis of 39 of the world’s major food and beverage manufacturers over the period from the start of the crisis to the end of August 2020. The research systematically covered every category and indicator in the ATNI Framework, and information on the second quarter financial results was also sought. Unlike when compiling ATNI's Global and Spotlight Indexes, information was not sought directly from the companies under non-disclosure agreements. All were informed about ATNI's project and invited to share additional examples or highlight examples. This third report in the series draws on this research.

3. **In-country research**: For the in-country research specific to this report, ATNI analysts were divided into three research teams (India, Mexico and Nigeria), each team including an analyst with prior knowledge of the country that had been gained when working on ATNI's other initiatives. The Mexico team included a Spanish speaker. The research took place in November 2020.

Information about the impact of Covid-19 on the country and the government response was sourced from government materials, international agencies (such as the WFP and UNICEF), research reports from NGOs and news websites.

The companies researched for this report (listed in Annex 2) were identified by selecting the largest companies by their 2019 retail value in US$ in the country in packaged foods and (non-alcoholic) beverages (not by sales volume or other currency, data obtained from Euromonitor International, ATNI's data service provider). 10 companies were reviewed in Mexico, 9 in Nigeria and 16 in India (see Annex 2 for the specific types of foods and beverages these companies predominantly sell). Examples of company action were sourced from companies’ in-country websites and third-party materials including blogs and news websites. The analysts used the ATNI Framework as a guide, but because there was relatively little information (compared to the global research for the previous report), the search focused on the broad themes identified in the second report, rather than on the individual indicators.

An important extra step taken for this report was a series of semi-structured interviews to supplement the desk research. ATNI spoke to at least three people from each country (listed in Annex 1) from a range of sectors (government, NGO, UN agency or industry) and these discussions provided on-the-ground context and invaluable extra content. Quotes from these interviews appear in italics in the text.

Note, however, that there are some limitations to this research:

- Because it is based almost entirely on information in the public domain, a lack of information about a company does not necessarily mean that a company is not taking action to address the Covid-19 crisis. This research process cannot provide a full overview but did take a systematic approach to the largest manufacturers within each country.

- ATNI research analysts primarily focused on information reported on the national-level websites and social media sites rather than delving in detail into subsidiaries or the many specific brands. It is possible that further brand-level information was provided.

- ATNI has not been able to verify all the information, because resources do not permit this level of scrutiny, but all sources are fully referenced and appear as endnotes.
3. India

3.1 The impact of Covid-19

3.1.1 The impact on health and the economy

The first case of Covid-19 was documented in India on 30 January 2020. On 20 March the government announced a nationwide lockdown from 25 March (initially to last for 21 days but extended, twice, into May), including the closure of all schools and non-essential shops, with grocery retailers remaining open. Migrant workers rushed to return home at short notice, a vast movement of people that was reported internationally. By 19 January 2021, 10.5 million people had been infected and 152,000 people had died from Covid-19, the third-highest country total after the United States and Brazil.

An estimated 31.7% of India's population is below the age of 18 and, while children may escape most of the virus's direct health consequences, the indirect consequences - including on nutrition - are likely to prove to be severe. The economic impacts have been significant, with India undergoing its first recession in decades: the economy contracted 24% year-on-year in April–June 2020 and then a further 7.5% in July–September. There are fears that women will bear the brunt of the economic burden, having had to take the majority of caring responsibilities when schools were closed and with many unable to work from home.

3.1.2 The impact on nutrition

There are no national data showing the nutrition consequences of Covid-19 to date, but a report by UNICEF in July, which looked at 12 states' implementation of malnutrition programs, found that care for undernourished children had been significantly disrupted, with guidelines often not available, a lack of convergence between government departments, children in more remote areas being excluded from routine screening and faulty screening equipment. Data largely gathered prior to the pandemic for the latest National Family Health Survey 2019–2020 (data-gathering for which was suspended in May 2020 due to the lockdown) suggests that some of the progress seen in the previous 2015–16 survey had already been reversed, with the share of children with stunting increasing in 13 out of 22 states and with rates of obesity and anemia increasing.

The pandemic threatens to derail the government's program to improve nutritional outcomes for children, pregnant women and nursing mothers, POSHAN Abhiyaan (National Nutrition Mission), which was launched in 2018 and is supported by the prime minister. The estimated impact on maternal and child health programs included a drop of 20% in early initiation of breastfeeding among children born in public facilities, and a third fewer children receiving their first dose of vitamin A in their first six months. In addition, the estimated 10% reduction in gross national income that is predicted due to Covid-19 could lead to an additional 3.4 million children being added to the estimated 23 million suffering from wasting.

The short-term effects of acute malnutrition, if not prevented and managed well, will give way to other forms of nutritional deficiencies including stunting and micronutrient deficiency in the coming years possibly to the extent that 'the health system will be overwhelmed' (Dr Antaryami Dash, Head – Nutrition, National Support Office, Save the Children).

Despite efforts by government (section 3.2 below), food insecurity remains a problem – according to one of the interviews, reach of food programs is nowhere near pre-Covid levels (Dr Rajan Sankar, Director of Nutrition, TATA Trusts). In late September, the National Human Rights Commission asked the ministries of Ministry of Education and the Women and Child Development Ministry urgently to restore food programs because, despite a Supreme Court ruling in March that had ordered that school meals and supplementary nutrition programs should continue through home delivery or cash transfer, this had often not been the case, with many schools and rural child-care centers remaining closed. A report published in December found that many children's access to a midday meal remained restricted, and that the pandemic has put almost 115 million children at risk of malnutrition.
However, some aspects of the food supply have been generally resilient with states providing much of the required support. On the retail side, in 2019 around 90% of the Indian market was served by small corner stores (kirana) and other informal sellers such as street vendors, with only 8% by supermarkets and just 2% online. The small stores and informal retailers often rely on family members and were therefore less affected by labor shortages – and many have also “embraced technology,” receiving assistance at the back end from B2B (business to business) retailing supply-chain management firms.

‘The nutrition situation has been better than expected. Resilience seems to have increased compared to previous crises’ – Dr Rajan Sankar

3.1.3 The impact on consumer trends

There is little consistent evidence, to date, of the impact of the pandemic on food consumption patterns and, although the impact will have been felt differently in urban and rural areas, it is incredibly difficult to systematically get information’ (Dr Rajan Sankar). Consumer prices fluctuated in the first few months – for example, in smaller cities and towns retail prices rose an average of more than 20% in the two months following the lockdown, but retail prices for fruits and vegetables increased substantially in some areas and fell in others. During lockdown, there were also reported increases in demand for snack food, when eaten in the home – for example, ice-cream sales by Hindustan Unilever (HUL) saw an immediate and sharp fall, whereas increased demand for Britannia’s biscuits led to revenue growth of 20% in April and 28% in May.

At interview it was suggested that there was a shift away from food with high nutritional value towards products of lower quality but higher shelf-life, as the economic impacts of lockdown started to bite. Concern was also voiced that the diets of many people in India already suffered from a lack of diversity, which may have been exacerbated by food shortages and price hikes.

‘During the lockdown, there was a move by consumers towards low-quality, low-nutritional value food with a long shelf-life, because they couldn’t afford any other food’ – Dr Antaryami Dash

Online shopping is in relative infancy compared to some markets, with online penetration of retail just 4.7% in 2019. However, in the period April–June, it was reported that e-commerce and home delivery of orders had accounted for a record 15–20% sales of the country’s top food and grocery retail chains (up from 3–6% previously), reflecting the change in habits during lockdown. A further report in July estimated that this trend would continue in India, with online grocery growth rising from its previous 50% each year to over 80% growth per year during 2019–24.

A further evident impact is a surge in interest in Ayurvedic foods and other products suggested to boost immunity as a way to tackle the Covid-19 epidemic, driven in part by the government (see box 4 below): a survey of 5,000 people in 135 cities found that 35% of adults had changed their diet in an effort to improve immunity. Companies are pivoting their products in response, and a 2019 report suggests that the global market for Ayurvedic products was already worth $4.57 billion in 2017, with annual growth even prior to the pandemic anticipated to be over 16%.

Finally, concerns have been voiced that changes to everyday life precipitated by lockdown measures could worsen childhood obesity: a survey in May/June 2020 found that screen time among children aged 5–15 had increased by 100% since the first lockdown.
3.2 The response of government

3.2.1 The overall government response

Following the initial lockdown, the government’s response has been multifaceted, addressing the economic impacts, the health/nutrition impacts and has also made changes to the agricultural system itself.

The first government relief package, known as Pradhan Mantri Garib Kalyan, was announced in March 2020, totaling INR 1.7 trillion (US$22.6 billion).67 A further relief package of INR 20 trillion followed on 15 May — and by November 2020 (the fifth stimulus package), measures taken by the government had reached INR 30 trillion, equivalent to 14.7% of GDP.68

The first economic relief package included a significant food component: 5kg of either rice or wheat and 1kg of pulses per month free, initially for three months, in addition to a pre-existing entitlement of 5kg of low-cost wheat/rice per person per month.69 This was offered to two-thirds of the population and helped to cushion the blow of the pandemic on malnutrition.

The majority of India’s workers are estimated to be in the informal economy, up to around 80% in the states of Uttar Pradesh and Bihar.70 Many of them are migrant workers who were very significantly impacted by the lockdown: a survey of 11,000 workers during the lockdown found that 72% said that their rations would be finished in two days and that 89% had not been paid by their employers at all during lockdown.71 A large proportion of migrant workers are agricultural workers: agriculture accounts for 16.1% of GDP but 54.6% of India’s workforce.72 Changes have been made by the government to ration cards, which are now no longer state-specific, meaning that if a worker moves to another part of their country then they can still receive subsidized food.73

Beneficiaries of government support for the informal sector include 87 million farmers through the minimum income support scheme and 50 million families who rely on unskilled labor receiving a wage increase. Health workers received support in the form of medical insurance (Rs 5 million per healthcare worker), which covered around 2 million people. Wider economic stimulus measures include assistance for MSMEs (micro-, small- and medium-sized enterprises – there is an MSME Ministry within government): this support included collateral-free loans with a 100% credit guarantee.74

Box 3: Agricultural reforms

There have also been significant changes to the food system itself in India, in the form of reforms in the agriculture sector.75 The government’s second relief package, Atmanirbhar Bharat Abhiyaan (self-reliant India),76 broke the monopoly of the Agriculture Produced Marketing Committees, through which farmers used to have to sell their products, leaving farmers now able to sell directly to processors or exporters. At interview, GAIN India commented that this is highly ambitious, with many of the large companies already contracting directly with farmers. Some farmers have been protesting against the new laws and there is ongoing dialogue between the government and farming associations. Just as this report was going to press, in January 2021, the Supreme Court delayed the implementation of the new laws and established a committee of experts ‘to listen to the grievances of the farmers on the farm laws and the views of the government and make recommendations’.77

A ‘minimum support price’ is still available, for which the government will buy any produce that farmers cannot sell through other channels. However, concerns that this will be eliminated, coupled with fears that larger companies will monopolize the market, have led to ongoing protests by some farmers.78
3.2.2 The FSSAI response

The Food Safety and Standards Authority of India has taken several steps since the start of the pandemic, aiming to improve the nutrition situation in the country. These include the launch in June 2020 of Eat Right during COVID-19 (a range of hygiene tips and dietary/lifestyle guidance, including eating a balanced diet) and bolstering labeling requirements for the food-service industry (including a requirement, from the start of 2022, for food-service establishments with more than 10 outlets to include calorie information).

The FSSAI has also stepped up its efforts in encouraging the fortification of food products (for example, the addition of vitamins, iron and folic acid), beginning to address the fortification of staples such as rice and wheat and announcing that fortification of edible oil and milk with vitamins will be mandatory by the end of 2020. In December 2020, the FSSAI set out the norms for permissible levels of micronutrients with which companies can now voluntarily fortify their processed products such as breakfast cereals, biscuits, noodles or fruit juice. Products high in fat, salt and sugar (HFSS) are ‘excluded’ from this regulation, which will come into effect in July 2021. Improved labeling standards are also being introduced, such as mandatory labeling of sodium and added sugars.

Children’s food is an additional focus: in September the FSSAI published a charter for food supplied to children, which draws on a new set of regulations governing food in schools that will come into effect in July 2021. These regulations include restrictions on ‘food products high in saturated fat or trans-fat, or added sugar or sodium’ being marketed, advertised or sold to children in school (including bans on incentives such as toys or trading cards, and prohibition on sponsorship of events), with school authorities taking on responsibility for ensuring safe food and balanced diets on school premises, and improved monitoring and surveillance.

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Box 4: Ayurvedic approaches: AYUSH and FSSAI

India is unique in having a government ministry devoted to Ayurvedic and other traditional alternative medicines – AYUSH, the Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy, which was established in 2014. This Ministry has been heavily promoting the purported benefits of Ayurvedic approaches against Covid-19, notably the use of curcumin (which is found in turmeric) to boost immunity against the virus. This has been reiterated many times by the prime minister – for example, stating in November that ‘the Covid-19 situation is under control because every household is consuming immunity boosters like turmeric milk, the ashwagandha herb, kaadha etc.’ and in September, a ‘Post-Covid management protocol’ from the Ministry of Health and Family Welfare explicitly recommended consumption of Ayurvedic foods as part of its guidelines for recovered Covid-patients. However, Ayurvedic is largely unsupported by scientific evidence involving clinical randomized control trials.

The FSSAI takes a fully evidence-based approach, with a focus on a balanced diet. For example, the Eat Right during COVID-19 guidance includes a section on ‘Role of specific nutrients and foods to maintain optimal immune function and good health’, stating that ‘no single food/supplement, spice or herb can prevent or treat illness’, and notes a wide range of nutrients that, together, can help to maintain immune function. At interview, Dr Rajan Sankar said that it is ‘unfortunate that the AYUSH ministry applies different scientific standards and sets the bar very low’. A lack of product standardization is also problematic, with a report from Invest India noting that ‘the near absence of standardization does not permit wider acceptability of Ayurveda products’ within and beyond India.

However, as a result of interest from consumers and encouragement from some quarters of government, the food industry has been pivoting towards products that directly claim to provide protection against Covid-19. The FSSAI will not permit formal health claims about Ayurvedic – but that is not stopping food companies from marketing their products as boosting immunity (section 4.3).

*In Ayurveda, particular foods are ‘hot’ (e.g. ginger) and others ‘cold’ (e.g. coconut), and each have specific health benefits.*

February 2021
3.3 The response of the food industry

3.3.1 Overview

This report looked at the 16 largest food manufacturers in India. The majority (11) of the companies are headquartered in India: Adani Wilmar, Britannia Industries, Emami Agrotech, Gujarat Cooperative Milk Marketing Federation (Amul), Hatsun Agro Product, ITC, Karnataka Co-operative Milk Producers’ Federation Ltd (KMF Nandini), Marico, Mother Dairy, Parle Products and Tamilnadu Co-operative Milk Producers’ Federation Ltd (Aavin). The remaining five have their parent company outside the country: Coca-Cola India, Hindustan Unilever (HUL), Mondelēz India, Nestlé India and PepsiCo India. The 16 largest food and beverage manufacturers active in the Indian market accounted for over 30% of the processed food and beverage market share in India in 2018\(^2\).

The websites of the parent companies for those based outside India (Coca-Cola, Mondelēz, Nestlé, PepsiCo and Unilever) all contain some relevant information, as set out in the second report. However, information at the country level is more limited, and many of the India-based companies had not updated their websites with any Covid-related information in the five months since the initial ATNI research in July. The lack of detailed updates means that it is not possible to know or assess the impact of actions taken in the first few months, such as the difference made by donations or the length of time for which employees are supported (for example through temporary Covid-19 insurance programs). In addition, as noted in section 2.3, some details of initiatives have been drawn from third-party sources rather than the companies’ own websites.

None of the changes to the websites have indicated a clear, strategic response to the developing crisis – none, for example, made commitments to keep prices low. An overarching statement about strategic changes came in an online interview with Coca-Cola India’s Vice President for Public Affairs and Communication, who notes that ‘We revisited our entire strategy and realigned our focus on three strategic pillars of our operations – people, community and business continuity’; examples of actions (such as supporting employees) are given, but no further details as to the strategy itself\(^3\).

One issue around pricing was highlighted at interview by GAIN: eight companies to which GAIN has spoken that produce premixes for fortified foods had not increased their prices, which was welcomed as ‘very commendable’.

3.3.2 Health and wellbeing of employees

In the weeks immediately following the start of the pandemic in India, many of the companies published information on ways in which they were supporting their workforce, some of which have already been noted in the second report in this series. These include changes to on-site hygiene practices, such as Mother Dairy screening and sanitizing employees on arrival\(^4\) and Marico using demarcated entry and exit shifts to avoid gathering at the gate\(^5\). Some of the companies specifically reported on salary/pay: KMF Nandini announced a doubling of salary for those attending work during the lockdown (although the implications of this for self-isolating or infected employees is unclear)\(^6\) and Nestle’s Samman program ‘will reward each operator for working during the stipulated period’ (but with no details as to what this meant in practice)\(^7\) – and in neither case is it clear whether this is ongoing as of December.

Few companies mention nutrition-specific support for the workforce. Coca-Cola India’s website notes that its community support included ‘feeding daily wagers during the series of lockdowns … in partnership with our bottling partners, civil society organisations, and local administration’\(^8\) and Adani Wilmar reports that it distributed food packages to truck drivers and workers\(^9\).

As noted in section 3.2.1, migrant workers have been a particularly vulnerable group, and ATNI found a couple of examples in which they have been provided with nutrition assistance – for example, Marico reports that it worked with government agencies to provide migrant workers with food\(^10\) and ITC made ‘distributing cooked meals to the needy and migrant workers’ one of its core initiatives in tackling Covid-19.\(^11\) Once again, however, ATNI could not find clarification as to whether this support is continuing.

\(^*\) This is more than the 10 researched in Nigeria and Mexico, both because of the size of the manufacturers and because they had all been previously scrutinized in ATNI’s research for the second report in this series.
3.3.3 Value-chain support

Some examples were found of explicit support for the value chain during the pandemic, which are noted below. ATN! suggests that these be regularly updated to show the impact of these initiatives, as they address vulnerable populations.

- **Distribution partners:** Nestlé India’s Suraksha program covered ‘front-line sales force who work for our distribution partners’ with Covid-19 insurance for three months from April and paid them 100% of their sales incentive.\(^\text{102}\)

- **Street vendors:** Nestlé India noted in August that it has ‘an ambitious target of supporting 10,000 street food vendors come out of these challenging times’, in partnership with NGOs, as part of its ‘MAGGI Desh Ke liye 2 Minute – Ek Chhoti Si Koshish’ initiative [2 minutes for the country – a little effort].\(^\text{103}\) More details have not been disclosed to date, but the company has previously collaborated with the FSSAI in training 700 street food vendors in Goa on food safety, hygiene and waste-management practices.\(^\text{104}\)

- **Farmers:** At the request of the Horticulture Department, KMF Nandini agreed that farmers could sell their products directly to consumers at Nandini Milk Parlours. The company provided ‘free drinking water, butter milk, hand sanitizer and masks to farmers bringing vegetables and fruits for sales’ during lockdown.\(^\text{105}\)

- **Tea-plantation workers:** Hindustan Unilever worked with UNICEF to raise awareness about Covid-19 among tea-plantation workers and local communities in Assam state, including provision of hygiene products.\(^\text{106}\)
3.3.4 Donations

Donations by companies to Covid-19 relief efforts have been evident in India as they have been elsewhere – but the lack of updates of most of the company websites (see section 3.3.1 above) means that the impact on the ground was of these initiatives is not yet clear.

- **Vulnerable populations**: PepsiCo India’s website highlights that it has partnered with foundations and local authorities to distribute cooked meals and dry food to over 8,000 vulnerable families, and Coca-Cola India states that ‘We joined hands with partners like Care India, Akshaya Patra, Chintan, Hasirudala, and Saahas to provide immediate food and hydration security to the vulnerable groups across states’\(^{107}\) – although information on the nutritional value of the donations (and whether they are branded products) is not supplied.

- **Key workers**: The second report in this ATNI series found that several companies that have supported key workers (particularly hospital workers) with branded products – and examples were found in the research on food manufacturers in India. Vending machines supplying 100,000 free meals of Quaker Oats (a PepsiCo brand) were installed in government hospitals in New Delhi\(^{108}\) and Aavin supplied buttermilk to traffic policemen in Tamil Nadu.\(^ {109}\)

- **Communities local to company sites**: Adani’s corporate social responsibility (CSR) page notes that it provided ‘more than 25,000 litres of edible oil and large quantities of food grains among people living in the vicinity of its factories’.\(^ {110}\)

- **Contributions to government initiatives**: The Prime Minister’s Citizen Assistance and Relief in Emergency Situations (PM CARES) Fund was established on 28 March to provide support for people affected by Covid-19 and any future pandemics. Donors are not listed on the Fund’s website, but on the government’s Invest India website are noted to include ITC and Adani.\(^ {111}\) The fund has been criticized, however, for its lack of transparency on how the funds are managed and how the money is being spent.\(^ {112}\)

Where donations are in-kind, these may include unhealthier products. Mondelēz donated 7.1 tonnes of biscuits and chocolate to the India FoodBanking Network\(^ {113}\) and Twitter revealed in-kind donations of Britannia Industries’ biscuits and cake to migrant workers travelling on government buses in May.\(^ {114}\)

Combining philanthropy with a marketing effort, Cadbury Dairy Milk (a Mondelēz brand) created a limited edition ‘Thank You’ bar, with part of the profits being donated to establish health-insurance policies for daily wage earners through a partnership with Nirmana, an NGO working in the informal sector.\(^ {115}\)

3.3.5 Fortification

Fortification of food products can provide significant health benefits – for example, the addition of vitamins, iron and folic acid to many products have been commonplace in tackling malnutrition in India; this is encouraged and clearly regulated by the FSSAI\(^ {116}\) (section 3.2.2 above). Consumers, too, are increasingly concerned with using foods to remain healthy, particularly to maintain a healthy immune system (section 3.1.3 above). The food manufacturers are responding, adding vitamins and other nutrients to their products – HUL, for example, increased the amount of zinc in its Horlicks brand, with the first 150,000 packs donated to hospitals for medical professionals.\(^ {117}\) ITC’s Food Product Policy notes that it ‘follows a strict code for making product functional claims’ and that ‘functional claims will be made only after statistical significance is observed’;\(^ {118}\) and the company’s B Natural+ fruit juice focuses on how it ‘supports immunity’.\(^ {119}\)

**Traditional Ayurvedic approaches complicate this message** Claims, supported by the AYUSH Ministry (box 4, above), that certain Ayurvedic foods such as turmeric can boost immunity are also being responded to by companies. Several have rebranded or relaunched existing products, marketing them as (or implying that they are) protective against Covid-19. Government support beyond the AYUSH Ministry itself is evident: Aavin’s ‘immunity-boosting buttermilk’ (containing ginger, pepper and turmeric) was launched by the chief minister of Tamil Nadu, with other ministers including the Dairy Development Secretary in attendance.

Milk products with Ayurvedic ingredients are increasingly popular. Amul launched a range of products, including turmeric ice cream, claiming to be in response to demand for ‘immunity-boosting’ products;\(^ {120}\) Mother Dairy’s website explicitly notes the AYUSH recommendations when talking about the launch of its new Haldi Milk (containing curcumin).\(^ {121}\) Some are moving into Ayurvedic for the first time: Marico’s new Saffola ImmuniVeda
range includes a Golden Turmeric Milk Mix, with the press release accompanying the launch stating that, ‘recognising the need for superior quality immunity boosting products, Marico has forayed into the Ayurvedic segment’. The launch of new ice creams containing Ayurvedic ingredients were possibly designed to help offset falling sales of ice cream given the loss of its peak season between March and June.

It is a fine line between marketing a product as boosting immunity and making a clear health claim. Regulators, working with the FSSAI, are trying to limit actual health claims that are not evidence-based. There is an ongoing crackdown on marketing of products claiming to be Covid-19 cures: in April alone 50 such advertisements were identified by the Advertising Standards Council of India, with the advertisers required to withdraw them within a week.

‘Although claims of immunity-boosting foods have skyrocketed, they are not based on scientific evidence and often rely on product rebranding more than the introduction of new products’ – Dr Rajan Sankar
3.3.6 Marketing

None of the companies researched by ATNI for this report include a statement on their websites reiterating any commitment to responsible marketing to children during the pandemic (PepsiCo’s main website is, as noted already, the only one to do so); many, indeed, do not have a statement or policy on responsible marketing at all, as ATNI’s India Spotlight Index sets out. In addition, none of the companies’ websites mention the forthcoming new restrictions on advertising HFSS food in and around schools (section 3.2.2 above), due to come into force in July 2021.

Coca-Cola India made changes to its marketing at the start of the pandemic: ‘We took a decision to go dark with our advertisements and repurpose the resources towards the COVID-19 relief initiatives.’ It is not clear, however, how long this shift in resources lasted.

ATNI’s research found several examples of online marketing of products high in fat, salt and sugar (HFSS) that appear to be aimed at children – who are (as noted in section 3.1.3) spending more time online. For example, a series of short videos from Britannia Industries center around a parent and child on a video call, where the parent tries to do a ‘magic trick’ with one of Britannia’s products, to celebrate how well the child behaved during the quarantine. The aim is to encourage customers to send in their ‘mishti [an Indian sweet] moments’ and win an online party with Indian celebrities, including cakes and biscuits. Parle’s messaging on Twitter included ‘Hey Kids! The whole day is a recess! Pyjamas are your uniform!, with the hashtag #StayHomeStaySafe.

Box 5: E-commerce and direct-to-consumer

Some of the companies note their increasing use of e-commerce in response to the lockdown – although none of the interviews raised online purchasing as a trend. Amul is increasingly using third-party online sales platforms, with e-commerce sales doubling or more in some cities (in Bangalore the share of home-delivered online sales as a proportion of the total was 25–30% in July). Emami noted a 130% increase in its e-commerce business, due to ensuring the availability of key Emami products across major e-commerce platforms, including marketplaces [and] grocery portals.

During lockdown, food manufacturers found ways to bypass traditional retailers by partnering with delivery providers: ITC, for example, worked with Domino’s to deliver ‘essential items’ including wheat atta and spices directly to households, and Adani Wilmar, which sells edible oil, partnered with companies including Justmyroots (which delivers fruits and vegetables in cities including Kolkata and Mumbai) and Swiggy to deliver its products.
3.3.7 Breastfeeding

Concerns have been voiced that, in India as elsewhere, unfounded concerns about Covid-19 have interrupted appropriate breastfeeding. The Breastfeeding Promotion Network of India\textsuperscript{132} is an NGO that officially assists in monitoring the implementation of the Infant Milk Substitutes Act 1992 (which goes beyond the International Code of Marketing of Breast-Milk Substitutes in some areas\textsuperscript{133}). A number of apparent breaches of the law that have been identified by the BPNI were recounted in an article in the \textit{British Medical Journal} in August\textsuperscript{134} For example, in a Danone campaign called Voice of Experts, a video instructs mothers who test positive for Covid-19 to keep a distance from their babies and avoid direct feeding, which is contrary to WHO’s recommendations (although the video also indicates that it is safe to carry on breastfeeding during the pandemic if hygiene measures are respected). When approached by the \textit{BMJ}, Danone noted that the views of medical experts in the campaign ‘are their own’.

There have also been concerns about inappropriate donations – the \textit{BMJ} also cites an example of an NGO distributing infant formula, including Nestlé products, as part of relief efforts during the lockdown. However, once the NGO was alerted to the inappropriateness of this, the donations stopped – and Nestlé has clarified that it was unaware that the donations took place.

Concern about branded donations of formula – which would breach the Code on BMS Marketing – were reinforced at interview by Dr Antaryami Dash. Save the Children strictly adheres to the Code and was concerned that donations from companies could include inappropriate donation of these products to families with infants.
4. Mexico

4.1 The impact of Covid-19

4.1.1 The impact on health and the economy

Mexico has suffered – and continues to suffer – a particularly high direct health burden of Covid-19. The first case was confirmed on 28 February 2020, and by 19 January 2021 there had been 1.6 million confirmed cases and 141,000 deaths – the second-highest death rate in Latin America (after Brazil) and the fourth-highest in the world. Both deaths and cases are likely to be underestimates, as the testing rate is among the lowest in the region. This is compounded by Mexico recording the highest death toll among health workers in the world – statistics published in September suggest that 1,320 Mexican health workers had died of Covid-19, 250 more than the United States (the second country on the list) and double the number in Brazil. Mexico has one of the highest rates of adult obesity in the world (28.9%) and a nationwide study of 177,000 people across the country reaffirmed the global finding that obesity is a risk factor for both admission to intensive care and mortality from Covid-19.

The impact of Covid-19 on the economy was stark, with estimates of an 8% reduction in GDP for the year – however, there was a rebound in the third quarter of the year. Mexico is also a country with high levels of economic inequality – which the United Nations has highlighted as being likely to intensify the impact of Covid-19. Estimates from the National Council for the Evaluation of Social Development Policy suggest that labor income fell 6.7% in the year from the third quarter of 2019, resulting in an increase in working poverty (i.e. an income below that of the value of the food basket) from 38.5% to 44.4%. A phone survey in May by the National Institute of Public Health (INSP) found that 63.4% of respondents had seen a reduction in income and over a quarter had had at least one family member lose their job.

Mexico's spending on the health system, at 5.5% of GDP, is among the lowest in OECD countries and, as in almost all countries in the world, the shortfall has been compounded by Covid-19’s impact on health services. The government has also been criticized for cutting social safety net provision, such as conditional cash transfers, which were beneficial for nutrition.

Businesses have also been significantly affected. An interview (with Dr Luis F. Hernández Lezama, Consejo Latinoamericano de Información en Alimentación y Salud – CLIAS) noted that by the start of July some industries were reducing the salaries paid because government social support was aimed primarily at vulnerable groups rather than to supporting industry, and that the government recommended companies to continue to pay their employees during lockdown, with the president calling on them to be socially responsible and pay full wages. The interview with Dr Hernández Lezama also noted that a sector particularly affected was the service sector, where base salaries are very low. Currently, this industry is pushing government to continue operations at least at lower levels.

In June, a virtual meeting with 1,300 business leaders, the president of the Business Coordinating Council, Carlos Salazar, said that even though the government will not offer support to companies, companies will keep moving forward and eventually get back to business. Euromonitor International notes, however, that the ‘impact of COVID-19 on foodservice will be devastating for the industry’.

As section 4.2.3 notes, the response of the government has been felt to be inadequate to support businesses through the pandemic. A survey published in October by the National Alliance of Small Merchants (ANPEC) found that 75% of small merchants considered the economic support from the government to be ‘insufficient’ – and that 150,000 small businesses in this sector had closed as a result of the pandemic.

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1 The food basket is a bundle of foods needed to meet the nutritional needs of an average household, the value of which is used to set the minimum welfare line. The value of the food basket used to measure working poverty is calculated by CONVEAL (the National Council for the Evaluation of Social Development Policy) for rural and urban areas.
4.1.2 The impact on nutrition

Covid-19 is expected to have a deleterious effect on people’s diets, nutrition and health. Food insecurity rose from almost 35% to 42% in 2020, and could lead to a resurgence of more than 177,000 cases of moderate or severe wasting, in this country that had largely eradicated it. In May, recognizing the threat Covid-19 represented for food insecurity in Mexico, UNICEF, the WHO and the Pan-American Health Organization (PAHO) published a technical note calling on decision-makers for coordinated and immediate action on social-protection policies. The agencies offered eight recommendations including protection on breastfeeding practices, prioritizing food assistance programs, and to include protocols of nutritional criteria in donations. In July, a group of national and international organizations joined forces on specific recommendations to government on addressing the nutrition impacts of Covid-19, including creation of an emergency fund to protect nutrition of the most vulnerable, and to adhere to the International Code of Marketing of Breast-milk Substitutes and to implement behavioral strategies to prevent the double burden of malnutrition rising due to Covid-19 and decrease consumption of HFSS products.

Box 6: The double burden of malnutrition

Of the three countries in this report, Mexico has a particularly high ‘double burden’ of malnutrition – overweight/obesity as well as undernutrition. The 2020 National Health and Nutrition Survey (data from 2018) suggests that the prevalence of overweight and obesity among adults aged over 20 was 75.2%. This is coupled with, for example, a 7.1% prevalence of undernourishment and a 34.9% level of moderate or severe food insecurity – both of these statistics are pre-Covid-19, and had already risen in the period between 2014/16 and 2017/19. Child malnourishment is also high: anemia affects 32.5% of the under-fives, and wasting in this age-group was 1.6% in 2019.

The lockdown affected access to school feeding programs, which will have an impact on the nutrition status of the most vulnerable children, and which the FAO has highlighted as a particular concern in the region. And, as noted below (section 4.13), consumers have shifted to food with longer shelf-life, which tends to be processed, less nutritious and higher in calories.

Bringing together the economic and nutrition impact of Covid-19, studies by the Universida Iberoamericana suggested that around one in three Mexican households declared a 50% loss in income, resulting in a fall in food security from 45% in 2018 to 39% in April 2020 and 26% in July – rising back to 32% by October. There have been concerns about low exclusive breastfeeding rates in Mexico for some years, although rates had been improving prior to Covid-19. The importance of breastfeeding and of compliance with the BMS Code during Covid-19 have been clearly reiterated – both by UNICEF (which included it in a document about its importance to food security during Covid-19) and by the government, which has promoted breastfeeding during Covid-19, including recommendations for pregnant and lactating women. The need for this to be reiterated is reflected in a survey in May–July that found that in the lowest socioeconomic households almost 74% believed breastfeeding was not ideal during Covid-19, with the main reasons not to breastfeed cited as the erroneous belief that it can be transmitted through breast milk (44.3%) and that mothers should be isolated from their infants (14.4%).

Concerns have been expressed about violations of the BMS Code during the pandemic, for example a UNDP report published in May and an investigation by OjoPublico in Peru and Mexico, published in June 2020.
4.1.3 The impact on consumer trends

Consumers’ eating habits have changed, particularly under lockdown. There was an immediate increase in the purchase of staples such as rice and beans (increasing 400% in the first two weeks of March)\(^\text{168}\) and there was a shift towards packaged products.\(^\text{169}\) Euromonitor International states that, during lockdown, ‘As a consequence of foodservice closures and stay-at-home regulations, sales of packaged food increased; especially for those foods deemed essential – such as bread, beans, tinned foods and rice – with consumers stock piling goods that were non-perishable and offered long shelf lives.’\(^\text{170}\) Fresh food markets such as the Central de Abastos – one of the largest fruit and vegetable markets in the world – were also identified as Covid-19 hotspots.\(^\text{171}\) Under the latest lockdown, the Central de Abastos remains open, but with limited hours, ready-to-eat food vendors can only sell takeaway, and older people, children and pregnant women are forbidden entry.\(^\text{172}\)

However, at the same time there is some evidence that health concerns have led to an uptick in both ‘health and wellness products’\(^\text{173}\) and in the purchase of fresh food – the growth in retail sales 2019–20 of fresh foods Euromonitor International data suggests outweighed the growth in packaged food.\(^\text{174}\) At interview, Victoria Forastieri (Food Systems and Sustainable Development Specialist, Ethos Public Policy Lab) noted that Covid-19 has precipitated conversations about the food system, with many consumers more aware of what they eat.

Online shopping is also an increasing trend, as it is in all three of the countries assessed for this report. Use of e-commerce apps increased 90% in the period April–June and the same survey found an increase of over 50% was found in ‘e-customers’ in food/supermarket/pantry categories in August 2020.\(^\text{175}\) However, at interview, Victoria Forastieri confirmed that e-commerce is much more challenging in rural areas, and that this means that potential access to healthy food through this channel is even more limited.
4.2 The response of government

4.2.1 Nutrition-sensitive responses

The government reacted to the pandemic with a federal lockdown, which lasted from 23 March to 30 May, closing non-essential businesses, government offices and schools.\textsuperscript{176} This has now been replaced with a traffic-light monitoring system at state and municipality level\textsuperscript{277} – and at the time at which this report is being written, in December 2020, a further lockdown (red alert status) has been announced in Mexico City.\textsuperscript{178}

At interview with UNICEF, it was commented that nutrition has been a priority for the new administration, citing new initiatives such as Vida Saludable (‘Healthy Life’), a new program introduced into the school curriculum from the Ministry of Public Education to improve primary and secondary students’ knowledge and behavior related to adequate diets, hygiene and physical activity\textsuperscript{179} and implementation of the new front-of-pack labeling system (see box 8) as well as a communication campaign to orient the public towards its use. However, the interviews noted that a joint UNICEF / Ministry of Health project to strengthen nutrition within community programs and health services had to be put on hold as the health system had to prioritize the Covid-19 response. This program is being resumed in 2021.

Health spending (which is, as noted in section 4.1.1 above, starting from a low level) increased by an additional 0.2% of GDP, along with benefits for older people and those with disabilities.\textsuperscript{180} Mexico has existing mandatory fortification regulations (for example, flour is fortified with iron, zinc, folic acid and B vitamins) and third-party research for this report suggests that concerns about fortification have been less prominent than in either India or Nigeria (although there were discussions about whether packaged food that includes one of the new front-of-pack warning labels (see box 8) should be permitted to be fortified\textsuperscript{81}). A recent report, however, found that food companies were falling short on their fortification commitments and that this trend has continued during the pandemic,\textsuperscript{182} but the government has classified iodized salt production as an essential economic activity.\textsuperscript{183}

The urgency of the nutrition situation led in June to a partnership between UNICEF, the National System for the Integral Development of the Family and the private sector in the ‘Healthy food for every child’ campaign, aimed at expanding the food assistance program for people in emergency situations in the context of Covid-19. The first phase of this aimed to benefit 80,000 children.\textsuperscript{184}

4.2.2 Support for small businesses

Support in the form of lending schemes is offered to households and companies (totaling 0.5% of GDP)\textsuperscript{185} including a microloan system for SMEs, homeowners and the formally and informally employed that should total $13 billion overall.\textsuperscript{186} However, a survey on the economic impact generated by COVID-19 (ECOVID-HE) published in late July found that while 93.2% of Mexican companies had registered at least one type of impact of Covid-19, only 7.8% had reported receiving help.\textsuperscript{187}

4.2.3 Legislating the food environment

The response of the Mexican government that has received most international attention is the ongoing (and reiterated) commitment to clear front-of-pack labeling of products high in fat, salt and sugar and moves by some states in the country to restrict sales of such products to children. Mexico had the highest intake of these foods in Latin America\textsuperscript{188} and the action has been galvanized by concerns about the link between obesity and worse Covid-19 outcomes, with the Undersecretary of Prevention and Health Promotion stating: ‘This is the product of many years, at least four decades, of poor nutrition, a diet that has been created by products of low nutritional quality and very high calories, in particular in processed foods.’\textsuperscript{189} Euromonitor International notes that ‘The COVID-19 pandemic has become the perfect context for government authorities to win support for these policies.’\textsuperscript{190}

The resulting measures are dealt with in more detail in boxes 7 and 8 (which include the response of the food industry) and such a strong approach is reinforced by media messaging; at interview, Dr Luis F. Hernández Lezama described the impact of media attention from the Undersecretary of Prevention and Health Promotion as referring
to sugar-sweetened beverages (SSBs) as ‘poison in a bottle’. Both initiatives have seen industry push-back on restrictions to what are termed (by the FAO and others) as ‘ultra-processed foods’. In addition, Mexico is one of the countries with the highest deaths from coronary heart disease but has not yet introduced legislation to protect the population from trans fats – and the WHO is calling on all countries to continue efforts to establish restrictions on artificial trans fats despite the Covid-19 pandemic.

**Box 7: Restricted sales of unhealthy food to children**

The response by government that has received the most international attention has been sparked by renewed concern about obesity and its links to Covid-19: in August, the state of Oaxaca banned the sale of foods high in fat, salt and sugar to children under 18, followed a few days later by the state of Tabasco, with several other states and cities drafting similar proposals. These moves had been proposed prior to the pandemic but, as Magaly López Domínguez (who presented the bill in Oaxaca) noted, it has provided the impetus to lawmakers to pass the legislation. Euromonitor International notes that this ‘signals the potential for the entire country to implement a total ban of sales of “junk foods” to minors’.

However, the food industry has reacted strongly. Employers’ association Confederación Patronal de la República Mexicana (COPARMEX) called the legislation ‘an obstacle to commercial freedom and will incentivize the informal economy’, and Alianza Nacional de Pequeños Comerciantes (ANPEC) estimates significant losses to small retailers, as up to 25% of their income is from soft-drink sales alone. Euromonitor notes that ‘arguably the most important question to consider is related to effective enforcement’.

The ban could help companies to step up their reformulation and marketing efforts to make healthy foods more desirable.

**Box 8: Front-of-pack labeling and Covid-19**

In October 2020, the long-planned front-of-pack warning labels, based on those already in place in Chile, were introduced. Companies are required to add black seals to the front of packaging of any products that are high in sugar, calories, salt or fat, and precautionary labels noting that artificial sweeteners and caffeine are not recommended for children. Companies had until November 2020 to comply, but most had already implemented the new measures.

The public consultation for the new labeling system received over 5,000 submissions (the most a consultation has ever received) and has what has been described in *The Lancet* as ‘unparalleled social support’. However, it has faced opposition from food and beverage companies: a government official stated that Coca-Cola, PepsiCo, Nestlé and Grupo Bimbo were among the companies that asked for a delay in implementing the regulation. A delay was also suggested at a WTO meeting of the Committee on Technical Barriers to Trade claiming that this was needed in light of the COVID-19 global pandemic, which has placed significant pressure on the food and beverage industry.

However, the government continued with the implementation as planned, and reformulation efforts have been reported by companies, with an average 56% of the portfolio of firms including Grupo Bimbo, Nestlé, Coca-Cola, PepsiCo and Kellogg’s being modified by October 2020.

Grupo Lala’s website includes a page explaining the new labeling system, including a video, posters and FAQs, and notes ‘We are committed to fully complying with all official provisions, so all our products will adhere to the guidelines established in Nom-051 [the legislation].’
4.3 The response of the food industry

(For the response of the industry to government legislation on banning the sale of unhealthy food to children and on the introduction of strict front-of-pack labelling for processed products, see boxes 7 and 8 above.)

4.3.1 Overview

Of the 10 largest food manufacturers in Mexico researched for this report, five – Coca-Cola, Danone, Nestlé, Mondelēz and PepsiCo – are headquartered outside the country and were also assessed in the second report in this series. The remaining five – Conservas La Costeña, Ganaderos Productores de Leche Pura (Alpura), Grupo Bimbo, Grupo Lala and Sigma Alimentos – are Mexican companies, one of which, Grupo Bimbo, is one of the companies researched for the earlier report. The 10 largest food and beverage manufacturers active in the Mexican market together accounted for almost 50% of the processed food and beverage market share in Mexico in 2019.\textsuperscript{208}

The companies not headquartered in Mexico all provide public, nutrition-sensitive information in their Covid-19 response on their main websites, but there is a lack of detail and transparency at the country level, sometimes to the extent that information was only sourced from social media or from third-party websites. Of the 10 companies, Coca-Cola, Danone (the Bonafont brand), Grupo Bimbo, Grupo Lala, Nestlé and PepsiCo had page(s) dedicated to Covid-19 on their country websites at the time this research was completed in November 2020.

As the second report in this series highlighted, Grupo Bimbo is the only one of the 39 companies originally assessed that had publicly committed to a \textit{price promise} ‘not to increase the price of any of our products during the crisis, maintaining the prices that were in place for our entire portfolio prior to the start of the crisis’\textsuperscript{209} As of December 2020 this commitment was on the website, but it is not clear how long it will remain in place.

Among the other strategic responses to the pandemic, Grupo Lala created an emergency committee ‘with specialists from different areas for daily monitoring of the operation’\textsuperscript{210}

4.3.2 Health and wellbeing of employees

Several of the companies specifically note their support for employees – whether through improved hygiene measures in the workplace or through health and economic support. PepsiCo Mexico was the only company that reported additional bonuses to ‘most’ front-line staff\textsuperscript{211} and Grupo Lala committed to ‘maintaining…full salary for all our employees’\textsuperscript{212}

Some of the companies specifically focused on ‘vulnerable’ employees. PepsiCo guaranteed compensation and benefits for vulnerable groups (pregnant or breastfeeding women, those aged over 65 or those with chronic conditions)\textsuperscript{213} Grupo Lala protected employees ‘in a vulnerable situation, sending them home’ (although it is not clear whether salaries were protected) and Grupo Bimbo sent home 5,000 employees in ‘vulnerable categories’ (including pregnant women, people with hypertension, diabetes) with a guaranteed salary and source of work\textsuperscript{214} It is not clear how long these employee protection arrangements will last.

Notable among the Mexican companies (not seen in the India or Nigeria research) is that two have a specific focus on mental health support for employees: Grupo Bimbo provides ‘psychological counselling’ on managing stress and anxiety through webinars\textsuperscript{215} and PepsiCo Alimentos México offers a ‘medical and psychological care service’ for employees and families.\textsuperscript{216}
4.3.3 Value-chain support

Support for the value chain was also evident. An example of an industry-level initiative was highlighted in the second report in this series, supporting the small retailers that account for 40% of grocery sales in Latin America\(^\text{217}\) and provide income for 2.9 million Mexican families.\(^\text{218}\) ‘My Open Store, My Safe Store’ (‘Mi tienda abierta, mi tienda segura’) sets out a plan of action around health and safety to enable the stores to minimize the risks from Covid-19, with weekly information sent through WhatsApp, and provision of 50,000 acrylic protection screens. Participating companies include Coca-Cola, Mondelez and PepsiCo Alimentos México. At interview, Victoria Forastieri noted that because of a lack of support for SMEs from the government, "In some cases it has been shown that industry has more presence here [with small store owners] than the government."

At least one of the manufacturers has also been making changes to its systems to assist this part of the value chain: Grupo Bimbo reports having improved its e-commerce system for storekeepers, enabling them to register and make orders online,\(^\text{219}\) in addition to expanding credit facilities and providing a 24-hour online tool for suppliers/distributors to answer questions.\(^\text{250}\)
4.3.4 Donations

As in India and Nigeria (and in the global assessment in the second report in this series), donations are an aspect of the ATNI Framework on which the manufacturers have reported in most detail. At a national level, the #AlimentosParaMéxico (#FoodsForMexico) campaign was initiated by the National Agricultural Council and has reached 19.5 million families country-wide with a monetary value of 664 million pesos (approx. US$8.2 million). It lists among its contributors Alpura, Danone, Grupo Lala, Mondelez International, Nestlé and Sigma. The website seeks either in-kind or financial donations, and does not specify what the companies provided.

An example of good practice seems to be a donation by PepsiCo Foundation of US$5 million to NGOs Un Kilo de Ayuda and Save the Children Mexico, to ‘ensure the food security of more than 70,000 children and their families from vulnerable communities across the country’ The packages to families include rice, lentils, beans, tuna and fortified government milk – Un Kilo de Ayuda defines what is acceptable to be included in the packages, and they are intended to meet about 50% of the nutritional requirements of children.

There are a number of other ways in which companies have donated either financially or in-kind, but there is a notable lack of detail of how the companies have worked to assess need (for example, are they partnering with local NGOs) or what is contained in the in-kind donations (do they consist of healthy or fortified products).

- **Food banks:** The second report in this series noted donations to food banks as a trend, and this is reflected in some donations by Mexican companies – for example, a Facebook post shows Mondelez donated almost 190 tons of products to the Mexican Food Banking Network (however, the video shows that this included cookies) and Nestlé’s website reiterates its support for Food Banks of Mexico, but does not provide detail. Coca-Cola Mexico and Coca-Cola FEMSA’s KOFpromiso con Mexico initiative provides more detail: their partnership with Banco de Alimentos donates packages including fruit, vegetables, cereals, grains and drinks such as ‘water, milk and juice’ from the Coca-Cola portfolio, and the second phase of this, in November, should have reached nearly 30,000 people. Grupo Bimbo combined its online physical-activity initiative in October – the Global Energy Race, a run (or walk) over four possible distances – with a donation of 6 million slices of bread to food banks; Mexico had the largest number of people (over 67,000) taking part.

- **Health workers:** There are several examples of in-kind donations to health workers, including a donation of milk to workers in two public health hospitals from Alpura (reported in a Forbes México advertorial); donations of water and yoghurt to public hospitals by Danone, and Grupo Bimbo delivered 2.5 million lunch boxes to health workers across Mexico (a one-off donation that began in April, and is not clear what was included in the lunch boxes).

- **Vulnerable populations:** Rather than going through food banks, La Costeña is reported by El Economista to have distributed products to vulnerable groups (the food baskets are noted as containing canned vegetables, tuna, beans and pasta). Nestlé also distributed 100,000 ‘food pantries’ of its brands to 400,000 people, ‘benefiting families in vulnerable communities’ – but again it was not clear whether they have been distributed in conjunction with local NGOs or others, nor the nutritional value of the food.

However, in July, the FAO expressed concerns about ‘promotion and advertising opportunism of foods’ in Latin America during the pandemic, including by food manufacturers themselves. These concerns include inappropriate donations (including to health workers – which was an action by several companies, above) and free home deliveries of unhealthy products (particularly by food-service companies rather than manufacturers).

UNICEF noted at interview that during emergencies, financial contributions and contributions in-kind (CIK) from the private sector can provide important support to its nutrition programs and can help to address identified needs for specific goods and services for children. However, it remains important that any engagement with business in this context is aligned with UNICEF program priorities and advocacy positioning around nutrition. In the case of CIK of food during COVID-19, UNICEF said that this must be targeted to respond to specific needs and requirements identified by the country program. This was important to remain focused on desired impact, but also to avoid spending precious time and resources on donor-driven opportunities. In addition, it was crucial for UNICEF to maintain highest standards regarding the nutritional quality of foods and minimize risks linked to public communications and/or branding of food donations. When UNICEF launched the food basket initiative in Mexico, it
was frustrated that the donations offered were for foods that were high in sugar or fat; it also had to decline offers of monetary donations because the offers came with the stipulation that reference to the company was included within the baskets of food: ‘The private sector was an important source of donation, and could have contributed to another big group of baskets – but we had to say “no” because they were unable or unwilling to comply with our basic requirements.’

The need for clear guidelines around if, when and how to engage or partner with industry was reaffirmed in the interview with UNICEF, which has clear internal due diligence processes and criteria to evaluate potential partners for sensitivities and risks, including the food and beverage industry. Aspects considered by the organization include whether the companies’ core business practices align with UNICEF programming objectives, whether the company adheres to existing international guidance and recommendations, and its lobbying practices.

4.3.5 Marketing

None of the Mexican companies restated a commitment to responsible marketing to children during the pandemic on the country website (one of the global companies reiterated this commitment, but does not do so on the Mexican subsidiary website). Both Danone and Grupo Lala have recently used Disney characters to advertise flavored yoghurt and flavored milk, respectively.

4.3.6 Breast-milk substitutes

There have been concerns about violations of the BMS Code in Mexico during the pandemic. In ATNI’s interview with UNICEF, it was noted that companies in Mexico had increased donations of breast-milk substitutes. Examples of breaches of the Code have also been highlighted by other third parties. A frequently cited example is that FEMSA (a Coca-Cola bottler) and YSA Pharmacies offering to gift formula to vulnerable families for every can purchased from mid-May to mid-June but Nestlé (the manufacturer) has since told the BBC that Nestlé México had agreed to a promotional activity for NIDO, a product that is not covered by the Code in Mexico, but Nestlé México did not authorize NIDAL (a baby formula, which is covered by the Code) to be part of the campaign and that the campaign had been corrected.

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* New regulation banning the use of characters that appeal to children (animations, cartoons, the use of celebrities, athletes or pets, or interactive elements) in the marketing of HFSS products are coming into force, although this has not been explicitly linked to Covid-19: ECUJA, ‘Mexico: highlights on the new food and beverage labeling’ (2 April 2020) https://ecija.com/en/sala-de-prensa/mexico-highlights-on-the-new-food-and-beverage-labeling/

** ATNI has recently completed data collection on BMS marketing in Mexico and results will be published later in 2021.
5. Nigeria

5.1 The impact of Covid-19

5.1.1 The impact on health and the economy

At first glance, the direct health burden in terms of cases and mortality of Covid-19 on Nigeria appear to have been on a much smaller scale than in Mexico or India. The first case was reported on 27 February 2020 and by 19 January 2021 there had been 112,000 cases officially registered and almost 1,500 deaths. Despite a recent (December 2020) spike in cases, leading to fears of a second wave, these are apparently relatively low numbers in comparison to the other two countries in this report. This may be due to the very young population (half of all Nigerians are under the age of 18), to the largely rural population, and also to low rates of testing, which may mask a higher actual rate. Lockdown began on 25 March, varying according to each state, and lasted about three months. As this report was being written, a new variant in Nigeria has been identified – but it is not yet clear of the impact that this will have either on the infectiousness or the severity of the disease.

The statistics suggesting a relatively low direct health impact disguise the very serious economic consequences of the Covid-19 crisis, which led to Nigeria being described in July 2020 by the FAO and WFP as an ‘acute food insecurity hotspot’. These consequences, according to this report, are four-fold:

- rising unemployment;
- disruption associated with Covid-19 impacting on food production and supply, for example through restrictions on transport due to the lockdown;
- falling government revenues; this has been particularly acute in Nigeria, as 65% of government revenue and 90% of total export revenue comes from oil and oil prices fell dramatically as the pandemic hit, by 55% between the end of 2019 and March 2020; and
- continuing political instability – there is ongoing conflict and insurgency by non-state armed groups (such as Boko Haram / Islamic State in West Africa) in the northeast of the country. This is a major humanitarian emergency, with around 2 million people internally displaced.

Once the naira (the national currency) was devalued, goods became more expensive, impacting both the purchasing power of consumers and the ability of companies in the food sector to purchase PPE and make appropriate modifications to equipment and facilities.

Poverty inevitably rose in a country where 60% already lived on less than $1.90 a day – one estimate is that poverty rates will increase by 15%, equivalent to 30 million more people being below this poverty line. 90% of the population depend on daily wages, and these informal workers were reported in October to have lost up to 80% of their earnings. Millions of internally displaced people in the north-east were already vulnerable before the Covid-induced crisis – the number of people in need of food assistance in the region rose from 2.3 million to 4.3 million Women have been particularly hard hit, including women in the north-east of the country no longer having access to cash-for-work programs that enabled them to buy seeds and grow crops. Small farmers were immediately affected by the lockdown (which coincided with the start of the planting season): seed producers were unable to move seeds for sale, crop processors found their access to raw materials was limited, and workers could not reach farms, factories and markets – fueling increased prices of seed and processed foods.
5.1.2 The impact on nutrition

Food prices rose dramatically, with most people in Nigeria experiencing increased prices\(^{265}\) and the FAO noting that in some cases prices doubled.\(^{266}\) A survey by Agricultural Policy Research in Africa (APRA) in December 2020 suggesting that prices have continued to rise, with over 70% of households claiming food prices (except for vegetables) were higher in Q3 than Q2.\(^{257}\) However, given this picture of rising prices, it is notable that none of the companies have made a public commitment on their websites to keeping prices low.

Nutrition is also impacted through the disruption to the health and education systems UNICEF estimated in November 2020 that there had been a 35% drop in nutrition interventions\(^{258}\) – a serious issue in a country in which 10% of under-fives suffer from stunting.\(^{259}\) However, there have been contradictory claims about the extent of the disruption – the federal government claimed that pupils continued to have access to the school feeding program during lockdown, but the Bauchi State government stated that no pupil was fed during the four months of lockdown.\(^{260}\)

‘Indices of poor nutrition in the country (wasting, stunting, anemia) are a concern – they possibly got worse in the past 10 months’ – Titilola Abolade, Program Director, Nigeria, Nutrition International

5.1.3 The impact on consumer trends

Markets and supermarkets largely remained open during the lockdown, and the response of consumers is reportedly to have been stockpiling among those who could afford it (which itself increased shortages for others). The research did not find clear evidence on whether there was a shift to more processed foods, but ongoing power cuts\(^{261}\) increase food waste of fresh products and delays in transport meant that fresh food destined for local markets was spoiled\(^{262}\)

There has been a significant increase in online purchasing of goods as non-essential businesses closed during lockdown and consumers avoided physically visiting those stores that remained open.\(^{263}\) Jumia (a Nigeria-based online market) reported a four-fold increase in demand for groceries and essentials in the first quarter of 2020 compared to the same time period in 2019, and Deloitte noted that ‘the disproportionate impact of the virus on those over 50 has brought a surge of older, first-time users to online grocery and delivery models’.\(^{264}\)
5.2 The response of government

The initial nutrition-specific response of the government was to produce *The Nigeria Food and Nutrition Response Plan for the Covid-19 Pandemic*, to ensure the integration of nutrition into the national COVID-19 response plan. The plan had six specific objectives, including developing strategies to continue critical nutrition interventions and mitigation measures to limit the impact on vulnerable populations, and to develop guidance for actions to ensure safe, resilient markets and food supply chains. Despite this plan, the research for this report did not find any implementation activities. There are, however, government proposals to map out the national food system, state by state, so as to better understand what is wrong with the food system before assessing how best to make improvements (this is due to be published ahead of the UN Food Systems Summit in 2021).^266^

A core aspect of the nutrition response has been the establishment of a distribution system of ‘palliatives’ – the term used in the country to describe donations of emergency food. The donations themselves have been provided by a private-sector coalition, the Coalition Against COVID-19 (CACOVID), to be distributed by government. As box 10 notes, CACOVID has not been without its challenges.

Fortification programs have continued, with the government’s *Response Plan* specifically including that it would ensure the continuous flow of imported premixes, and ‘assess and ensure the availability of fortified products in market stalls/supermarket shelves’.^267^ A report by GAIN and others also found that ‘reduced government capacity has ... made it difficult for fortified food producers to bring new products to market’ – for example, a social enterprise producing fortified cereals for young children found that ‘Our product reformulation process could not be completed due to the lockdown. The regulator could not complete the certification procedure and this will have an impact on the roll out of this enriched product’.^268^

There has been government health messaging around mask-wearing and other hygiene measures, and *there has also been a focus on the importance of breastfeeding*. Exclusive breastfeeding rates are around 29%, a significant rise from 2% in 2000, but with the market in infant formula expected to reach 200 billion naira (US$500 million) in 2030. Food shortages and price rises reportedly led to breastfeeding mothers struggling to access adequate nutrition – in Jigawa state, the Primary Health Care Board established a project in which women were trained in helping women to understand the importance of exclusive breastfeeding and in using locally available food to reach a balanced diet for themselves and their families. In May, the National Agency for Food and Drug Administration Control (NAFDAC) restated the importance of the BMS Code in a press release, which notes that BMS products should only be donated through health workers or health facilities or ‘distributed through Government or officially sanctioned health programs’. It cites the BMS Code, highlighting that no company brands should be visible in such programs because ‘unbranded packaging is to focus on the need to support the response to the COVID-19 pandemic, where necessary in terms of infant and young child feeding, rather than use the pandemic as a platform for brand promotion’. ^271^

Most recently, in December 2020, the Nigerian National Council on Nutrition approved a five-year plan, the *National Multi-Sectoral Plan of Action for Food and Nutrition (NMPPAN) 2021–2025*, to reduce hunger and malnutrition, and to increase breastfeeding in the country. Not yet available online at the time of writing this report, the ambitious targets reportedly include, by 2025, to reduce the proportion of people who suffer malnutrition by half, to increase the exclusive breastfeeding rate to 65% and reduce stunting among under-fives to 18%.

*The nutritional situation in Nigeria has worsened ... We are actively supporting food fortification with micronutrients at industrial scale. We wish to create a dashboard for nutrition to monitor progress by the year 2022* – Dr E. Osagie Ehanire, Minister of Health, Nigeria (Nutrition for Growth webinar, 15 December 2020)^273^
5.3 The response of the food industry

5.3.1 Overview

There is not much in the public domain about the Covid-19 response of the largest food and beverage companies in Nigeria, all of which are headquartered outside the country (see Annex 2). Seven of the companies report some form of action – whether on the country website, a regional West-Africa website or on the main global website. The largest food and beverage manufacturers active in the Nigerian market together accounted for approximately 30% of the processed food and beverage market share in Nigeria in 2019.\textsuperscript{274}

While, as the second report in this series made clear, larger companies can put in place adaptations to the new operating circumstances (purchasing appropriate PPE, using space to ensure appropriate social distancing, etc.) – it is the MSMEs, including farmers, that have felt the biggest impact (see box 9).

Box 9: The impact on MSMEs

Micro-, small- and medium-sized enterprises are the backbone of the food system in Nigeria, and a survey by the SUN Business Network Nigeria\textsuperscript{275} published in June, found that 98% of the respondents had been impacted by Covid-19 and its economic impacts. Of those interviewed, 70% suffered decreased sales, 66% reported a decrease in production of more than 30%, and 80% said that they needed urgent financial support. As it became harder to access raw materials, loan repayment schedules became more challenging and cash ran out (MSME operations are largely cash-based). Coupled with the difficulties for small businesses in adapting to new requirements around social distancing, this led to reductions in working hours and increased redundancies.\textsuperscript{276} A further survey by the SUN Business Network of SMEs globally is currently being analyzed.

A survey by APRA found that the high cost of farm labor continued during the third quarter of 2020, even after most lockdown restrictions were lifted, but there are also signs of progress as ‘the proportion of households that experienced a diminished ability to sell their produce at the farmgate declined from 71% in Q2 to 55% during Q3’.\textsuperscript{277}

5.3.2 Support for employees and the value chain

While the five multinationals in the top 10 food manufacturers in Nigeria (Coca-Cola, Nestlé, PepsiCo, Royal FrieslandCampina and Suntory) all include general workplace health of employees on their international websites (see the second report in this series for more information), there is no further information on the country level for Nigeria. Of the other manufacturers’ (Indofood Sukses Makmur Tbk PT, Olam International Ltd, Promasidor (South Africa) (Pty) Ltd and Stallion Group of Cos), only Olam explicitly mentions employee health: ‘our number one priority will always be safeguarding and supporting our people – employees, as well as those in our communities’.\textsuperscript{278}

Olam also notes specific assistance for value-chain partners. This comes through the provision of farming inputs and training to cocoa farmers (including training videos delivered on screens on mobile vans where farmers can no longer safely be visited in person)\textsuperscript{279} and through the continuation of its Value Chain Development Programme (VCDP) for smallholder rice farmers.\textsuperscript{280} This is not a specific Covid-19 response – the partnership with the International Fund for Agricultural Development (IFAD) and the federal government of Nigeria has been running.

\* Note that the final group of products is denoted as ‘artisanal’, a category of unbranded product, which is defined by Euromonitor International as ‘Share attributed to percentage or actual sales of products sold to consumers on the site of production; this is particularly common in the bakery products sector.’
since 2015, but it provides inputs and training and guarantees 80–90% buy-back of the rice produced at competitive prices. The VCDP response to Covid-19 included grants totaling 107 million naira (US$280,000) to almost 3,000 farmers new to the scheme in Benue State, ‘in the form of inputs as palliatives to cushion the impact of the Covid-19 pandemic on them’.

5.3.3 Donations

The issue where the majority of companies have specifically responded to Covid-19 is through donations (palliatives), including financial donations, PPE or food. The main industry-level channel for donations is CACOVID, a network of companies that have come together to provide food donations to be distributed by government – but, as box 10 notes, while donations have been received, there have been public concerns about distribution.

Beyond CACOVID, ATNI’s research identified an NGO platform, GiveFood, that has been coordinating donations, with which Olam, Coca-Cola and Nestlé are partners – individuals and organisations can sponsor food parcels, and as of the end of November over 237,000 meals had been distributed.
Box 10: CACOVID – a government and industry response

The donations of ‘palliatives’ through the CACOVID distribution system have been provided by food manufacturers including several of the companies that were either assessed earlier in 2020 using ATNI’s Covid-19 framework\(^2\)\(^2\)\(^3\)\(^4\)\(^5\)\(^6\)\(^7\)\(^8\)\(^9\)\(^0\) (Nestlé, FrieslandCampina and Tolaram Group (Kelloq’s)) or reviewed for specifically for this report (Promasidor and Olam). The aims of the coalition include supporting the government in tackling Covid-19, using the resources of the private sector and increasing public awareness about the pandemic\(^2\)\(^2\)\(^3\)\(^4\). It is not restricted to food provision, with a commitment to provide and equip medical facilities across Nigeria (creating testing, isolation and treatment centers, providing intensive care units (ICUs) and establishing testing labs)\(^2\)\(^5\)\(^6\) The food baskets were to include 10kg of rice, 5kg of garri/maize flour/semolina, noodles, 5kg of sugar and 1kg of salt\(^2\)\(^8\) – it is not clear whether all the products are CACOVID branded (which many are)\(^2\)\(^7\) or if they included the manufacturers’ branding.

However, government distribution of these palliatives was significantly delayed. Allegations of hoarding have been denied by the government, which claimed the delays were due to inflationary concerns, procurement challenges and the time needed to put together appropriate baskets of food\(^2\)\(^8\)\(^9\). The delays, coupled with demonstrations against police corruption, led to looting of palliative warehouses in October and November, initially in Lagos and then around the country\(^2\)\(^9\)\(^3\).

Some of the companies have made contributions in-kind. PepsiCo Foundation’s Give Meals, Give Hope program is planned to donate 1 million meals through the Nigerian NGO FoodClique Support Initiative, as part of the company’s global commitment to provide ‘more than 50 million nutritious meals to at-risk populations’ around the world\(^2\)\(^9\)\(^0\). Other companies have provided goods rather than meals: Nestlé donated ‘nutritious food and beverages’ to 170,000 families in the West Africa region\(^2\)\(^9\)\(^1\); FrieslandCampina WAMCO Nigeria developed a package of dairy products to support 100,000 vulnerable families in Nigeria\(^2\)\(^9\)\(^2\); and Promasidor has donated milk, cereals and seasoning to support food banks in Lagos\(^2\)\(^9\)\(^3\). Stallion donated specifically to the health sector, supplying rice and fish to government-run hospitals\(^2\)\(^9\)\(^4\).

There are also examples of food companies providing medical equipment and PPE. The Coca-Cola Foundation provided a grant to the International Federation of Red Cross and Red Crescent Societies to scale up community sensitization and procure essential protective kits such as medical masks, face shields, hand gloves, and hand sanitizers\(^2\)\(^9\)\(^5\). Olam Nigeria provided both medical equipment and ‘essential food supplies’ (of its own products) to state governments, hospitals and the Nigeria Centre for Disease Control.

5.3.4 Other

There was no information found during the research process on some aspects of the ATNI Framework – for example, labeling of products during the pandemic. There is also no mention of any renewed commitment to responsible advertising to children – although Coca-Cola announced at the start of the pandemic that it would be suspending all its commercial advertising in Africa from April until further notice\(^2\)\(^9\)\(^6\). (It is not clear how long this commitment continued, but it seems now to have ended, as a holiday-season ad campaign was launched in November in countries including Nigeria\(^2\)\(^9\)\(^7\).)

It was also noticeable that the research found little information about marketing of breastmilk substitutes. The three companies (Indofood, Nestlé and FrieslandCampina) that market BMS in Nigeria did not take the opportunity to reinforce or extend any pre-existing BMS marketing policies that apply in the country on their websites.
6. Country-level comparison

6.1 Covid-19 and nutrition

The direct effects of Covid-19 have varied significantly across the three countries, as Table 1 makes clear. Covid-19 prevalence and mortality has been very high in Mexico – the fourth-highest number of deaths in the world, as of January 2021. In India, the absolute number of cases has been high (not least because of the size of the population), although the proportion of the population affected has been lower. The picture is very different in Nigeria, where cases have been lower for reasons that are not fully understood (although there is a much younger and perhaps less-susceptible population296 – but cases are now rising again towards their previous peak.

Table 1: Covid-19 statistics


<table>
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<th></th>
<th>First confirmed case</th>
<th># of Covid-19 cases299</th>
<th># of Covid-19 deaths300</th>
<th>Cases per 100,000 inhabitants301</th>
<th>% of population aged &lt;18 (2020)302</th>
</tr>
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<tbody>
<tr>
<td>India</td>
<td>30 January303</td>
<td>10.5 million</td>
<td>152,500</td>
<td>775</td>
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<td>Mexico</td>
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</tbody>
</table>

However, the secondary impacts of Covid-19 – the effects of lockdown, economic shocks and disruption both to health systems and food systems – are evident globally, with particularly severe consequences for nutrition in lower-income settings. Table 2 summarizes the extent of malnourishment prior to Covid-19. In India and Nigeria, obesity prevalence is rising, but it is undernourishment that is the primary concern; in Mexico, the double burden of malnutrition (obesity as well as undernutrition) is particularly prevalent, and obesity may be one of the drivers of the particularly high rates of Covid-19 seen in that country.

Table 2: Nutrition statistics

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>14.0</td>
<td>34.7</td>
<td>3.9</td>
</tr>
<tr>
<td>Mexico</td>
<td>7.1</td>
<td>10.0</td>
<td>28.9</td>
</tr>
<tr>
<td>Nigeria</td>
<td>12.6</td>
<td>36.8</td>
<td>8.9</td>
</tr>
</tbody>
</table>
Covid-19 has had profound impacts on nutrition across the board. As the country reports point out, there have been food price shocks and a shift in consumer patterns towards staples and processed products. Disruption to nutrition services and to education (which impacts on school feeding programs) have meant that consistent access to good nutrition was curtailed, particularly for children. There have been rises in food insecurity in all three countries. There is currently significant uncertainty as to the future impact of the pandemic and its social and economic implications worldwide—but the impact on nutrition, particularly among the most vulnerable, is likely to be severe: for example, the FAO/WFP described Nigeria as an ‘acute food insecurity hotspot’.309

Nigeria: The differences in the Covid-19 response in Nigeria have largely been driven by the stark consequences of the economic shock of the pandemic. One of the early repercussions of the emergence of the pandemic was a fall in oil prices, which led to a devaluation of the national currency, with implications for prices of food and other essentials. The country is also the only one of the three in this report that has a specific humanitarian crisis within its borders—the ongoing conflict with armed groups in the north-east means that 2 million people are displaced.310
6.2 The government response

Governments in all three countries have responded to the nutrition crisis. In India, the government has issued a series of relief packages, containing a significant food component that has been offered to two-thirds of the population. In Nigeria, the principal response has been through a public-private partnership to deliver 'palliatives' (the term used to describe donations of emergency food), and a Nigeria Food and Nutrition Response Plan for the Covid-19 Pandemic was drawn up (but the research did not find evidence of implementation).

Fortification is an important tool in addressing malnutrition through the addition of vitamins, iron and folic acid to staples/dairy/processed food – and has been addressed through government and company action in all three countries in response to the pandemic. The Food Safety and Standards Authority of India has stepped up efforts to encourage fortification of staples (rice and wheat) and announced that the fortification with vitamins of edible oil and milk will be mandatory. The Indian government is also promoting Ayurvedic ingredients in food – which are alleged to boost immunity but which are not fully evidence based and which complicate the message on fortification. In Nigeria, the government's Covid-19 response plan specifically includes assessing and ensuring the availability of fortified products – and because premixes were already in stock, fortification has reportedly continued relatively unaffected. In Mexico, the government classified iodized salt production as an essential economic activity – but unfortunately a report has found that companies in Mexico had been falling short on their fortification commitments and that this has continued during the pandemic.

India: On a national level, the most significant difference between India and the other countries researched for this report (and, indeed, from any other country) is the focus of the government on Ayurvedic approaches. India is unique in having a ministry devoted to this traditional form of holistic medicine, which has been heavily promoted as boosting immunity against the Covid-19 virus. The FSSAI, in contrast, takes the line that there is no specific food, spice or herb that can prevent or treat illness. However, the food industry has responded enthusiastically, with many companies – particularly those producing dairy products – launching or repackaging products containing Ayurvedic ingredients (such as turmeric) and promoting them as boosting immunity during Covid-19.

The impact of the pandemic on child nutrition has been central to the response – for example, UNICEF warns of a ‘lost generation’ of children in Nigeria due to the impact on development, education and nutrition. This includes a focus in all three countries on addressing misinformation about perceived safety concerns around breastfeeding and there were also concerns about the suspension of school feeding programs, particularly during lockdown. A ‘Healthy food for every child’ campaign (a partnership with UNICEF) is expanding food assistance programs in Mexico, and in Nigeria the primary health care board in Jigawa state set up a project to train women to teach others on exclusive breastfeeding and preparing a balanced diet, in the face of concerns about the impact of the pandemic on nutrition.

Children’s access to unhealthy food has been addressed in India through a new FSSAI charter on children’s food that restricts marketing or selling of HFSS products in school – and in Mexico a ban on all sales of HFSS products to children has been introduced in some regions, and a national front-of-pack labeling scheme is now in place, albeit in the face of some industry opposition.

In addition, there has been some level of support for the MSMEs that make up the majority of the food system, with the Indian government providing support for farmers and others through a minimum-income support scheme, and with measures assisting MSMEs including collateral-free loans. In India, reforms to the food sector have formed part of the relief package enabling farmers to sell directly to processors or exporters, and many large companies are now dealing directly with farmers. However, in Mexico, surveys indicate that government support for SMEs has been inadequate supporting individuals and households rather than small businesses.

Previous ATNI research carried out in India and Nigeria illustrated that the alignment with the BMS Code of national laws and regulations strongly influences the level of BMS marketing. During the study periods (in 2015 in India and 2017 in Nigeria), ATNI found few incidences of non-compliant marketing in India (26 in relation to 44 products), where there national BMS marketing regulations are very strong (i.e. go beyond the Code in some areas).
and are well-enforced, and relatively few in Nigeria (146 relating to 34 products), where legal measures were also quite strong at the time."

6.3 The food industry response

Note: Further details and references for the company examples are given in the country sections.

6.3.1 Overview

In many ways, the response of the food manufacturers to Covid-19 has been similar across countries, reflecting the broader global trends already identified in the second report in this series. The global research was generally more fruitful; many of the country-level websites (whether of nationally owned companies or the national subsidiary of a multinational) had very little information about the Covid-19 response. However, even where national information was available, there was a tendency for updates to be published in piecemeal fashion, so it is very challenging to understand or assess the longer-term impact of commitments made in the first few months, such as donations or employee or value-chain support. A more nutrition-sensitive response (including at strategic level, rather than ad hoc) and better reporting (including in 2020 annual reports, which will be publishing in the coming months) are both areas for urgent action that could be called for by civil society and other stakeholders (section 7.2, below).

The research for this report found a stronger focus on fortification as a route to address malnutrition than was found for the global research earlier in the year, which is unsurprising as the three countries all have serious malnutrition issues, as shown in Table 2. In terms of consumer trends, levels of e-commerce are lower than in developed markets but are growing, and a shift to food with long shelf-life during lockdown was seen everywhere. Other themes – the health of the workforce, donations, and concerns about inappropriate marketing, particularly of breastmilk substitutes – were also common across all three countries, albeit often with less information specific to India/Mexico/Nigeria than was found when doing the multinational research.

Note, however, that the research for this report relied on a search of websites, social media sites and third-party sources; the companies themselves were not contacted for any further information not in the public domain, so the information below may not be exhaustive.

Mexico: As noted in the second report in this series, it is a Mexican company that has made the only explicit "price promise" to maintain its prices throughout the pandemic (this commitment is still – as of December 2020 – on the website).

6.3.2 Health of the workforce

As in the global report, health of the workforce was (with donations) one of the two most commonly reported responses within the three countries. The research found, however, that generally this is reported in less detail than in more developed markets: the main focus of many multinationals headquartered in high-income countries is the impact within those countries, with less detail provided on their country subsidiaries. It is unclear how long the HQ-level commitments to employees will extend (for example, guaranteeing pay beyond the initial crisis) and also how far these were or continue to be applied internationally; this makes it challenging to hold companies to account on their commitments.

As in the global report, the focus on health and wellbeing of employees is twofold (where it is mentioned at all) – namely, safety/hygiene and economic support. In Nigeria, the research identified only one company explicitly mentioning employee health (as its "number one priority ... safeguarding and supporting our people"). Some companies in Mexico and India made public commitments on pay and made reference to safety and hygiene – but where employees are rewarded for working during lockdown it is unclear as to what the implications are for people who are self-isolating or infected, or how long the rewards have continued.

* ATNI has recently completed data collection for Mexico and results will be published later in 2021.
India: The only references to companies supporting nutrition among the workforce were found in the research for India. Two companies explicitly note providing ‘daily wagers’ with food during lockdown and ‘truck drivers and workers’ as part of their Covid-19 response. Migrant workers are a particularly vulnerable group, drastically affected by the sudden imposition of lockdown and consequent need to move home, often across the country – and two companies note that they were working to provide them with nutrition. Once again, there is no indication as to how long this support continued.

Mexico: Two companies in Mexico that were researched for this report were found to have a specific focus on supporting the mental health of employees, through psychological care services – no such approach was found in the Indian or Nigerian companies.

6.3.3 SMEs in the value chain

The role of SMEs in the value chain is just as important as in more developed markets – particularly micro-sized organizations, such as smallholder farmers. The research for this report made clear the need for support, both from the larger companies and the government, for SMEs, as a particularly vulnerable link in the food chain – but specific, detailed examples of assistance were few and far between.

Nigeria: Partnerships with one company has provided relevant assistance to cocoa and rice farmers, such as training on Covid-19 and farming inputs ‘to cushion the impact’ of Covid-19.

Mexico: A food-industry-led initiative has been established to provide small retailers – that account for 40% of grocery sales in Latin America – with Covid-19 information and protective screens.

India: Examples gleaned from the research include a company providing Covid-19 insurance for distribution partners for three months and support for food vendors.

There were also examples of facilitating new ways of working with SMEs. In India, a company noted that it is helping farmers to sell produce directly to consumers, and in Mexico, a company has been improving its e-commerce system to enable better online ordering and credit during the pandemic.

6.3.4 Donations

Donations was (with employee health) one of the two most commonly reported responses – but generally there was (even) less detail available than in more developed markets, with few specifics provided, even by many of the big multinationals. As in the global report, the research found a focus on donations of food and, to a lesser extent, PPE/medical equipment. Several companies in all three countries report donating products to ‘vulnerable’ or ‘at risk’ families (both meals and specific products from the companies’ portfolio). Donations to food banks are also a way in which support is reported to be provided in India and Mexico. The individual company donations are supplemented by wider, industry-level initiatives in Nigeria and Mexico.

Mexico: A national campaign by the National Agricultural Council – #AlimentosParaMéxico (#FoodsForMexico) – is centrally coordinating in-kind or financial donations. This is supported by several of the major food manufacturers – and, while it has benefited 19.5 million families, the website does not specify the contributions made by the different companies, nor the healthiness of the food provided.

Nigeria: The model that the government has chosen for tackling the specific nutrition crisis of Covid-19 has been to work with the private sector on a solution to gather and distribute palliatives (emergency food): the Coalition Against COVID-19 (CACOVID). The aim of CACOVID is to support the government in tackling Covid-19 and calls on industry to donate both food and equipment such as PPE. This has, however, been a troubled solution: distribution of palliatives has been significantly delayed, and there has been unrest and looting of palliative warehouses.

Key workers – particularly health workers – were shown to be recipients of specific donations of food in the global report, and this trend continues, with examples found in India and Mexico – and food companies have been...
supplying PPE and medical equipment in all three countries (including donations to government or the International Federation of Red Cross and Red Crescent Societies).

Some third-party reports were found of BMS products being donated in both India and Mexico as part of efforts to assist vulnerable families during the pandemic – donation of these products are not in line with the International Code of Marketing of Breast-milk Substitutes (the Code).\textsuperscript{239} But there are very few documented examples and in the India and Mexico cases the company has clarified that it did not authorize the donation. Donations by NGOs or government agencies of BMS products are not a contravention of the Code by the manufacturers themselves.

6.3.5 Marketing

The global report found only one company that has a statement about responsible marketing to children during the pandemic, and no further such statements were found during the research of the Mexican, Indian and Nigerian companies – and it is unclear how long one company’s restrictions on commercial advertising in Africa stayed in place, having been brought in in the early days of the pandemic (and this was not specific to marketing to children). Examples were found of companies in India apparently advertising HFSS products to children – and, although no such specific examples of inappropriate marketing were found in Nigeria or Mexico that were linked with Covid-19, this may be a result of limited in-country reporting.

\textit{Mexico:} The Covid-19 pandemic further heightened the urgency of the ongoing response to the obesity crisis in Mexico. The move by government to introduce clear front-of-pack labeling of HFSS products was met with calls from some companies to the government to a delay in the implementation of the labeling until after the pandemic (calls that were rejected: the new labeling requirements came into force in November)\textsuperscript{330} Food industry associations have also reacted strongly to the ban on sales to children of HFSS products, calling it an ‘obstacle to commercial freedom’ and estimating significant losses to small retailers.\textsuperscript{331}
7. Conclusions, recommendations and next steps

7.1 Conclusions

Despite the very different impacts of Covid-19 on health and economies of India, Mexico and Nigeria, this report found important similarities in government responses to the marked impact of the pandemic on nutrition in all three countries, with concerns about potentially severe impacts on malnutrition, particularly among the most vulnerable. Responding to the impact on child nutrition has been central to governments’ responses, particularly in the light of concerns about the suspension of school feeding programs. Governments recognized the need to take steps to address misinformation about perceived safety concerns around breastfeeding as well as the importance of continuing with fortification. There have been concerns expressed about the influence of the food industry on public health/nutrition measures during the crisis.

Where information is available, the responses of the food industry reflected the themes identified in the global research undertaken for the second report in this series – but many of the country-level websites (whether of nationally owned companies or the national subsidiary of a multinational) provided very little, if any, information about the Covid-19 response. The most commonly cited areas of action were on employee health (primarily on health and safety) and donations. There was less information provided about support provided to workers in the value chains and few efforts were reported on supporting breastfeeding.

ATNI’s recommendations below set out changes that would contribute to best practice and transparency, benefiting both employees and consumers. Covid-19 will not be the last global pandemic and ATNI hopes that acting on these recommendations will help to strengthen the resilience of the food system in each of these countries to future crises.

7.2 Country-level recommendations to food and beverage manufacturers resulting from the Covid-19 crisis

Drawing on the research described in section 2.3 above, ATNI calls on food and beverage manufacturers in all three countries considered for this report to:

- report fully on the strategic response to the first year of Covid-19 in 2020 annual reports and also report on country-specific responses on national websites and reports; consumers and governments have an interest in understanding how multinational corporations translate their global commitments and practices to specific markets;
- report comprehensively and on a regular basis on efforts made to support health, wellbeing and nutrition of employees (including migrant workers), including when the food system comes under stress, such as during the Covid-19 pandemic. This information should be provided at country level, not just general statements made at HQ level, clearly indicating how the response has developed over time;
- take a greater role in supporting the value chain, both during crises and as part of the rebuilding of the economy and food system – particularly focusing on SMEs, which drive the food system;
- commit to donating only healthy foods and beverages through authorized channels during crises. They should be transparent about how decisions are reached as to where and how donations will be distributed (for example, working with local NGOs using evidence-based processes to identify populations in need) and to report on the impact of the donations on the target population;
- make statements reiterating and reinforcing commitments to responsible marketing to children, explicitly including during Covid-19 (which has such implications for children’s screen time); and
• ensure that at all times, and including during emergencies such as pandemics, they adhere strictly to the International Code of Marketing of Breast-milk Substitutes: a) not to donate any BMS products at all to healthcare systems, and to donate to institutions outside health care systems (e.g. orphanages or food banks) only as provided for by the Code; b) not undermine through their marketing or other communication the scientific evidence and guidance of authoritative health agencies (such as UNICEF and WHO); and c) not to use marketing that could be interpreted as fueling the concerns of mothers around the safety and benefits of breastfeeding.

ATNI additionally calls on companies:

• in India, to ensure that fortification efforts are evidence-based and do not mislead consumers about the impact of specific nutrients on immunity, particularly Ayurvedic ingredients, especially during health emergencies such as Covid-19;

• in Mexico, to support government efforts to address obesity through public-health measures, including the new front-of-pack labeling scheme and efforts to eliminate artificial trans fats; and

• in Nigeria, where they are involved in CACOVID and future similar initiatives, to play a role in ensuring full transparency and accountability in how palliatives are distributed.

7.3 Next steps

This report will be shared online (the ATNI website, social media and a news item summarizing the findings) and with ATNI's donors and partners. ATNI will also organize in-country webinars to discuss the findings of each study.

The fourth and final report in this series is anticipated to publish in April 2021. It will discuss the impact of Covid-19 on nutrition over the first year of the pandemic, summarizing the themes already identified in earlier reports in this series and highlighting broader issues, notably the impact of Covid-19 on equity and how the food manufacturers have responded and could respond further.

It will include light-touch searches of the websites of companies assessed in the second report for updates in their actions over the six months since August 2020, and will include at least some information drawn from 2020 annual reports, where these have been published in time. It will also include a timeline of major relevant reports (on the impact of Covid-19 on nutrition) over the first year of the pandemic, and will have a special focus on communications by some of ATNIs investor signatories.

By pulling together examples of best practice from the previous three reports and additional examples from the first quarter of 2021, ATNI will be able to show what the food manufacturers can do to make a difference. This will provide direction for the industry on positive, nutritious ways forward for a new normal, including making suggestions for longer-term topics that could be included in revisions of ATNI's Indexes and potentially in other ATNI tools and work, such as monitoring company accountability for WHO and the Nutrition for Growth summit at the end of 2021.
Annex 1: Interviews

As section 2.3 explained, semi-structured interviews were a key part of the process for this report. The insights that they provided both reiterated and strengthened the desk research and also highlighted new avenues for further investigation. They were chosen to represent a range of views and experience within each of the three countries, providing a balance, where possible, between government, non-governmental organizations and industry representatives.

ATNI thanks all those interviewed for their time and expertise.

India:

• Dr Antaryami Dash, Head – Nutrition, National Support Office, Save the Children
• Dr Rajan Sankar, Director of Nutrition, TATA Trusts
• Tarun Vij, India Country Director, and Deepti Gulati, Head of Programmes, GAIN India

Mexico:

• Dr Luis F. Hernández Lezama, Consejo Latinoamericano de Información en Alimentación y Salud (CLIAS)
• Victoria Forastieri, Food Systems and Sustainable Development Specialist, Ethos Public Policy Lab
• Dr Sonia Hernández-Cordero, Academic Researcher, Department of Health, Ibero-American University
• Mauro Brero, Chief, Nutrition Division; Fiorella Espinosa, Nutrition Officer; Delhi Trejo, Nutrition Officer – UNICEF Mexico

Nigeria:

• Dr Adeyinka Onabolu, Senior Advisor on Food Security and Nutrition to the Honorable Minister at the Federal Ministry of Agriculture and Rural Development
• Ibiso Ivy King-Harry, Nigeria Coordinator, Scaling Up Nutrition Business Network
• Titiola Abolade, Program Director, Nigeria, Nutrition International (Deborah Benneth, Program Officer, Child Health and Nutrition, Nutrition International, also joined the interview)
• Dr Victor Ajieroh, Senior Programme Officer, Nutrition, Bill and Melinda Gates Foundation in Nigeria
Annex 2: Companies

The full analysis for the second quarterly report in this series looked at the public reporting of a total of 39 multinational companies. As section 2.3 above explains, this third report looked instead at the largest food manufacturers within each of the three countries – a targeted approach, balancing the available resources within ATN with the need to understand the in-country reaction of major players in the food and beverage industry. Many, but not all, of the companies listed below were also included in the global assessment.

The companies whose reporting was investigated for this report are listed below in alphabetical order. Those that were not part of the global assessment in the second report in this series are indicated by *.

<table>
<thead>
<tr>
<th>Company</th>
<th>Parent company HQ</th>
<th>Product scope (local)</th>
<th>Baby formula manufacturer?</th>
</tr>
</thead>
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<td>Aavin*</td>
<td>India</td>
<td>1 Dairy</td>
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</tr>
<tr>
<td>Adani Wilmar Ltd</td>
<td>India</td>
<td>1 Edible oils</td>
<td>No</td>
</tr>
<tr>
<td>Amul*</td>
<td>India</td>
<td>1 Confectionary</td>
<td>Yes</td>
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<tr>
<td></td>
<td></td>
<td>2 Dairy</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>3 Ice cream and frozen desserts</td>
<td></td>
</tr>
<tr>
<td>Britannia Industries Ltd</td>
<td>India</td>
<td>1 Baked goods</td>
<td>No</td>
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<tr>
<td></td>
<td></td>
<td>2 Dairy</td>
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<tr>
<td></td>
<td></td>
<td>3 Savory snacks</td>
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<td></td>
<td>4 Sweet biscuits</td>
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<td>5 Snack bars and fruit snacks</td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td>4 Juice</td>
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<td>5 Sports drinks</td>
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<td>2 Ice cream and frozen desserts</td>
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<td>2 Ice cream and frozen desserts</td>
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<tr>
<td></td>
<td></td>
<td>4 Dressings and condiments</td>
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<td></td>
<td></td>
<td>5 Soup</td>
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<td></td>
<td></td>
<td>2 Ice cream and frozen desserts</td>
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</tr>
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<td>Marico Ltd</td>
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<td></td>
<td>3 Ice cream and frozen desserts</td>
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<td></td>
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<tr>
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<td></td>
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<td></td>
<td>5 Sauces</td>
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<td></td>
<td></td>
<td>6 Dressings and condiments</td>
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<td>No</td>
</tr>
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<td></td>
<td>2 Savory snacks</td>
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</tr>
<tr>
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<td>3 Sweet biscuits</td>
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</tr>
<tr>
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<td></td>
<td>4 Snack bars and fruit snacks</td>
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</tr>
<tr>
<td>PepsiCo India</td>
<td>USA</td>
<td>1 Bottled water</td>
<td>Yes, but no market in India</td>
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<td></td>
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<td></td>
<td></td>
<td>3 Carbonates</td>
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<td>4 Juice</td>
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<td></td>
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</tbody>
</table>

**Mexico**

<table>
<thead>
<tr>
<th>Company</th>
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<th>Products</th>
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</thead>
<tbody>
<tr>
<td>Coca-Cola Company, The</td>
<td>USA</td>
<td>1 Carbonates</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Juice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 Bottled water</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 Sports drinks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 Dairy</td>
</tr>
<tr>
<td>Company</td>
<td>Country</td>
<td>Products</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------</td>
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</tr>
<tr>
<td>Conservas La Costeña SA de CV*</td>
<td>Mexico</td>
<td>1. Sauces, dressings, and condiments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Processed fruit and vegetables</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Sweet spreads</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Soup</td>
</tr>
<tr>
<td>Danone SA</td>
<td>France</td>
<td>1. Bottled water</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Dairy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Baby food</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Carbonates</td>
</tr>
<tr>
<td>Ganaderos Productores de Leche Pura SA de CV</td>
<td>Mexico</td>
<td>1. Dairy</td>
</tr>
<tr>
<td>(Alpura)*</td>
<td></td>
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</tr>
<tr>
<td>Grupo Lala SAB de CV*</td>
<td>Mexico</td>
<td>1. Dairy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Juice</td>
</tr>
<tr>
<td>Grupo Bimbo SAB de CV</td>
<td>Mexico</td>
<td>1. Baked goods</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Savory snacks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Sweet biscuits, snack bars and fruit snacks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Confectionary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Dairy</td>
</tr>
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<td>Mondelez International Inc.</td>
<td>USA</td>
<td>1. Confectionery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Concentrates</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Sweet biscuits, snack bars and fruit snacks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Savory snacks</td>
</tr>
<tr>
<td>Nestlé SA</td>
<td>Switzerland</td>
<td>1. Dairy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Coffee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Baby food</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Confectionary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Bottled water</td>
</tr>
<tr>
<td>PepsiCo Inc</td>
<td>USA</td>
<td>1. Savory snacks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Carbonates</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Sweet biscuits, snack bars and fruit snacks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Bottled water</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Sports drinks</td>
</tr>
<tr>
<td>Sigma Alimentos SA de CV*</td>
<td>Mexico</td>
<td>1. Processed meat and seafood</td>
</tr>
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<td></td>
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<td>2. Dairy</td>
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<tr>
<td></td>
<td></td>
<td>3. Ready meals</td>
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<td></td>
<td>4. Ready-to-drink coffee</td>
</tr>
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</table>

February 2021
<table>
<thead>
<tr>
<th>Company</th>
<th>Location</th>
<th>Top 10 Categories</th>
<th>Presence in Nigeria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coca-Cola Company, The</td>
<td>USA</td>
<td>1 Carbonates, 2 Juice, 3 Bottled water, 4 Energy drinks</td>
<td>No</td>
</tr>
<tr>
<td>Indofood Sukses Makmur Tbk PT</td>
<td>Indonesia</td>
<td>1 Rice, pasta and noodles</td>
<td>Yes (one brand)</td>
</tr>
<tr>
<td>Nestlé SA</td>
<td>Switzerland</td>
<td>1 Baby food, 2 Other hot drinks, 3 Sauces, dressings, and condiments, 4 Bottled water, 5 Coffee</td>
<td>Yes</td>
</tr>
<tr>
<td>Olam International Ltd*</td>
<td>Singapore</td>
<td>1 Rice, pasta, noodles, 2 Sweet biscuits, snack bars and fruit snacks, 3 Sauces, dressings and condiments, 4 Dairy, 5 Savory snacks</td>
<td>No</td>
</tr>
<tr>
<td>PepsiCo Inc.</td>
<td>USA</td>
<td>1 Carbonates, 2 Bottled water, 3 Baked goods, 4 Breakfast cereals, 5 Savory snacks</td>
<td>Yes, but no market in Nigeria</td>
</tr>
<tr>
<td>Promasidor (South Africa) (Pty) Ltd*</td>
<td>South Africa</td>
<td>1 Dairy, 2 Sauces, dressings and condiments, 3 Other hot drinks, 4 Tea</td>
<td>No</td>
</tr>
<tr>
<td>Royal FrieslandCampina NV</td>
<td>Netherlands</td>
<td>1 Dairy, 2 Baby food, 3 Other hot drinks</td>
<td>Yes</td>
</tr>
<tr>
<td>Stallion Group of Cos*</td>
<td>Dubai</td>
<td>1 Rice, pasta, and noodles</td>
<td>No</td>
</tr>
<tr>
<td>Suntory Holdings Ltd</td>
<td>Japan</td>
<td>1 Energy drinks, 2 Juice, 3 Carbonates, 4 Concentrates, 5 Sports drinks</td>
<td>No</td>
</tr>
</tbody>
</table>
Annex 3: Selected guidance and reports

September 2020

**WHO**, *Countdown to 2030: WHO Report on Global Trans Fat Elimination 2020* (9 September 2020)\(^3\)\(^4\)

- More than 3 billion people are protected from harmful trans fat in their food but 11 out of 15 countries with the most coronary heart disease deaths due to trans fats have yet to take actions to eliminate it.
- ‘In a time when the whole world is fighting the COVID-19 pandemic, we must make every effort to protect people’s health. That must include taking all steps possible to prevent noncommunicable diseases that can make them more susceptible to the coronavirus, and cause premature death. Our goal of eliminating trans fats by 2023 must not be delayed’ (WHO Director-General Dr Tedros Adhanom Ghebreyesus).

**Food Insight**, *Consumer Survey: Eating and Shopping During a Global Pandemic* (16 September 2020)\(^3\)\(^5\)

- 1,000 online interviews were conducted among adults ages 18+ from 7–9 August 2020.
  - For many, snacking habits have changed since the COVID-19 pandemic began. One in 3 (36%) report snacking more, while 33% said they’re snacking more often when bored or not hungry and 32% said they’re eating more snacks alone.
  - Nearly one in three (28%) report eating more packaged snacks, with convenience being the top reason for doing so.
  - Over half (52%) said they have not dined out at a restaurant in the past month.
  - Environmental sustainability, degree of processing and the mission and values of food companies lag far behind price and taste as grocery purchase drivers.

**Global Panel on Agriculture and Food Systems for Nutrition**, *Future Food Systems: For People, Our Planet, and Prosperity* (29 September 2020)\(^3\)\(^6\)

This report calls on leaders and decision-makers across the world; it distils latest scientific and policy expertise on transforming food systems.

Preface: Put simply, the policies that fed the world in the twentieth century are no longer fit for purpose.

- A box on mitigating the effects of COVID-19 on food systems and diets states:
  - ‘Ensure that nutritional needs of all individuals are met. Priorities include: social protection measures, particularly aimed at the poor; promotion of exclusive breastfeeding and appropriate infant and young child feeding; encouraging people to consume foods which are key to healthy diets; and tackling diet-related misinformation
  - Protect, enhance, and buffer stakeholders across entire food value-chains. Small- and medium enterprises (SMEs) in the food sector in LMICs [low- and middle-income countries] are particularly vulnerable to disruptions in markets and spending and need to be supported with access to loans, information, and digital technologies.
  - Kick-start the transition of the global food system by investing in making it better than before.’

- A section on ‘Influencing demand: making sustainable, healthy diets desirable to all’ states: ‘The diverse companies that make up the food industry must align their considerable influence (e.g., through advertising, retail environments) to shift demand in the right direction. Anything else is unacceptable. The guiding questions for policy makers are: what are the appropriate incentives that would “persuade” commercial food companies and retailers to make the required changes, recognizing their different priorities?’

- ‘Markets and food supply chains have largely stabilised, in part due to government support and action, after initial disruptions due to the effects of COVID-19 restrictions. However, structural deficiencies in countries with food crisis remain with related disruptions to agricultural production and other parts of the food supply chain.’


- ‘It is feared that … short-term effects will have a long-term impact on poverty, intergenerational malnutrition among vulnerable people (in particular, pregnant and lactating women), agricultural productivity reduction, and increased conflicts and displacement. How can we build back food systems better after Covid-19 so that they serve the needs of those furthest behind? To guide this decision, we employ the following concept of food systems resilience: “Capacity over time of a food system and its units at multiple levels, to provide sufficient, appropriate and accessible food to all, in the face of various and even unforeseen disturbances.”

October 2020


- ‘Building a resilient society requires a comprehensive approach that integrates multi-sectoral initiatives. Social protection provides a tool for harmonising these initiatives to create developmental synergies to promote food security and nutrition as the foundation for long-term regional prosperity.’


- ‘The COVID 19 pandemic came at a time when acute food insecurity levels were already at record highs…. While we still lack systematic information from direct observation to come to fully quantify the impacts, the analysis … explains the multiple channels through which the COVID-19 pandemic and containment measures are affecting food security and nutrition:
  - loss of income;
  - constrained government finances;
  - deepening inequalities;
  - food systems;
  - increased malnutrition levels; and
  - humanitarian assistance challenges.’


- This joint statement by ILO, FAO, IFAD and WHO states:
  - ‘Millions of enterprises face an existential threat. Nearly half of the world’s 3.3 billion global workforce are at risk of losing their livelihoods. Informal economy workers are particularly vulnerable because the majority lack social protection and access to quality health care and have lost access to productive assets. Without the means to earn an income during lockdowns, many are unable to feed themselves and their families. For most, no income means no food, or, at best, less food and less nutritious food.
  - Migrant agricultural workers are particularly vulnerable, because they face risks in their transport, working and living conditions and struggle to access support measures put in place by governments. Guaranteeing the safety and health of all agri-food workers – from primary producers to those involved in food production’
processing, transport and retail, including street food vendors – as well as better incomes and protection, will be critical to saving lives and protecting public health, people's livelihoods and food security.

- Adhering to workplace safety and health practices and ensuring access to decent work and the protection of labour rights in all industries will be crucial in addressing the human dimension of the crisis. In designing and implementing such measures it is essential that governments work closely with employers and workers.

- Priority should be given to addressing underlying food security and malnutrition challenges, tackling rural poverty, in particular through more and better jobs in the rural economy, extending social protection to all, facilitating safe migration pathways and promoting the formalization of the informal economy.¹

**November 2020**

**WFP, Cost of a Plate of Food** (2 November 2020)²

- The report shows the cost of a plate of food in several countries, compares to average local income. In New York state the cost of a plate of food is 0.6% of one's daily income; in South Sudan it is 186% of one's daily income.

- ‘People in urban areas are now highly susceptible too, with COVID-19 leading to huge rises in unemployment, rendering people powerless to use the markets they depend on for food. For millions of people, missing a day’s wages means missing a day’s worth of food, for themselves and their children. This can also cause rising social tensions and instability’ (WFP Executive Director, David Beasley).

**NCD Alliance, Trans Fat Free by 2023: A Building Block of the Covid-19 Response** (9 November 2020)³

- Integrating trans fatty acid (TFA) elimination and other nutrition policies in the COVID-19 response will serve as an historic opportunity to tackle non-communicable diseases (NCDs), support economic recovery from the pandemic and increase health security by making future generations healthier and more resilient to infectious disease.

**Global Health Advocacy Incubator, Facing Two Pandemics: How Big Food Undermined Public Health in the Era of COVID-19** (17 November 2020)⁴

- The press release for this report notes that it gathers together more than 280 examples from 18 countries between March and July 2020. It outlines ‘key ways “Big Food” exploited the coronavirus pandemic to their advantage’:

  - ‘They polished their public images with pandemic “solidarity actions,” while aggressively promoting their junk food and sugary drink brands. They donated ultra-processed products to children in school programs and low-income populations, when these people needed nutritious foods. They also donated and promoted baby formula, breaching the International Code of Marketing of Breastmilk Substitutes.

  - They touted unhealthy ultra-processed food and drinks as essential, safe products, equating food safety with healthy food.

  - They funded online educational platforms aimed at helping children learn during quarantine, dangerously blending marketing with educational information, and positioning these corporations as reliable sources of health-related information.

  - They spun a health and wellbeing narrative publicly, while leveraging the pandemic as a way to delay healthy food policy.

  - They promoted junk food as a tonic for tough times, linking unhealthy food with appealing sentiments such as comfort, nostalgia, and family togetherness. In Brazil, Burger King promoted its fast-food delivery service under the guise of helping people to stay safe at home.

  - They linked their ultra-processed food and drinks with charitable causes, helping consumers feel good about unhealthy purchases.’
• Ultimately, the GHAI report underscores the urgent need for evidence-based healthy food policies and regulations, as well as stronger conflict-of-interest protocols, worldwide.'


• This GloPan policy brief is about strengthening food systems in fragile contexts: ‘1.8 billion people live in fragile regions with high societal, economic, environmental, political and security risks. By 2030, this is projected to reach 2.3 billion, and will include 80% of the global poor (OECD). The consequences of these risks, magnified by the COVID-19 pandemic, include unpredictable food supplies, price volatility, high input costs, disrupted markets and limited food safety regulation, all of which will leave many people unable to access healthy diets.’

• The brief is a call to action to governments and the international community to ensure that food system resilience is a policy priority.

December 2020

GAIN et al., *Effective Interventions to Increase Food and Nutrition Security in Response to Covid-19 (8 December 2020)*

• This policy brief recommends effective interventions to increase food and nutrition security in LMICs as a response to Covid-19 based on rigorous evidence, and highlights impact pathways and specific adaptations in the context of the pandemic. Three main recommendations are made:
  
  – ‘Social safety nets need to be maintained and expanded to safeguard food and nutrition security among vulnerable groups (women, the young, smallholder farmers, urban poor) and those experiencing greatest income losses.
  
  – Food system interventions need to be adapted to respect safety and hygiene standards and be flexible, avoiding earmarked funds since adaptability of interventions is essential to provide needs-based aid.
  
  – Further research and real-time data are critical to understand how well the measures taken in response to Covid-19 are working. Subnational and target-group disaggregated data can inform policy decisions assuring the functioning of food systems.’

• The report also mentions the following as important interventions to ensure safe and continuous supply:
  
  – subsidies for inputs and mechanization;
  
  – ensuring storage and processing facilities continue operating can minimize post-harvest losses;
  
  – ensuring food transportation and relative necessary travel is allowed;
  
  – school feeding programs for children’s nutrition security; and
  
  – in-kind food transfers lead to and increase recipient households’ calorific intake. Cash transfers increase both calorific intake and, to some degree, dietary diversity – this evidence needs to be taken into account in providing relief packages.
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