ARCH: Generating evidence to inform policy

The Assessment and Research on Child Feeding (ARCH) Project

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Director, ARCH Project
Breastfeeding Seminar
May 9-11, 2017
TOPICS TO BE COVERED

- World Health Assembly (WHA) resolutions related to Infant and Young Child Nutrition
- ARCH objectives and study findings
- Using evidence to inform policy
- Resolution 69.9 and the new WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children
WORLD HEALTH ASSEMBLY PASSED “CODE” TO PROTECT BREASTFEEDING

WHA RESOLUTION 34.22 (MAY 1981)

WHA adopted ‘International Code of Marketing of Breast-milk Substitutes’ to protect breastfeeding and ensure the appropriate marketing of breast-milk substitutes (e.g. infant formula).

The Code did not address:

- Follow-up Formulas (FUFs): 6 -12 months
- Growing-up Milks (GUMS): 12 - 36 months
- Commercial complementary foods
BACKGROUND TO ARCH: WHA ASKS “WHAT IS INAPPROPRIATE PROMOTION?”

63RD WHA RESOLUTION 63.23
Urges member states to *end inappropriate promotion of foods for infants and young children*……

MAY 2012

65TH WHA RESOLUTION 65.6
Requests the Director General *to provide clarification and guidance on the inappropriate promotion of foods for infants and young children*
• ARCH project designed to generate evidence on the promotion of foods for infants and young children with focus on commercial complementary foods

• Encourage use of this information for decision-making at the national and global level
THE REALITY...

Breast-milk substitutes

Homemade complementary foods

Commercially produced complementary foods

Other foods
CATEGORIES OF PRODUCTS

• Breast-milk substitutes - infant formula, follow-up formula and growing up/toddler milks (BMS)

• Commercially produced complementary foods - food or liquids other than formula for children under 2 years (CPCF)

• Other commercially produced snack foods fed to young children (such as biscuits, chips, juice, yoghurt)
RESEARCH STUDIES TO PROVIDE POLICY-RELEVANT DATA ON PROMOTION

• Protocols designed in consultation with WHO

• Research conducted in Cambodia, Nepal, Senegal and Tanzania

• Conducted with government and other partners
• Food consumption among children < 24 mo of age and maternal exposure to promotion (inside/outside of health system)

• Retail Promotion (Point of sale)

• Labeling practices

• Promotion through TV (Cambodia, Senegal)

• Maternal perceptions of promotion (Qualitative – Cambodia)
• Cross-sectional, health facility-based survey

• Structured interviews among mothers of children <24 months of age utilizing child health services in Dakar, Dar es Salaam, Phnom Penh and Kathmandu Valley

• Data collected:
  – Foods/liquids consumed by youngest child on the day prior to interview
  – Mothers’ exposure to promotion
  – Demographic and socio-economic characteristics

<table>
<thead>
<tr>
<th>MOTHERS OF CHILDREN 0-23 MTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAKAR</td>
</tr>
<tr>
<td>293</td>
</tr>
</tbody>
</table>
EARLY BREASTFEEDING PRACTICES

- Early initiation of breastfeeding
- Pre-lacteal feeding: all liquids
- Pre-lacteal feeding: infant formula

<table>
<thead>
<tr>
<th>City</th>
<th>Early Initiation</th>
<th>Pre-lacteal All Liquids</th>
<th>Pre-lacteal Infant Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dakar</td>
<td>21</td>
<td>55</td>
<td>18</td>
</tr>
<tr>
<td>Dar es Salaam</td>
<td>64</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Kathmandu</td>
<td>54</td>
<td>44</td>
<td>42</td>
</tr>
<tr>
<td>Phnom Penh</td>
<td>49</td>
<td>46</td>
<td>42</td>
</tr>
</tbody>
</table>
CURRENT BREASTFEEDING PRACTICES AT 1 AND 2 YEARS

<table>
<thead>
<tr>
<th></th>
<th>Dakar</th>
<th>Dar es Salaam</th>
<th>Kathmandu</th>
<th>Phnom Penh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued BFing at 1 year (12-15 mths)</td>
<td>96%</td>
<td>83%</td>
<td>93%</td>
<td>67%</td>
</tr>
<tr>
<td>Continued BFing at 2 years (20-23 mths)</td>
<td>22%</td>
<td>33%</td>
<td>79%</td>
<td>13%</td>
</tr>
</tbody>
</table>
CONSUMPTION OF BREAST-MILK SUBSTITUTES AMONG CHILDREN UNDER 24 MONTHS OF AGE – PRIOR DAY

Dakar: 11% (0-5 mth), 20% (6-23 mth)
Dar es Salaam: 4% (0-5 mth), 5% (6-23 mth)
Kathmandu Valley: 6% (0-5 mth), 8% (6-23 mth)
Phnom Penh: 43% (0-5 mth), 29% (6-23 mth)
<table>
<thead>
<tr>
<th></th>
<th>Dakar</th>
<th>Dar es Salaam</th>
<th>Kathmandu Valley</th>
<th>Phnom Penh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed breastmilk substitute advertisement in a health facility</td>
<td>2.0</td>
<td>2.6</td>
<td>8.4</td>
<td>3.7</td>
</tr>
<tr>
<td>Received breastmilk substitute, bottle/teat or pacifier from a health professional</td>
<td>2.4</td>
<td>0.0</td>
<td>0.0</td>
<td>7.5</td>
</tr>
<tr>
<td>Observed IYC food product brand on health facility equipment/materials</td>
<td>19.8</td>
<td>3.3</td>
<td>6.8</td>
<td>19.0</td>
</tr>
</tbody>
</table>
## Advice to Use Breastmilk Substitutes Among Mothers

<table>
<thead>
<tr>
<th></th>
<th>Dakar</th>
<th>Dar es Salaam</th>
<th>Kathmandu Valley</th>
<th>Phnom Penh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health professional</td>
<td>21.2</td>
<td>9.2</td>
<td>41.1</td>
<td>18.4</td>
</tr>
<tr>
<td>Relative/family member</td>
<td>9.9</td>
<td>6.9</td>
<td>9.1</td>
<td>19.7</td>
</tr>
<tr>
<td>Neighbor/friend</td>
<td>4.4</td>
<td>11.1</td>
<td>7.1</td>
<td>14.3</td>
</tr>
<tr>
<td>Shop owner/pharmacist</td>
<td>3.8</td>
<td>0.3</td>
<td>1.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Company representative</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>6.5</td>
</tr>
<tr>
<td>No one</td>
<td>61.1</td>
<td>74.4</td>
<td>46.0</td>
<td>49.7</td>
</tr>
</tbody>
</table>
Percent of Mothers who Reported Promotions for BMS and Commercial Complementary Foods

- **Phnom Penh** (n=294): 86% (BMS), 29% (commercial foods)
- **Kathmandu** (n=309): 28% (BMS), 20% (commercial foods)
- **Dakar** (n=293): 41% (BMS), 37% (commercial foods)
- **Dar es Salaam** (n=305): 12% (BMS), 1% (commercial foods)

**EXPOSURE TO PROMOTION OUTSIDE THE HEALTH SYSTEM**
REPORTED SOURCES OF PROMOTIONS FOR BREAST-MILK SUBSTITUTE – MOTHERS OF CHILDREN 6-23 MONTHS

- Billboard
- Health facility
- Print
- Radio
- Shop/pharmacy
- Television

- Dakar (N=218)
- Dar es Salaam (N=229)
- Kathmandu Valley (N=228)
- Phnom Penh (N=222)
CONCLUSIONS FROM SURVEY

• Promotion of breastmilk substitutes **within** health facilities is occurring
  – Nearly half of mothers in Kathmandu Valley and one-fifth of mothers in Dakar and Phnom Penh reported advice to use a BMS from a health professional
  – Observation of BMS branding was prevalent in Dakar and Phnom Penh

• Promotion of breastmilk substitutes **outside** health facilities is also occurring
  – **Television** and **stores** are the most common mediums for these promotions
ARCH conducted studies of retail outlets selling infant foods to assess prevalence of promotion.

- approximately 30 stores per country
NUMBER OF BMS AND CPCF AVAILABLE FOR SALE

- Phnom Penh, Cambodia: 112 (BMS), 69 (CPCF)
- Kathmandu, Nepal: 14 (BMS), 22 (CPCF)
- Dakar, Senegal: 36 (BMS), 84 (CPCF)
- Dar es Salaam, Tanzania: 17 (BMS), 25 (CPCF)
PROPORTION OF STORES WITH AT LEAST ONE BMS PROMOTION

- Phnom Penh, Cambodia: 38%
- Kathmandu, Nepal: 3%
- Dakar, Senegal: 35%
- Dar es Salaam, Tanzania: 7%
In all cities, the most common point-of-sale promotions for BMS and complementary foods were **displays** (e.g. posters, banners etc.).

Other categories of promotions included **informational materials**, **free gifts**, and **price-related promotions**.
ASSESSMENT OF COMPLEMENTARY FOOD AND BMS LABELS

• Describe labelling practices and assess the extent to which labels of commercially produced foods for infants and young children comply with local and international guidance on the promotion/marketing of such foods.

Commercial complementary foods (n=200)
BMS (n=184)
COMPLEMENTARY FOOD LABELS WITH INAPPROPRIATE RECOMMENDED AGE OF INTRODUCTION

% of labels

- Phnom Penh: 30% (No age recommended), 9% (Age < 6 mo)
- Kathmandu Valley: 0% (No age recommended), 13% (Age < 6 mo)
- Dakar: 4% (No age recommended), 20% (Age < 6 mo)
- Dar es Salaam: 19% (No age recommended), 12% (Age < 6 mo)
COMPLEMENTARY FOOD LABELS: 4 COUNTRY FINDINGS

MESSAGES

• Only 4-27% of labels provided **accurate and complete messages** in the required language encouraging exclusive breastfeeding.

• Almost none (0-3%) provided accurate and complete messages regarding the **appropriate introduction of complementary foods together with continued breastfeeding**.

• Some inappropriate messages, including instruction for feeding the product in a bottle.
Manufacturers share use of brand attributes (color, name, design, etc.) through infant and young child feeding product ranges. This can be seen in both product labels and promotions.

Ad for various BMS and complementary food products
Infant formula and commercial complementary foods
CROSS PROMOTION

Infant formula / Follow-up formula / Growing-up milks
CROSS PROMOTION ON BMS AND COMPLEMENTARY FOOD LABELS

- Between 34-70% of commercial complementary food companies also produced BMS.

- 41-78% of these companies cross-promoted these products.

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>Cambodia</th>
<th>Nepal</th>
<th>Senegal</th>
<th>Tanzania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross-promotion</td>
<td>41%</td>
<td>75%</td>
<td>78%</td>
<td>42%</td>
</tr>
<tr>
<td>Direct reference to BMS</td>
<td>8%</td>
<td>0%</td>
<td>15%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Pereira et al. 2016
Most exposure to promotion for BMS in Phnom Penh and Dakar was through television:

- An average of 190 minutes of BMS advertisements shown per month in Phnom Penh (between September 2013 and September 2014).

- An average of 27 minutes of BMS advertisements shown per month in Dakar (between March-May 2015)

Ad for Novalac aired March 2015 in Dakar, Senegal
https://www.dropbox.com/s/26o2qfka1ezuur3/NOVALAC.mp4?dl=0

https://www.dropbox.com/s/26o2qfka1ezuur3/NOVALAC.mp4?dl=0
"I heard that it can make children to grow well and be intelligent. This is what I heard from the television." –Mother

"After drinking infant formula, the child becomes smarter and cuter; also has strong bones and grows well. The child looks cute ... and it means feeding him with infant formula creates love between mother and child.” –Mother
• New avenues open the door for promotion that endangers optimal infant and young child nutrition.

(Photos from the Bibere Cambodia Facebook page
https://www.facebook.com/Bibere-Cambodia-508793679223441/ 10/14/2015)
10 peer reviewed articles

Key findings:
- Many breastmilk substitutes (BMS) found, including follow-up formula (FUFs) and growing up milks (GUMs).
- Cross-promotion normal practice.
- Many inappropriate labeling practices observed.
- Promotion via multiple channels.
• Cambodia - Data used to advocate for improved monitoring of national Code

• Senegal - Committee established to update 1994 Code decree

• Nepal - Data was used to advocate for and to inform health worker training in breastfeeding support
RESEARCH RESULTS INFORMED WHO GUIDANCE

- Results provided to WHO’s Scientific and Technical Advisory Group
- Directly informed WHO’s new Guidance
- Used to advocate for World Health Assembly Endorsement of Guidance
Resolution adopted by consensus welcoming the WHO Guidance on ending the inappropriate promotion of foods for infants and young children.
• Provides 7 recommendations pertaining to the marketing (promotion, distribution, selling, advertising, product public relations and information services) of foods for IYC (6 – 36 months).
1. Applies to all commercially produced foods that are marketed as being suitable for IYC.

2. Applies to the promotion of foods for IYC that occurs through government programs, non-profit organizations, and private enterprises.

3. Is not applicable to vitamin and mineral food supplements and home-fortification products (micronutrient powders / small-quantity lipid-based nutrient supplements).

4. Supports emphasis on use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely.
• Milks specifically marketed for children under age 3 are breastmilk substitutes and fall under the Code
  – Therefore “follow-up formula” and “growing-up milks” marketed up to the age of 36 months should not be promoted.
THE GUIDANCE: MESSAGES USED TO PROMOTE FOODS SHOULD SUPPORT OPTIMAL INFANT FEEDING

Messages should include a statement on:

• Importance of continued breastfeeding for up to 2 years or beyond.
• Importance of not introducing complementary feeding before 6 months of age.
Messages should not:

• Include images, text or other representation that might suggest use for <6 months (including milestones/stages).
• Undermine or discourage breastfeeding.
• Make a comparison to breast-milk.
• Suggest it is nearly equivalent or superior to breast-milk.
• Recommend or promote bottle feeding.
• Convey endorsement unless specifically approved by regulatory authorities.
• No cross-promotion of breastmilk substitutes via complementary foods.

• Labels and designs need to be distinct from those used on breast-milk substitutes.
THE GUIDANCE: CLARIFICATION OF CONFLICT-OF-INTEREST

• Any donation to the health care system (including health workers and professional associations) from companies marketing BMS and foods for infants and young children represents a conflict of interest and should not be allowed.

• Sponsorship of meetings of health professionals and scientific meetings by companies selling BMS and foods for infants and young children should not be allowed.
NEED TO ADVOCATE FOR CONSISTENT GLOBAL POLICIES

Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSU)

• The Codex Standard for Follow-up Formula (CODEX STAN 156-1987) is under review
THANK YOU

“Although the world is full of suffering, it is also full of overcoming it.”

Helen Keller
RESOURCES

• To access the WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children

• To read articles on research conducted by the HKI Assessment and Research on Child Feeding (ARCH) project in the Maternal and Child Nutrition journal, that informed the guidance: