

# Update on the *Global Network for Implementation and Monitoring of the International Code of Marketing of Breast-milk Substitutes*

Breastfeeding Seminar

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# Obstacles to optimal breastfeeding

- Pervasive marketing of breast-milk substitutes
  - “Breast is best” but how to feed your baby is framed as a lifestyle issue
- Conflict of interest
  - *health care system*
  - *retailers*
  - *policy makers*
- Medicalization of childbirth
- Lack of support in the health care system and quality counseling and community support
- Maternal employment
- Lack of protection for breastfeeding in public; discomfort in doing so
- Medical contradictions



  
**NAN**



**Nota importante:**  
 La Organización Mundial de la Salud (OMS) ha recomendado que se informe a las mujeres embarazadas y a las que acaban de dar a luz, de los beneficios y la superioridad de la lactancia al seno, sobre todo que la lactancia materna es el medio ideal de nutrir a su bebé y protegerlo contra las enfermedades. Las madres deberían ser acompañadas sobre la manera de prepararse a la lactancia al seno y su mantenimiento, y sobre la importancia de una buena nutrición materna, tanto durante el embarazo como después de dar a luz. Cuando existiera la introducción temprana de la alimentación parcial con biberón u otros alimentos y suplementos, debido a su efecto negativo sobre la lactancia, las madres, debe advertirse a las madres de la dificultad de reiniciarla después de haber decidido no iniciar o reanudar la lactancia al seno. Antes de utilizar una fórmula infantil, las madres deberían ser informadas de las consecuencias sociales y económicas de dicha decisión: por ejemplo, si el bebé está alimentado exclusivamente con biberón, necesitará más de una lata (800g) por semana; así pues, hay que tener en cuenta la situación familiar y económica. Hábrase que recordar a las madres que la leche materna no sólo es el mejor alimento para bebés sano que también es el más económico. Si se decide utilizar fórmula infantil, es importante darles las instrucciones necesarias para su correcta utilización y llamarles la atención sobre el hecho de que el bebé pueda enfermarse si no se le añade el agua, no se esteriliza el biberón o no se reconstruye el producto correctamente. "Ver Código internacional sobre la comercialización de los sustitutos de la leche materna, adoptado por la Asamblea Mundial de la Salud en su Resolución WHA 34.22, mayo 1981."

Material exclusivo para profesionales de la salud  
 Impreso en Andalucía Central, F.2, 20.21 00  
 Villaverde en

[www.nestle-pediatria.com](http://www.nestle-pediatria.com)  
**AVISO IMPORTANTE:**  
 La leche materna es el mejor alimento para el lactante.



Credit: PAHO's Safe Motherhood photo contest

# Market for infant formula and other breast-milk substitutes

- Large and growing
  - 2014: US\$44.8 billion
  - 2019: US\$70.6 (projected)
- Resilient to market downturns
- High income countries:
  - Market saturated for standard infant formula (declining in some countries)
  - Growth will be in follow on and toddler milks
- Middle income countries:
  - Increasing sales – 8% - from standard infant formula



# Save the Children Code Monitoring: China

- Largest market for infant formula
  - 2014: US\$ 17,784 million
  - 2019: projected to double
- Code since 1995; however 2012 monitoring showed
  - 40% of new mothers reported receiving at least one free formula sample. Of these:
    - 60% reported being provided the sample by staff of BMS companies
    - 37% by health workers

Source: EuroMonitor; Save the Children. Implementation of the International Code of Marketing of Breastmilk Substitutes, 2012.

# Impetus for the Code

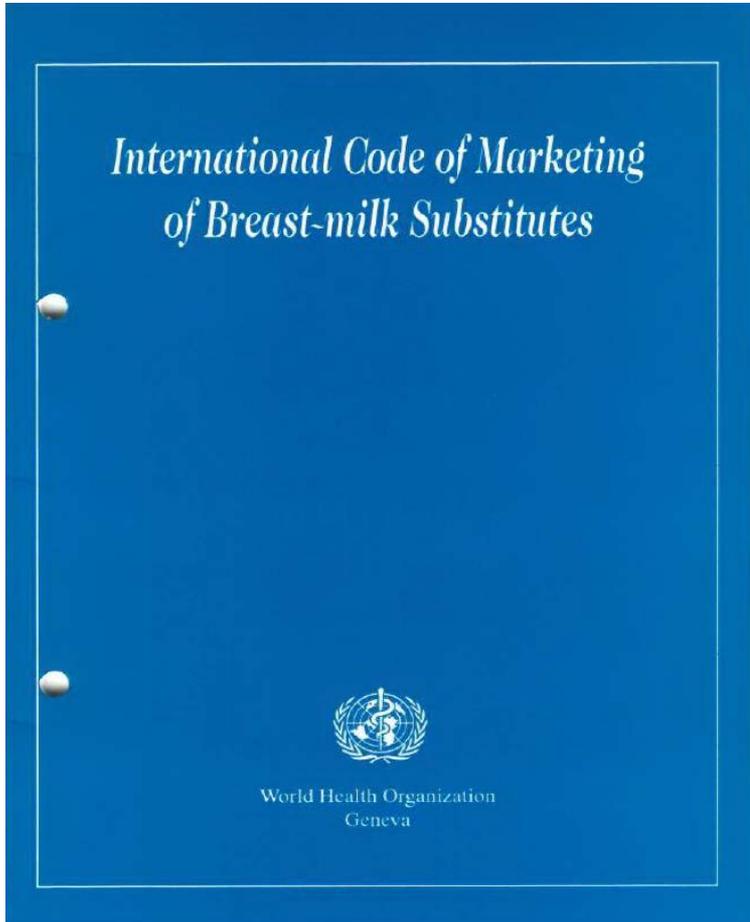
Inappropriate marketing of breast-milk substitutes leading to severe malnutrition and death



# Joint WHO/UNICEF Meeting on Infant and Young Child Feeding, 1979

- Recognized the importance of
  - infant and young child feeding
  - the link between maternal nutrition and child nutrition
  - breastfeeding in preventing mortality and morbidity
  - appropriate timing of introduction of complementary foods at 4-6 months (*subsequently changed to 6 months*)
  - local *weaning* foods
  - appropriate marketing of formula and *weaning* foods

# Aim and scope



- **Aim:** To protect and promote BF by ensuring appropriate marketing and distribution of breast-milk substitutes
- **Scope:** Applies to breast-milk substitutes, when marketed or otherwise represented as a partial or total replacement for breast milk. *Includes formula, other milk products, cereals, vegetable mixes, juices, follow-up milks, feeding bottles and teats*

# "Insufficient milk"

- Most prevalence reason in the low- and middle-income countries for ceasing exclusive and any breastfeeding
- Concept of path-dependence
- The earlier breast-milk substitutes are given, the more likely mother's are to experience insufficient milk

# Events leading up to the International Code

- 1939: “Milk and murder”
- 1971: “Comerciongenic malnutrition”
- 1974: “Baby Killer”
- 1978: US Senate hearing with CEO’s of formula companies
- 1979: 1<sup>st</sup> WHO meeting on young child feeding
- 1981: Code approved by the WHA
- Subsequent relevant WHA resolutions, most recently in 2016

# The Code

1. Aim – provision of safe and adequate nutrition
2. Scope – marketing and other practices of infant formula, other milk products, foods and beverages bottles,
3. No advertising or promotion to general public, no direct provision of samples to women and families
4. No donations to the health care system
5. No inducements to health workers
6. Labeling (including superiority of breastfeeding, hazards of inappropriate preparation)

# Products covered

- **Advertising:** no advertising of infant formula, follow-on milks, other milk products, baby juices and teas, cereals and vegetable mixes, feeding bottles or teats to the public.
- **Samples:** No free samples to mothers, their families or health care workers.
- **Health Care Facilities:** No promotion of products, i.e. no product displays, posters, calendars or distribution of promotional materials. No use of mother craft nurses or similar company-paid personnel.

# Labels and quality

- **Labels:** Product labels must clearly state
  - the superiority of breastfeeding,
  - the need for the advice of a health care worker and a warning about health hazards.
  - include no pictures of infants, other pictures, or text idealizing the use of infant formula
- **Quality:**
  - comply with Codex Alimentarius standards
  - unsuitable products, e.g., sweetened condensed milk, should not be promoted for babies.

# Relevant WHA Resolutions

- WHA 3.28 The practice being introduced in some countries of providing infants with specially formulated milks (so called follow-on milks) is not necessary”
- WHA 39.29 Urges Member States... to ensure the small amounts of breastmilk substitutes needed for the minority of infants who require them in maternity wards and hospitals are made available through the normal procurement channels and not through free or subsidized supplies.

# Relevant WHA Resolutions

- WHA 47.5 Urges Member States...to ensure that there are no donations of free or subsidized supplies of breastmilk substitutes and other products covered by the International Code... in any part of the health care system.
- WHA49.15 Members states are urged to “ensure that CF are not marketed for use or used in ways that undermine EBF or sustained BF
- WHA49.15 Urges Member States...to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby Friendly Hospital Initiative
- WHA 69.7 WELCOMES with appreciation the technical guidance on ending the inappropriate promotion of foods for infants and young children

# What should governments do?

- In drafting national measures, governments are advised to turn to WHO and UNICEF for assistance (Art.11.1)
- Manufacturers and distributors should not influence the drafting process
- Once adopted, measures should be publicly stated

# Elements of effective measures

- Clearly drafted to incorporate all provisions of the Code
- Includes implementation and enforcement provisions that identify:
  - independent body responsible for monitoring
  - person to whom violations should be reported
  - forum for adjudication
  - effective sanctions that will act as a deterrent

# Industry responsibilities

- “...should take steps to ensure that their conduct at every level conforms to the Code “independently of any other measures taken for implementation of this Code” (Article 11.3)
- **Health care workers**
  - No gifts or samples
  - Product information must be factual and scientific
- **Supplies**
  - No free or low-cost BMS to any part of the health care system
- **Information and educational material**
  - explain the benefits of BF
  - health hazards associated with bottle feeding and costs of using infant formula

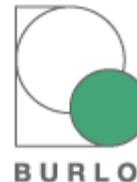
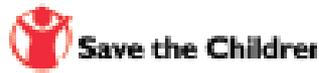
# Monitoring

- Area of weakness
- Reporting required every two years to the World Health Assembly, but countries have not been held accountable
- Some government monitoring
- IBFAN, with support from UNICEF, has been main NGO keeping the Code alive

# Lessons learned

1. Legislation necessary but not sufficient
2. Economic sanctions may be less effects than publications that negatively effect a company's public image
3. Civil society participation crucial
4. Continual clinical, epidemiological and policy research necessary
5. Additional policy and program strategies needed

# WHO/UNICEF Network for Support and Implementation of the Code and Subsequent and Subsequent Relevant World Health Assembly Resolutions (NetCode)



IRCCS materno infantile  
Burlo Garofolo



NetCode slides courtesy of Dr Laurence Grummer-Strawn (WHO)

# Vision

A world in which all sectors of society are protected from the inappropriate and unethical marketing of breast-milk substitutes and other products covered by the scope of the International Code and relevant WHA resolutions

# Goals

- To strengthen ministries of health and civil society capacity to monitor the International Code and relevant WHA resolutions
- To facilitate the development, monitoring and enforcement of national Code legislation by Member States, by bringing together a group of committee actors to support these processes

# Expected Outcomes

1. Publication of monitoring framework/protocols/ training materials for monitoring
2. Capacity development in participating Member States
3. Monitoring of the Code and national Code legislation in 6-8 Member States
4. Strengthened global monitoring

# Monitoring framework

Two components:

1. Ongoing reporting of violations of national law and the Code, for the purposes of taking immediate corrective action
2. Periodic in-depth surveys to identify problem areas and map progress of Code implementation

# Top priorities in work plan

- Implement monitoring framework
- Technical guidance/best practices on enforcement mechanisms
- Develop guidance on legislation
- Exert pressure on industry to adhere to the Code
- Harmonize reporting on Code legislation
- Clarify conflicts of interest
- Develop/adapt/disseminate training materials

# Opportunities for progress on the Code or reducing marketing

- Include in global monitoring frameworks
- Strengthen in the BFHI
- Attention to conflict of interest and ethics
- Public awareness and pressure
- Include in broader debate about anti-obesity measures, such as restrictions on the marketing of foods and beverages to children

# Thank you!



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