

International Code of Marketing of Breast-milk Substitutes

Summary of International recommendations and regulations

INTRODUCTION

The WHO and the United Nations Children's Fund (UNICEF) have for many years emphasized the importance of maintaining the practice of breast-feeding as a way to improve the health and nutrition of infants and young children. Efforts to promote breast-feeding and to overcome problems that might discourage it are part of the overall nutritional program considered as a key issue of maternal and child health-saving programs offered by both organizations.

Historical perspectives

27. WHA (1974): noted the general decline in breast feeding in many parts of the world, related to sociocultural and other factors including the promotion of manufactured breast milk substitutes and urged member countries "to review sales promotion activities on baby foods to introduce appropriate remedial measures, including advertisement codes and legislation where necessary."

31. WHA (1978): among its recommendations were that member states should give priority to preventing malnutrition in infants and young children by – *inter alia* – supporting and promoting breast-feeding, taking legislative and social action to facilitate breast-feeding and „**regulating inappropriate sales promotion of infant foods that can replace breast milk.**

Interest in the problems and emphasis on the importance of breast feeding, of course, extended well beyond WHO and UNICEF: **governments, nongovernmental organizations, professional associations, scientists, and manufacturers of infants foods** have also called action to be taken on a world scale as one step towards improving the health of infants and young children.

Joint meeting of WHO and UNICEF in Geneva (1979): (with fullest participation: 150 representatives of governments, organizations of the United Nations system and other intergovernmental bodies, nongovernmental organizations, the infant food industry, and experts in related disciplines.

Five main themes:

- The encouragement and support of breast feeding
- The promotion and support of appropriate and timely complementary feeding (weaning) practices with the use of local resources
- The strengthening of education, training and information on infant and young child feeding
- Advocate the positive influence of breast-feeding on maternal health status and protection of the social status of women who choose to breastfeed.
- **The appropriate marketing and distribution of breast milk substitutes**

33. WHA (1980): recommendation was made (agreed by consensus) that „**there should be an international code of marketing of infants formula and other products used as breast-milk substitutes**” requesting the Director-General to prepare such a code „in close consultation with member states and with all other parties concerned”.

To develop an international code of marketing of breast-milk substitutes in accordance with the WHA's request, numerous and lengthy consultations were held with all interested parties. Member states of the WHO and groups and individuals present at the 1979 meeting were requested to comment on successive drafts of the code concerning both form and content. During the following months, several further meetings were held:

67. session of WHO (January, 1981): Executive Board of WHO considered and endorsed the fourth draft of the code, and anonymously recommended the 34. WHA the text of a resolution by which it would adopt the code in the form of a recommendation rather than as a regulation.

34. World Health Assembly (WHA) (May 21, 1981): *On the International Code of Marketing of Breast-milk Substitutes*
“The Code” was adopted as proposed (118 votes in favour, 1 against, 3 abstentions)

Further meetings of WHO: in 1986, 1994, 1996, 2001

„Whose responsibility is it to control the advertising, marketing and promotional activities which may create a market in spite of public health considerations?”

Edward Kennedy, 1978

Part I.

MARKETING POLICY

A. Summary of the International Code of Marketing of Breastmilk Substitutes (The Code) and Relevant World Health Assembly (WHA) Resolutions World Health Organization (WHO), Geneva, Switzerland, 1981, 1986, 1994, 1996, 2001 1,2

The Code and WHA Resolutions concerning infant and young child nutrition (The Code) include these important provisions:

1. **No advertising of products** under the scope of the Code to the public.
2. **No free samples** to mothers.
3. **No promotion of products in health care facilities**, including the distribution of free or low-cost supplies.
4. No company representatives to advise mothers.
5. **No gifts or personal samples to health workers.**
6. **No words or pictures idealizing artificial feeding, including pictures of infants**, on the labels of the products.
7. Information to health workers should be scientific and factual.
8. **All information on artificial feeding, including the labels, should explain the benefits of breastfeeding** and all costs and hazards associated with artificial feeding.
9. Unsuitable products such as sweetened condensed milk should not be promoted for babies.
10. All products should be of a **high quality and take account of the climatic and storage conditions of the country** where they are used.
11. Promote and support exclusive **breastfeeding for six months as a global public health recommendation** with continued breastfeeding for up to two years of age or beyond.
12. Foster appropriate complementary feeding from the age of six months recognizing that any food or drink given before nutritionally required may interfere with breastfeeding.
13. Complementary foods are not to be marketed in ways to undermine exclusive and sustained breastfeeding.
14. Financial assistance from the infant feeding industry may interfere with professionals' unequivocal support for breastfeeding.

To provide practical help to health care professionals and institutes, the following ten-point recommendation was formulated:

B. The Ten Steps to Successful Breastfeeding

A Joint WHO/UNICEF Statement, Geneva, Switzerland, 1989

1. Every facility or agency providing maternity services and care of newborn infants should have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in -- allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

C. The Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in Community Health Services

Adapted from the UK The Baby-Friendly™ Initiative in the Community-A Seven Point Plan.

1. Have a written breastfeeding policy that is routinely communicated to all staff and volunteers.
2. Train all healthcare providers involved in the care of mothers and babies in the skills necessary to implement the policy.
3. Inform all pregnant women and their families about the benefits and management of breastfeeding.
4. Support mothers to initiate and sustain exclusive breastfeeding.
5. Encourage sustained breastfeeding beyond 6 months with appropriate introduction of complementary foods.
6. Provide a welcoming atmosphere for breastfeeding families.
7. Promote collaboration between healthcare providers, breastfeeding support groups and the local community.

References

WHO International Code of Marketing of Breastmilk Substitutes. Document HA34/1981/REC/1, Annex 3. Geneva: WHO, 1981. Available from URL: <http://www.ibfan.org/english/resource/who/fullcode.html>

World Health Organization. WHA Resolutions 32.32; 34.22; 35.26; 37.30; 39.28; 41.11; 43.3; 45.34; 47.5; 49.15; 54.2. Available from URL: <http://www.ibfan.org/english/resource/who/whares3332.html>

Labbok M. What is the definition of breastfeeding? Breastfeeding Abstracts 2000; 19(3): 19-20.

WHO/UNICEF Protecting, Promoting and Supporting Breast-feeding: The Special Role of Maternity Services. Geneva, Switzerland: World Health Organization/UNICEF, 1989.

The promotion and protection of breast-feeding gave rise to further, more precise strategic plans regulating the duties and possibilities of both health care professionals and formula manufacturers, recognizing that special formulas could no longer be fully omitted from infant feeding.

D. United States Breastfeeding Committee

Promoting – Protecting – Supporting

STRATEGIC PLAN: 2009-2013
Strategic goals 2009-2013

Goal B. *Reduce marketing that undermines optimal breastfeeding*

1. Counteract the negative impact of product marketing
 - Publish a position statement on marketing of products that impact breastfeeding
 - Develop and execute a campaign to build support for reducing such marketing
 - **Advocate for the elimination of the distribution of formula marketing materials through health care professionals and the health system.**
 - Advocate for improved monitoring of product marketing claims.
 - **Advocate for recognition of the ethical responsibilities of health care professionals and organizations related to product marketing.**

Part II.

SPONSORSHIP POLICY

(Adapted from resolutions of Nutrition Society, 2008)

1. *No direct commercial sponsorship* or endorsement is permitted for scientific programs, abstracts, speakers or symposia.
2. Sponsors are *not permitted to direct the content of scientific programs* or symposia, or, except in the case of Sponsored Satellite Symposia, direct the choice of speakers at Meetings.
3. Sponsors are *not permitted to engage in commercial activity* at Meetings other than as permitted under the agreed terms of sponsorship or commercial activity.
4. Sponsors are acknowledged in an agreed format in the program, on the website and at the meeting
5. Sponsors shall not refer to or use the NS name activities without prior written permission
6. The NS reserves the right to refuse donations, sponsorship or commercial activity proposal.
7. Funds given with no stipulation. Gold, Silver and Bronze sponsors are acknowledged on the ND website, in the provisional program (provided an agreement exists before publication date) and in the full program that is distributed at the meeting.
8. *Social events*

A sponsor may pay in full for a contribution to the cost of a social event (eg. lunch, tea, and coffee, dinner, an evening reception or social event).

In return, a sign is displayed bearing the company logo and informing delegates that the refreshments were sponsored by the sponsor. If the events are „invitation” only, then the company logo should appear on the invitation.

9. *In kind contributions*

A company may choose to donate a product (e.g. soft drink, beer, wine, sandwich, lunches or snacks for meals or refreshment breaks). Their support would be displayed on a sign or menu if appropriate.

10. *Students travel bursaries:*

Companies can sponsor students to attend. In return, their logo is printed in the program as with other sponsors.

Sponsorship of the bursary should be acknowledged in the annual report, on the website, and in the back of the Abstracts booklet as this is not specifically meeting sponsorship.

„A millionaire’s baby who is not breastfed is less healthy than an exclusively breastfed baby whose mother is in the poorest social group”

Prof. J. Stewart Forsyth
Scotland, UK, 2006

Part III.

Maternal and Child health Risks of Not Breastfeeding
(United States Breastfeeding Committee)

Disease	Increased risk
Diabetes	40%
Recurrent ear infections	60%
Obesity	25%
Hospitalization for asthma or pneumonia	250%
Death in the first year of life	27%
Maternal breast cancer	39%
Maternal ovarian cancer	26%
Maternal type 2 diabetes	14%/yr

Being more a recommendation than a regulation, “ The Code” could not remain without violations:

Part IV.

BTR 2007: LATEST CODE VIOLATIONS

A 150-page report on practices by baby food companies which violate the International Code of Marketing of Breastmilk Substitutes. Lots of pictures of violations in full colour.

Breaking the Rules, Stretching the Rules 2007 (BTR 2007)

BTR 2007 focuses on marketing practices of 12 baby food companies (including Abbot Ross, Danone, Nestle, Numico, Mead Johnson, Wyeth) and 13 feeding bottle and teat companies (including Avent, Chicco and Pigeon). BTR is based on more than 3000 observations submitted to ICDC from 67 countries between June 2004 to November 2007. Each company's report is prefaced by a profile and a „look at this” box which highlights a mind-boggling marketing practice by the company.

For the first time, BTR is designed so that individual company reports can be purchased and sent/downloaded electronically.

Web site: www.ibfan.org/site2005/Pages/article.php?art_id=510&iui=1

A. Executive summary

„*Breaking the rules - Stretching the rules 2007*” provides evidence on non-compliance with the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions. This summary highlights the marketing trends over the past three years.

BTR is a global monitoring report, focusing its cast on big multinational companies with a global presence. It does not rely on statistical research and does not claim to provide full information on any one company or any one country.

1. *Mergers and acquisitions. Corporate concentration has gone through the roof. The multinational manufacturers of baby food have been buying out former competitors for billions of dollars (e.g. Nestlé bought Gerber from Novartis, Danone the Numico etc).*
2. *Commercial promotion through the healthcare system continues unabated in most countries. (information for health workers, mostly blatant promotion for products etc)*
3. *Targeting health professionals and their associations has become more sophisticated. (Increasing trend of gifts - pens, prescription pads, calendars, watches, chances to win money etc. As well as to healthcare facilities (incubator, posters, baby scales and covers and so forth. Most if not all of such gifts carry the name of a manufacturer or a brand of food on them, or advertising slogans.)*
4. ***Sponsorship and conflicts of interest. Conferences, seminars, training sessions for paediatricians, nurses, midwives and nutritionists are frequently sponsored by manufacturers of infant foods; subsidized to attend „educational” events at fancy hotel or holiday resorts etc.***
In 2007 the IPA publicly recalled its guidelines that specifically prohibit endorsement and sponsorship from Code violators. Will national associations follow?
5. *A formula for every ill (potential allergies, colic, reflux, constipation or vomiting, etc).*
6. *Direct promotion at points of sale is still a problem. Tactics (special displays, shelf-talkers, offers gifts and toys, discounts and coupons are still widely used)*
7. *Gold galore. Functional claims in ads and on labels are becoming more strident. Ongoing is the promotion for „new” formulas to improve baby's eyesight and brain development. (Formulas with ingredients such as prebiotics, probiotics, omega-3 and other LCPs, additives that ostensibly make the formulas „closer to breastmilk”, or even like „replicas of breastmilk”).*
8. *Selling intelligence is extremely effective. (There is great stress on brain development of the baby, banking on the natural desire of parents to see their children grow up intelligent and succeed in studies. Parents are impressed with intelligence available from a tin.)*

9. *Websites continue as a means to reach mothers. (Offering advice on infant feeding, child rearing, health issues - finally about the second-best product.*
10. *Company carelines. Parents magazines are a major medium for advertising, which is banned by the Code.*
11. *Bottles and teats continue to be promoted: „same as breast”, “stretches just like a mother’s nipple”, “closest to the breast”, “certified by doctors”, “medically proven”.*

Put aside all policies, financial interests, rules and rule-breakings, breastfeeding must remain the number one method in infant feeding for the following, quite simple considerations:

PART V.

10 Good Reasons NOT to use formula

(Adapted from, a publication by Children for Breastfeeding, Philippines, 2006)

1. Formula does not provide all the nutrition and vitamins baby needs for the first six months after birth. Breastmilk does.
2. Formula does not contain immunological factors and antibodies that help prevent a host of diseases. Breastmilk does.
3. Formula is not uniquely tailored to meet the needs of individual babies. Breastmilk composition changes to meet each baby’s needs.
4. Formula does not contain substances that get your baby’s digestive system working. Breastmilk does.
5. Formula feeding markedly increases the risk of infantile and adult obesity. Breastfeeding does not.
6. Formula can be contaminated even before the tin is opened. Breastmilk is alive with antibodies.
7. Formula-fed babies are about 60 percent more likely to suffer from recurrent ear infections.
8. Formula feeding does not meet a baby’s emotional and psychological needs as well as breastfeeding does.
9. Formula-fed babies do not perform consistently better in school. Breastfed babies have a seven point higher IQ.
10. Formula is expensive. Breastmilk is free.

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