

The Code and HIV/AIDS

About 5-20 percent of HIV-infected mothers might pass the virus to their infants through breastfeeding. If a mother exclusively breastfeeds the risk may be smaller. Exclusion of all breastfeeding eliminates the risk, but where HIV infection rates are high, conditions of poverty can make death from artificial feeding a greater risk than that of contracting HIV. An HIV-infected mother has the right to make an informed decision as to how she feeds her baby. She needs emotional support and unbiased information that she understands.

The UN Guidelines state that:

"When replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS), avoidance of all breastfeeding is recommended. Otherwise exclusive breastfeeding is recommended during the first months of life."

The UN Guidelines on HIV and Infant Feeding stress the importance of the Code in relation to the HIV/AIDS pandemic. The use of artificial feeding by HIV-infected mothers may send a message into the wider community that artificial feeding is endorsed by health professionals and carries no risk. This effect is called 'spillover'. If the Code is fully implemented and all promotional messages banned, health professionals and others will find it easier to convey information and support for infant feeding decisions in the context of HIV/AIDS. Full Code compliance can help prevent 'spillover'.

"It is time for leaders and civil society to protect mothers and children in Africa, and indeed the whole world, from the marketing schemes of transnational corporations. Code implementation is a noble target for a better future."

Félicité Tebbindat, Nutrition Officer, UNICEF Tanzania, 2006

Raising Code awareness

Our delegates at the World Health Assemblies know that concerned citizens are the key to progress. We all can make a big difference to society's health through raising Code Awareness. Remember:

- Raising Code awareness need not be confrontational. Though companies may flout the Code deliberately, many individuals do so because they know nothing about it. It does not help to antagonise them if they have been breaking the Code. They need education not criticism.
- No one wants babies to die or mothers to suffer. When they learn and understand how promotion harms, good people always want to find a way to change practices.
- Share your information about the Code to help improve practices and rejoice if other people 'borrow' your ideas.
- Work together, you cannot do this alone.
- Your creativity is special; you will have the best ideas for your local situation.



ACTION IDEAS FOR CODE PROGRESS

Educating ourselves and others

- Set up Code-training sessions with colleagues and allies. Contact IBFAN, United Nations Children's Fund (UNICEF) or World Health Organization (WHO) (either locally or internationally) and request materials, information and advice. (See page 6 for contact addresses).
- Request UNICEF and WHO for copies of free key documents.
- Offer to provide Code awareness training sessions for your local health facilities. If they are aiming to gain or maintain Baby-Friendly Hospital Initiative status, they need to know the Code.

Monitoring

- Carry out a monitoring exercise. Visit supermarkets and pharmacies. Check magazines and other print media, the web, TV and radio. If possible, look at your local health facilities whether state or private.
- Prepare a simple monitoring report with clear facts and figures and actual or photographic evidence of Code violations. Protect confidentiality at all times.
- Encourage students to do Code monitoring and related topics for their research projects. Support them with information and contact addresses.

Communication and publicity

- Communicate with administrators, consumer and human rights group, health professionals and breastfeeding support groups to set up a Code Monitoring Committee (maybe local or national). This can be a working party within an existing Breastfeeding Committee.
- Prepare a simple presentation with examples of common Code violations to explain how they undermine good decision-making
- Prepare a simple press release for local media and choose the most articulate spokesperson to deal with journalists.
- Offer local video or film makers a topic outline to interest them in making a video/DVD/film that you could use for parents and health professionals. Student film makers may be eager to work at lowest cost to practice and prove their worth.
- If you have computer access, set up an email list for sending out Code facts and figures. Set up an internet chatline on local monitoring to share with others.

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it is the only thing that ever has.

Margaret Mead, Anthropologist.

Resources

- International Code and subsequent related resolutions: www.unicef.org/nutrition; www.who.int/nutrition; For quick access: www.ibfan.org/site2005/Pages/article.php?art_id=52&iui
- WHO/UNICEF Global Strategy for Infant and Young Child Feeding, 2002 World Health Organization: www.who.int/gb/EB_WHA/PDF/WHA55/EA5515.pdf
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- Look What They're Doing! Marketing Trends: an IBFAN summary by theme, IBFAN-ICDC 2001, five pamphlets.
- Standard IBFAN Monitoring (SIM) manual and forms. How to monitor compliance with the International Code, IBFAN-ICDC 2004.
- Complying with the Code? How the Code applies to manufacturers and distributors of infant foods. IBFAN 1998.
- The Code Handbook, 2nd edition. A Guide to Implementing the International Code of Marketing of Breastmilk Substitutes, IBFAN-ICDC, 2005 (295 pages).
- The Code in Cartoons, IBFAN-ICDC, Penang, May 2006.

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The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations concerned with the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declaration, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy on Infant and Young Child Feeding. Its core partners are the International Baby Food Action Network (IBFAN), La Leche League International (LLL), International Lactation Consultant Association (ILCA), Wellstart International, Academy of Breastfeeding Medicine (ABM) and LINKAGES. WABA is in consultative status with the United Nations Children's Fund (UNICEF) and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).

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WABA does not accept sponsorship of any kind from companies producing breastmilk substitutes, related equipment and complementary foods. WABA encourages all participants of World Breastfeeding Week to respect and follow this ethical position.

CODE WATCH

25 YEARS OF PROTECTING
 BREASTFEEDING



WORLD BREASTFEEDING WEEK
 1-7 AUGUST

'Inappropriate feeding practices remain the greatest threat to child health and survival globally'

Innocenti Declaration on infant and young child feeding 2005

WABA 2006

Introduction

- You may be a parent, a health professional or a policy maker. You may be supporting mothers to breastfeed or be concerned about society's health, or both. Whatever your role your work is vital. Good infant feeding practices are the foundation of a healthy life. They affect infant and young child survival and the long-term health of every adult.
- You will have noticed that baby food, bottle and teat companies promote their products. This marketing directly contravenes the International Code of Marketing of Breastmilk Substitutes (the Code) which was adopted as a World Health Assembly resolution in 1981. If the Code is ignored, your work for breastfeeding will be more difficult.
- The Code and subsequent infant feeding resolutions play a key part in the Global Strategy for Infant and Young Child Feeding adopted at the World Health Assembly (WHA) in 2002.
- Our governments are committed to the Code, but powerful companies pressure them to evade it. Without the Code in place, initiatives for babies' health and survival are undermined. Few governments have Code information campaigns, so people feel unsure about it and some may be unaware of its existence.
- The Code is really very simple. Anyone can learn to monitor it. During this World Breastfeeding Week we want to take action for Code implementation. This can make a huge difference to mothers and babies and to the families, caregivers and health professionals working to protect all infants and young children.

This folder shares:

- why the Code is important
- the basic facts of the Code
- examples of success and
- action ideas.



Why the Code is important

For most babies, exclusive breastfeeding for six months followed by continued breastfeeding, together with nutritious complementary foods, for two years or beyond is the key to health. Nearly all women can breastfeed if they are supported to be confident and aware of good techniques. Promotional practices undermine these skills through subtle marketing tricks and misinformation to health professionals, mothers and their families. Code implementation can stop this.

Thanks to the work of people like you, breastfeeding rates are gradually increasing. Worldwide, more women are exclusively breastfeeding during the first six months. But even where breastfeeding is part of the culture, practices can be less than ideal and where artificial feeding is widespread, they can be appalling. Delaying and restricting breastfeeds and giving other food and drinks before six months are still common practices. These reduce breastmilk supply and increase a baby's risk of infection.

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

Professor J. Stewart Forsyth, Ninewells Hospital and Medical School, Dundee, Scotland, UK, 2006.

Basic Code facts

The Code is a set of marketing rules designed to protect:

- babies (both breastfed and artificially fed)
- parents or anyone caring for a baby
- health professionals.

The Code regulates the marketing of **all** breastmilk substitutes (not just infant formula) and infant feeding utensils. These include:

- any product marketed for baby feeding, **whether suitable or not**, during the first six months
- any product marketed for baby feeding after six months which replaces the breastmilk part of the diet
- any feeding bottle or teat (a pacifier is a teat).

In practical terms this means that the Code applies to:

- **infant formula**
- **special formula**
- **follow-up formula**
- **infant teas, mineral water or juices**
- **complementary foods if labelled for use before six months**
- **feeding bottles and teats**

The Code was designed to function internationally and:

- applies to both companies and governments
- is a baseline so every government (or company) may strengthen it to make it more effective
- companies must implement it even where a government has no measures for regulation
- may be implemented through government regulation or law.

The Code is a WHA resolution which is a collective decision at international level to tackle global health problems. When our national delegates agree to a WHA resolution, they commit their nations to implement that resolution on our behalf. Like every WHA resolutions, the Code belongs to all of us.

MAIN POINTS OF THE CODE

- ❖ **No advertising of any breastmilk substitutes (any product marketed or represented to replace breastmilk), feeding bottles and teats.**
- ❖ **No free samples or free or low cost supplies.**
- ❖ **No promotion of products in or through healthcare facilities.**
- ❖ **No contact between marketing personnel and mothers (including health professionals paid by the company to advise or teach).**
- ❖ **No gifts or personal samples to health workers or their families.**
- ❖ **Labels should be in an appropriate language and have no words or pictures idealising artificial feeding.**
- ❖ **Only scientific and factual information to be given to health workers.**
- ❖ **Governments should ensure that objective and consistent information is provided on infant and young child feeding.**
- ❖ **All information on artificial infant feeding should clearly explain the benefits of breastfeeding, warn of the costs and hazards associated with artificial feeding.**
- ❖ **Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.**
- ❖ **All products should be of a high quality and take account of the climatic and storage conditions of the country in which they are to be used.**
- ❖ **Manufacturers and distributors should comply with the Code (and all subsequent WHA resolutions) independently of any government action to implement it.**

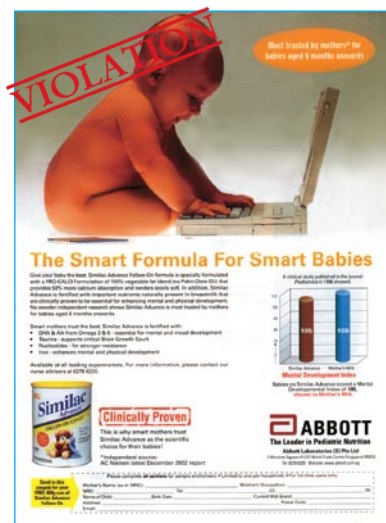
Source: WHO European Series No 87, 2000, page 150

Since the Code was adopted in 1981, eleven other WHA resolutions have sorted out confusions and addressed new threats to infant and young child health. All of them restate the importance of making the Code work. It is up to us to remind our governments and help them fulfil their commitments to the Code and resolutions.

Some examples of harmful marketing

1. Making misleading health claims

Parents naturally want their children to be healthy and intelligent. Abbott Ross advertises Similac in parents' magazines as 'The Smart Formula for Smart Babies' with a picture of a cute baby at a computer. A coupon offers parents a free sample of infant formula. The advert compares the product with breastmilk and states that the addition of fatty acids will improve intelligence and eyesight. There is no proper scientific evidence to back-up these claims.



The Code prohibits advertising, offering free samples to parents, idealising artificial feeding and comparing products with breastmilk.

If advertising simply provided information, it would be hard to object. But a lot of advertising makes us feel we need something that we previously didn't need.

Richard Layard, Professor of Economics, 2005.

2. Exploiting medical prestige

In the 1950s, Nestlé employed 'milk nurses' to promote their infant formula. In the 1980s Nestlé expressed regret for this practice and publically promised to keep to the Code but they have returned to similar practices. For example, in China in 2005, Nestlé positioned doctors in 'Nutrition Corners' in supermarkets to promote products to pregnant and breastfeeding women. Using qualified health professionals is one of the sneakiest methods of promotion because people believe and respect their advice.

The Code prohibits company personnel from contacting pregnant women, mothers or their families, whether directly or indirectly.

3. Confusing the consumer

When the Code was adopted in 1981, the companies invented follow-on milks to evade marketing restrictions. They claimed that follow-on milks are not breastmilk substitutes. But any product which replaces breastmilk is a substitute. Follow-on milks are promoted for babies over six months, undermining knowledge and confidence in continued breastfeeding. Brand names, tin designs and labels of follow-on milks echo those of infant formula. TV and magazines advertise company internet sites and telephone numbers. A recent UK survey found that 60 percent of parents mistook follow-on milk adverts as promotion of infant formula.



The Code prohibits all promotion for any product that replaces breastmilk 'whether suitable or not'.

4. Pushing bottles and teats

Bottles and teats undermine breastfeeding. If used in the early days and weeks, they prevent the baby attaching well at the breast and cause problems which can lead to breastfeeding failure. Avent and other companies claim their products mimic breastfeeding with phrases such as 'natural shape' or 'mimics a mom'. Another marketing tactic is to present the idea of an inevitable move from breast to bottle: 'from breast to teat through Chicco'. Millions of healthy children have never used a feeding bottle in their lives. After six months, babies need continued breastfeeding, nutritious solid foods and safe water drunk from a clean cup.



The Code prohibits promotion of bottles and teats

5. Gifts for health professionals

This marketing tool is often invisible to the general public, so they may be unaware that health advice can be biased by company interests. Health professionals may be so used to the culture of gifts and financial sponsorship from companies, they take it for granted. Research shows that it influences their professional decisions. The Code prohibits gifts. In 2003 India introduced a law prohibiting any financial support or gifts to health professionals from baby food companies.

Endorsement by association, manipulation by assistance.

Derrick Jelliffe, Professor of Paediatrics describing the link between health professionals and companies

Lack of knowledge, inadequate health professional training and neglect /disrespect of women's rights contribute to poor infant feeding practices. The harmful effects of product promotion make it worse. Companies invest millions in promotion because it is effective. Every time a health professional is persuaded to recommend a product, company profits rise. Every time a mother is convinced she must use a commercial product, the risk rises of her baby getting ill. The Code is designed to stop such persuasive promotion.

SOME KEY POINTS OF WHA RESOLUTIONS ON INFANT AND YOUNG CHILD FEEDING 1984-2005

During the past 25 years, 11 other infant feeding resolutions have been adopted by the WHA to clarify and strengthen the Code and to address new challenges. They include the following points:

- ❖ **Follow-on milks are not necessary.**
- ❖ **No free or subsidised supplies of breastmilk substitutes in any part of the health care system**
- ❖ **Governments should ensure that financial support and other incentives for professionals working in infant and young child health do not create conflicts of interest.**
- ❖ **Governments should ensure truly independent monitoring of the Code and subsequent resolutions.**
- ❖ **Six months is the optimal period of exclusive breastfeeding.**
- ❖ **Research on HIV and infant feeding should be independent.**
- ❖ **Complementary foods must not be marketed in ways that undermine exclusive and sustained breastfeeding.**
- ❖ **Renewed commitment through the Global Strategy.**
- ❖ **Provide information on product labels about the possible intrinsic contamination of powdered infant formula.**
- ❖ **Regulate nutrition and health claims.**

Examples of successful action

BRAZIL

Brazil is among the leaders in breastfeeding initiatives. Aggressive baby food marketing and pressures to bottle feed started early in the 20th century. By the 1980s high rates of infant malnutrition and death prompted government action. Activists led the way by educating politicians about breastfeeding. Big media campaigns and support systems were developed. Breastfeeding promoters learned early that without real Code implementation, improvements could not be sustained. The Brazilian Law was clearly written by skilled legal drafters, but it still went through revisions after monitoring exposed loopholes. Compliance is good but campaigners dare not be complacent. In 2004, industry tried to weaken the law. Thanks to a consistent flow of accurate information from concerned experts and activists, the law continues to protect Brazilian families and breastfeeding rates in Brazil continue to improve.

INDIA

India's breastfeeding and consumer groups successfully convinced politicians about the health benefits of making the Code into a strong law. They also used monitoring to expose loopholes. The Indian law (brought into force in 1993) gives authority to these consumer groups to monitor and legally challenge companies. Tenacity for working patiently through the legal processes has led to successful challenges. For example in 1990, Johnson and Johnson were quickly persuaded to withdraw advertising campaigns for bottles and teats. The company stopped the promotion and then withdrew from the market.

TANZANIA

Tanzania has taken on the biggest baby food company, Nestlé, and succeeded where richer countries have failed. In 2005 the Tanzania Food and Drug Authority banned the import of Nestlé's infant formula tins with the famous 'birds on the nest' and the 'blue bear' logo on Cerelac cereal. Both labels contravene the ban on idealisation of artificial feeding. Nestlé changed its labels. Tanzania has the Code as law and the political will to protect infant feeding decisions from marketing pressures.

GEORGIA

After the break up of the former Soviet Union in the late 20th century, central and eastern Europe countries were bombarded with company promotion. For example in Armenia, Nestlé distributed free baby clothes, imprinted with 'I love my Nestlé mommy', in maternity facilities. The Georgian National Breastfeeding Coordinator of the Ministry of Health and a non-governmental organisation (NGO), have worked together to make the Code into a strong law. Now they liaise with all the Ministries to form a Supervising Council to ensure implementation. The NGO has the responsibility to monitor compliance and inform the Council of violations.

These four examples of success come from very different countries. The challenges are often the same: the hidden pressures on governments by companies whose marketing budgets often exceed the health budgets of a nation.

PROGRESS THROUGH PERSISTENCE

In 1990 only nine governments had adopted the Code into law. By 2006 more than 70 governments had all or many of the Code's provisions as law. NGOs and community groups such as the International Baby Food Action Network (IBFAN) have pioneered Code-monitoring, documentation, training and support to those responsible for achieving national regulation.

IBFAN SCALE: The Code in 193 countries

32	Law
44	Many provisions law
18	Policy or voluntary measure
25	Few provisions law
21	Some provisions voluntary/ Guidelines to health facilities
22	Measure drafted, awaiting final approval
17	Being studied
9	No action
5	No information

Code protection for the child who is not breastfed

Every child has the right to the highest attainable standard of health. Because artificial feeding is a risk, decisions about product and feeding method must be scientific and impartial, untainted by commercial interests.

Even when we achieve a society where every mother is supported to breastfeed, it is likely that there will be some need for artificial feeding. There are orphans and abandoned babies or those of severely ill mothers. There are HIV-infected mothers who decide not to breastfeed. Very exceptionally there are babies born with rare metabolic disorders who cannot take breastmilk. Except for the last category, donated pasteurised breastmilk from a human milk bank would be the ideal product but this is not always available. Breastmilk substitutes are therefore necessary. Their distribution must be carefully regulated and their quality controlled to the highest possible standards. Current products on the market can be intrinsically dangerous. It is now known that powdered infant formula can contain life-threatening bacteria within the unopened can. Babies born into supposedly the best conditions have died as a result. The United States recommends that powdered infant formula should not be used in neonatal units.

The Code protects artificially fed infants through product quality control, accurate scientific information and hazard warnings on labels.