

What is the problem?

Overview

According to the World Health Organisation (WHO) 1.5 million infants die every year because they are not adequately breastfed. Despite this, companies continue to promote artificial feeding in ways that undermine breastfeeding. IBFAN works to protect breastfeeding and to ensure that mothers receive correct information about infant feeding free from commercial pressure. IBFAN also works to improve the safety of artificial feeds.



"Use my picture if it will help" said this mother at Islamabad Children's Hospital. Photo: UNICEF

A baby dies every 30 seconds from unsafe bottle feeding

The photograph above tells the tragic story of the fatalities that occur due to unsafe bottle feeding. The babies are twins: the child with the bottle is a girl - she died the day after this photograph was taken - but her brother was breastfed and thrived.

The mother was told that she wouldn't have enough milk for both children, and so breastfed her son while the grandmother bottle-fed her daughter. But she would almost certainly have been able to feed both babies, since the more a baby suckles, the more milk is produced.

Breastfeeding: the best start in life

Breastfeeding is free, safe and protects against infection. It is extremely rare for a woman to be physically unable to breastfeed.

Breastfeeding reduces the risk of illness in all countries. Even in the UK, a bottle-fed baby is up to 10 times more likely to be hospitalised with gastro-intestinal illness than a breastfed one.

Where water is unsafe, babies are up to 25 times more likely to die if they are bottle fed.

Breastfed babies need no other food or drink for about the first 6 months of life. They also have reduced risk of diabetes, pneumonia, ear infections, and some cancers. Studies show that women who breastfeed may have a lower risk of breast and ovarian cancers and that their babies are less likely to die of cot death or suffer from allergies or obesity in later life.

A mother has a right to independent information and freedom from pressure from companies. If she chooses to bottle feed she should be aware of the risks and costs.

Bottle feeding can kill

Companies continue to put profits before health by encouraging mothers and health workers to use their milks and equipment. Others are left to count the cost.

"Marketing practices that undermine breastfeeding are potentially hazardous wherever they are pursued: in the developing world, WHO estimates that some 1.5 million children die each year because they are not adequately breastfed. These facts are not in dispute."

United Nations Children's Fund (UNICEF)

Millions more babies become seriously ill and the cost of baby milks impoverishes people who are already poor, affecting whole families.

How does bottle feeding kill babies?

The water mixed with baby milk powder can be unsafe and it is often impossible in poor conditions to keep bottles and teats sterile. Bottle feeding under such circumstances can lead to infections causing diarrhoea, the biggest killer of children worldwide.

Baby milk is also very expensive, often costing more than half the entire family income. This means that bottle feeding will contribute to family malnutrition. Furthermore, poor mothers trying to make the milk go further sometimes overdilute the powder or use cheaper alternatives, such as powdered whole milk or animal milks, and the baby may not then receive the nutrition he or she needs.

Bottle baby disease is the name given to the deadly combination of diarrhoea, dehydration and malnutrition which is the result of unsafe bottle feeding.

How companies get babies on the bottle

To increase profits, baby milk companies try to persuade health workers and mothers to bottle feed. Their tactics range from advertising and misinformation to sending sales reps into hospitals to promote their milks to sponsoring health workers, conferences and even health facilities.

The *International Code*

The *International Code of Marketing of Breast-milk Substitutes* was adopted by the World Health Assembly in 1981. The Assembly is the policy-setting body of the World Health Organisation.

The *International Code* aims to protect all mothers and babies from inappropriate company marketing practices. **The Code does not ban the sale of baby milk, but addresses how it is marketed.** It bans all promotion of breastmilk substitutes, bottles and teats. It aims to ensure mothers receive accurate information from health workers. Subsequent Resolutions of the World Health Assembly have clarified and amplified the *International Code*.

Baby food companies may not:

- Give free supplies of baby milk to hospitals;
- Promote their products to the public;
- Use baby pictures or other idealizing picture or text on their baby milk and bottle and teat labels;
- Give gifts to mothers or health workers;
- Give free samples to parents;

- Seek direct or indirect contact in any way;
- Promote baby foods or drinks for babies under 6 months old;

Labels **must** be in a language understood by the mother and **must** include a prominent health warning.

Companies are limited to providing scientific and factual information to health workers, who are responsible under the Code for advising parents.

The Code is intended as a *minimum requirement* for countries in both the North and the South.

So what's happening now?

In countries where the *International Code* and subsequent, relevant Resolutions have put into a law which is monitored and enforced aggressive marketing is controlled, sales of baby milk are falling and breastfeeding rates are recovering. Elsewhere, however, most baby food manufacturers are continuing their unethical promotional activities whilst claiming to abide by the *International Code*.

Health workers are targeted with inaccurate information, gifts and conferences as companies know that persuading a health worker to recommend their milk is much more cost effective than persuading mothers individually. Promotion in hospitals implies that the product is endorsed by the health service: coupled with misinformation, this has created the false impression amongst mothers and health workers that many women cannot breastfeed.

Even more effective is the practice of giving free or subsidised supplies of baby milk to hospitals and maternity wards. This encourages artificial infant feeding, which interferes with lactation. Once a mother leaves hospital formula is no longer free, the company has another captive customer, and the mother and baby are denied the best start in life.



A mother in the Philippines breastfeeds her twins.

Photo: UNICEF/S Yabao

The role of regulations in protecting infant health

The *International Code*

The adoption of the *International Code of Marketing of Breastmilk Substitutes* as a minimum public health requirement for all countries was a breakthrough in consumer protection.

Many health and development agencies such as the International Baby Food Action Network (IBFAN), OXFAM, War on Want, La Leche League, and UNICEF, along with the baby food industry, were consulted during the formation of the *International Code*.

The industry view of the resulting Code was given in 1981 by Ernest Saunders, then Vice President of Nestlé. He wrote to WHO's Executive Board as the President of the industry body with the following complaint: "*The World Industry has found this present draft code unacceptable ... highly restrictive ..irrelevant and unworkable.*"

However, the 1981 World Health Assembly (WHA) adopted the *International Code* as a "*minimum requirement*" to be implemented "*in its entirety*". Companies are required to abide by it independently of other measures and every two years governments are required to report to WHO on their progress in *International Code* implementation. The United Nations Committee on the Rights of the Child examines government action every 5 years.

By 2005 over 118 countries had taken some action to implement the *International Code*. 60 countries have introduced many or most of its provisions in binding legislation, providing protection to over half the world's population.

Since 1981, additional WHA Resolutions have been passed which clarify and amplify the *International Code's* provisions and a series of UN meetings and international conferences have put breastfeeding firmly on the agenda for policy formation.

The industry pushes for weak controls

The baby feeding industry now claims to support the *International Code*. Despite such assurances, companies continue to violate it in a systematic manner and attempt to undermine its implementation.

The industry campaigns for voluntary codes or weak controls in national measures. It also attempts to have influence over bodies setting international standards, such as the FAO/WHO

Codex Alimentarius Commission and the European Union's Scientific Committee for Food. The World Trade Organisation (WTO) gives the FAO/WHO Codex Alimentarius Commission measures status in trade disputes. The World Health Assembly has called, so far in vain, for Codex measures to be brought into line with the Code and Resolutions.

At the same time pressure from the World Bank and Structural Adjustment Programmes to liberalise trade rules and encourage private investment has increased dependency on commercial sponsorship in all sectors. For the baby feeding industry this has created important marketing opportunities.

WHO itself has come under constant pressure from the baby feeding industry to drop breastfeeding from its agenda.

The industry is exploiting fears about the real risk of transmission of HIV through breastfeeding. The validity of the *International Code* and WHO Resolutions as a basis for legislation has been attacked. In several African countries, for example, the industry has argued that it should be allowed to advertise to provide information for HIV-infected mothers. UNICEF has stated that HIV makes controls on marketing more important, not less. The *International Code* and Resolutions have the aim of ensuring the proper use of breastmilk substitutes "*when these are necessary*" as well as protecting and promoting breastfeeding.

The role of IBFAN

Since 1979 IBFAN has aimed to ensure that it is equipped and ready to deal with the challenge of seeking controls on a multi-billion dollar industry.

IBFAN works to ensure that the *International Code* and the subsequent World Health Assembly Resolutions keep pace with marketing trends, that they are enacted as law or equivalent in all countries and that they are independently monitored and enforced.

IBFAN's work includes:

- networking with partners around the world in a spirit of solidarity for mutual support and empowerment,
- advocacy for the *International Code* and Resolutions in national and international measures,
- capacity building and Code training courses for NGOs, consumers and policy makers in all

parts of the world,

- monitoring the state of implementation of and compliance with the *International Code* and Resolutions,
- awareness raising through publications, the media and grassroots outreach,
- coordinating company campaigns such as the Nestlé Boycott,
- policy development on food standards, maternity legislation, emergency relief and HIV.

IBFAN works to ensure that there is transparency in policy setting bodies, that the concerns of mothers and infants are heard and that the economic and social impact of inappropriate feeding is addressed.

The corporate response to IBFAN



IBFAN published case studies from 7 countries in 2004 examining the different ways in which the Code and Resolutions had been implemented, the reason for this and the impact. They show how companies campaign against strong laws and that strong laws are essential to stop malpractice and protect infant health.

IBFAN's global campaign is seen as case study in successfully regulating corporate power (see, for example, Judith Richter's book *Holding Corporations Accountable*).

In response to the criticism, and in an effort to maintain a favourable business climate, TNCs have used a variety of techniques to encourage the view that they are to be trusted as responsible corporate citizens.

Some have joined the UN Global Compact, which sets guidelines for ethical business, but has no system of independent monitoring, and used this in their public relations strategies. Some have tried to work closely with UN bodies, government agencies and Non-Governmental Organisations (NGOs) through so-called Corporate Social Responsibility initiatives, where they put resources into good causes.

TNCs attempt to divert criticism by encouraging

their critics to enter into "*dialogue*" and to "*collaborate*" with them to develop voluntary codes of practice. While in recent years TNCs have made statements supporting legislative frameworks, in practice they lobby against transparent, independent and effective controls.

When regulations are to be introduced TNCs seek to influence the process, calling for matters affecting infant health and mothers' rights to be decided by negotiation. They demand a seat on 'independent' monitoring bodies so they can police themselves.

The industry puts forward fine-sounding arguments in its attempts to avoid criticism and controls. Often these arguments are contradictory. For example: [Argument 1] The International Association of Infant Food Manufacturers (IFM) works to give a common voice in lobbying UN bodies and governments...[Argument 2] Anti-trust laws stop companies working together to end malpractice.

[Argument 1] It is for a government to decide how to implement the *International Code* as appropriate to its country, but...[Argument 2] Regulations must not be stronger than weaker international standards.

[Argument 1] Governments should set out their requirements, but...[Argument 2] Government requirements may be refuted or ignored.

[Argument 1] The public are welcome to report violations, but...[Argument 2] It is not IBFAN's role to monitor. It is the responsibility of governments in consultation with the industry and consumers.

[Argument 1] When IBFAN calls for an end to malpractice it is being confrontational, but...

[Argument 2] When companies change they should be congratulated for co-operating.

It is important to appreciate that to call for controls on the industry is not revolutionary. In many areas of our lives regulations knit together the fabric of society for the benefit of all.

Society does not rely on trust to prevent murder and theft, cheating and coercion. Society is dependent on rules, rules which are enforced.

TNCs benefit from many regulations which protect their interests. Yet, for too long, the most vulnerable members of our society have been unprotected from companies which do not deserve our trust.

This is why IBFAN exists.

"All that is necessary for the triumph of evil is that the good do nothing."

Edmund Burke, 18th century Irish philosopher