

Egypt

Code Violations • 2011

How and why companies violate the International Code of Marketing of Breastmilk Substitutes and subsequent WHA Resolutions



VIOLATION

Is artificial milk really a strong start for pre-term babies?



VIOLATION

Telling parents to stop breastfeeding with promotion for products beyond 6 months. Breastfeeding should continue to 2 years or beyond.

CODE OVERVIEW

The International Code of Marketing of Breastmilk Substitutes aims to promote safe and adequate nutrition for infants and young children, by protecting breastfeeding and ensuring appropriate marketing of products under its scope.

The Code applies to all products marketed as partial or total replacement for breastmilk, such as infant formula, follow-up formula, special formula, cereals, juices, vegetable mixes and baby teas. It also applies to feeding bottles and teats.

The Code:

- Bans all advertising and promotion of products to the general public.
- Bans samples and gifts to mothers and health workers.
- Requires information materials to advocate for breastfeeding, warn against bottle feeding and NOT to contain pictures of babies or text that idealise the use of breastmilk substitutes.
- Bans the use of the health care system to promote products.
- Bans free or low-cost supplies.
- Allows health professionals to receive samples but only for research purposes.
- Demands that product information be factual and scientific.
- Bans sales incentives and contact with mothers.
- Requires labels NOT to discourage breastfeeding and to inform fully about the correct use of infant formula and the risks of misuse.

The information in this report was compiled by Dr Ghada Sayed (Consultant Pediatrician and IBCLC) and some members of the Egyptian Lactation Consultants Association (ELCA). Monitoring was carried out in nine governorates in Upper and Lower Egypt: Cairo, Giza, Alexandria, Dakahlia, Ismailia, Beni Sweif, Qena, Luxor and Aswan.



VIOLATION

Influencing infant feeding decisions. The slogan "The Smart Choice for a Smarter Child" convinces parents to opt for formula.



VIOLATION

Fabimilk says it is "not just another milk formula" – but it's not breastmilk either. Not even close.



VIOLATION

Copycats! Modelling products on breastmilk



Prebiotics! Probiotics! The buzzwords in the new millennium. All available in breastmilk.

VIOLATION




This signboard along the Nile claims that RIRI is the preferred nutrition for children.

وَالْوَالِدَاتُ يُرْضِعْنَ أَوْلَادَهُنَّ حَوْلَيْنِ كَامِلَيْنِ لِمَنْ أَرَادَ أَنْ يُتِمَّ الرَّضَاعَةَ... سورة البقرة: آية ٢٣٣

"Mothers should breastfeed their children two full years, provided they want to complete the nursing" Surat Al-Baqara: 233

LOOK WHAT THEY'RE DOING! Monitoring Code Compliance in Egypt

Egypt



COUNTRY PROFILE

Total population: 81,527,000
 Total under-5 population: 9,447,000
 Total number of births: 2,015,000
 Under-five mortality rate (per 1,000 live births): 23
 Total number of under-5 deaths: 45,000
 Infant mortality rate (per 1,000 live births): 20
 Neonatal mortality rate (per 1,000 live births): 13


Source: Countdown to 2015 decade report (2000-2010): taking stock of maternal newborn and child survival.

The Ministry of Health (MOH) has a National Breastfeeding Programme which promotes exclusive breastfeeding for the first six months of life. The National Programme stresses that breastfeeding is fundamental to the health and development of children and is imperative for the health of mothers.


Factors which support breastfeeding

Culture & Religion

Breastfeeding has been the norm in Egypt for thousands of years. Islam encourages breastfeeding for the first two years of a baby's life. Both Islam and Coptic teachings can curtail the expansion of the baby food market in Egypt.



Mother Mary breastfeeding Jesus. Wadi Natroun Coptic Monastery.



Egyptian goddess Isis nursing her son Horus in Philae Island, Aswan

Factors against breastfeeding

1. Milk subsidisation

MOH has been monitoring the distribution of subsidised infant formula in primary health care centres with the aim to gradually reduce use of public funds for infant formula. Still, about 180 million Egyptian pounds (LE) are spent yearly on partial (15 LE/can) and total (3 LE/can) subsidisation of 12 million cans of infant formula.

2. Sponsorship

Artificial baby food companies spend millions of pounds on buying the goodwill of physicians by way of gifts, participation in conferences, etc.

The Egyptian situation

The rate of exclusive breastfeeding was 57% in 2000. In 2008, it dropped to 53%.
 Source: *Egypt Demographic and Health Survey 2008.*

The high birth rate in Egypt creates potential demand for commercial baby foods. Market forecast reveals that Egypt was set to become one of the top five fastest growing baby food markets for the 2008-2013 period. As the table below shows, the compound annual growth rate (CAGR) for Egypt is expected to outstrip the rate achieved over 1998-2008 by almost 400%!

Rank	Country	CAGR 1998-2008	Forecast CAGR 2008-2013
1	Kazakhstan	8.8	21.2
2	China	14.8	18.3
3	Algeria	9.8	13.3
4	Tunisia	7.5	13.1
5	Egypt	3.4	13.0

Source: Euromonitor International

This forecast meant that companies would have been competing aggressively for market share in Egypt and breastfeeding rates would have continued to fall.

In July 2010, the Minister of State for Family and Populations announced that By-law No.2075/2010 has been issued under Child Law No. 12/96 to give effect to the International Code in Egypt.



Breastfeeding promotion such as the above should not have to compete with the promotion of commercial products, shown right. Babies require special protection.

The Child Law aims to protect the Egyptian child in all aspects of his/her life. It tackles some of the most frequently debated issues concerning child rights. By-law No.2075/2010 gives special attention to the feeding of children, breastfeeding in particular, and to regulating the marketing of breastmilk substitutes.

Code violations found in Egypt showed that promotion of commercial baby foods was rife before the law. With policy intervention in the form of marketing controls in place, the situation will hopefully improve. This report provides evidence of the way marketing of baby foods was carried out before there was a law in Egypt. It will provide a basis for comparison when measuring the effectiveness of the By-law and if necessary, lend support to the need for enforcement and for the strengthening of the By-law.

Promotion of formula products

Hospitals should be centres of breastfeeding support and must not be used for the promotion of commercial baby foods, feeding bottles and teats. The International Code, together with subsequent World Health Assembly Resolutions lay down the basic principles necessary for this and require health workers to encourage and protect breastfeeding. Most hospital officials and staff in Paediatrics and Obstetrics Departments in health facilities are unaware of the International Code and subsequent resolutions.

Steps should therefore be taken to ensure that By-law 2075/2010 is widely disseminated.



Seen in neonatal wards: Left: Lots of feeding bottles; unnecessary if babies were breastfed. Bottom: Formula cans on display—why?



The Code (read with WHA resolution 47.5) and the Baby-Friendly Hospital Initiative prohibit free or low cost supplies in hospitals. The government policy of distributing subsidised formula through health care facilities is to be reviewed.



A can of subsidised Biomil formula available at 3 LE; boxes of the product ready for distribution in a primary health care unit.



Breastfeeding often fails because formula is promoted for every age. Even for premature babies, mothers are urged "to give early arrivals a strong start" and told that tiny babies have big nutritional needs, which formula can fulfil. Claims to promote the products as equivalent to breastmilk abound. Such claims are forbidden under WHA resolution 58.32 [2005].

Poor hospital practices

Hospitals and clinics present the most efficient means for companies to access mothers both directly and indirectly.

While companies are allowed to provide product information to health professionals, these materials must be restricted to scientific and factual matters only. Company materials found in Egypt idealise products. Lip service is paid to breastfeeding and the requisite information required under the Code is obscured by product propaganda.

Medical endorsement

The danger with promotion in health facilities is the medical endorsement of the product. Mothers believe that if hospitals promote a product, then it must be good. Companies go to great lengths to get this endorsement - ranging from company sponsored trips to conferences in exotic locations to inexpensive gadgets. These incentives are made available because the returns from grateful health professionals are manifold.

Health professionals who have grown accustomed to a certain level of luxury have become dependent on company largesse. They are unaware or uncaring that there is conflict of interest when they receive incentives from companies that benefit from failure of breastfeeding. Worse, they fail in their duty to act in the best interest of the child; in the context of infant and young child feeding, that is to protect, promote and support breastfeeding.

Company promotion is not allowed in health facilities unless prior permission is obtained from the Ministry of Health under By-law 2075/2010.



Normal full-term infants are projected as needing special mixtures found in expensive but unnecessary formula products "to naturally strengthen the immune system" or to overcome normal infant feeding problems.



Formula promotion does not stop with newborns. As babies grow, mothers are encouraged to progress or to proceed to the next step with formula for older babies, for "making great strides", "in their crucial first year of life".

Reaching out to mothers - promotion extends beyond hospitals. "Careline" for mothers to call for infant feeding support advertised in a professional journal receives the much desired medical endorsement.



NIDO 1+, a Nestlé milk for children 12 to 36 months old, is advertised on TV and the Egyptian Pediatric Association put their logo on the NIDO box.



Prescription forms and other gifts distributed to health workers in exchange for valuable product endorsement.

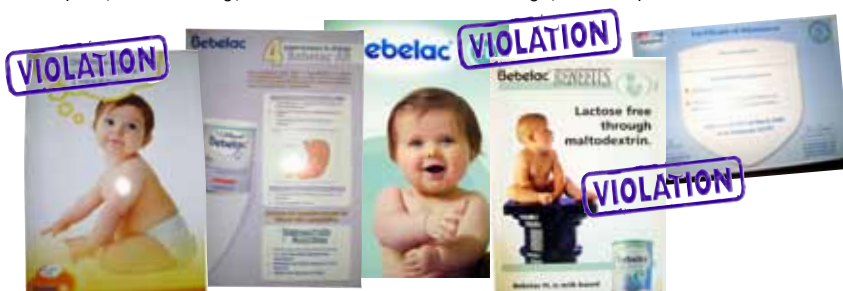
Conflicts of interest

WHA resolution 49.15 [1996]

Member States are urged 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 resolution 58.32 [2005]

Member States are urged to ensure that financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflicts of interest.



Companies pretend these materials distributed at conferences are Code compliant but they are not scientific and factual.

Changing traditional practices



Prominent signboards, some with images of young babies with a feeding bottle, influence child feeding practices from its traditional cultural base of breastfeeding to one that is commercially driven.

Promotion of complementary foods

Manufacturers of complementary foods ran aggressive promotion campaigns in public places and in health care facilities to maintain and enhance their share of the baby food market.

Mothers were encouraged by all sorts of claims and representations to start complementary feeding early. Health workers were not spared – they were given cheap but effective gifts to promote cereals to mothers.

Complementary foods should be timely, adequate and safe. Instead of sound and culture specific nutrition counselling to make low cost complementary foods using indigenous foods, mothers were bombarded with high-end manufactured products. Mostly, they contained additives and claims about benefits which were not substantiated. Innovations such as “whole day”, “good morning” and “good night” cereals have also entered the market making complementary feeding unnecessarily complicated.

Complementary foods now come under the scope of By-law 2075/2010 and hence should no longer be promoted.

Cheap gifts, high impact



Even when complementary foods are labelled for babies from six months, their promotion in health facilities targets mothers with young babies.

Whole day, good morning and good night



Optimum mental and psychomotor development during the day and inducing satiety in the night makes a smarter child? Such advertising will no longer be allowed.

Egypt's laws and policies

Preceding the International Code of 1981.

- A 1976 Ministry of Health Decision prohibits advertising of food and beverages for infants and children without government approval. The ban was incorporated into Law No. 12/96 on Protecting the Rights of the Child.
- A 1980 Decision prohibits the promotion of breastmilk substitutes in health care facilities and restricts distribution of products to health professionals for the sole purpose of professional evaluation.

Post adoption of the Code,

- A 1992 Decree was issued by the Ministry of Health urging maternity and child care units to protect and promote breastfeeding by ending free and low-cost supplies of formula.
- An Egyptian national code for marketing of breastmilk substitutes was released in 1994 but was never officially adopted.
- By-law No. 2075 of 2010 became effective in July 2010. The law aims to protect the Egyptian child, with special attention to child feeding; it recommends awareness of breastfeeding and regulates the marketing of breastmilk substitutes.

Recommendations

To ensure that By-law 2075/2010 is effective and to ensure that breastfeeding rates improve, the Egyptian government needs to:

- monitor implementation of the By-law to establish where the loopholes and weaknesses are and incorporate amendments where needed;
- enforce penalties on violations of the By-law as it stands;
- revamp the government formula subsidy scheme by revising the milk distribution criteria with a view to ending all subsidies;
- reduce access to subsidised formula by proper training of health workers and counselling of mothers about the risks of formula feeding;
- review and update infant and young child feeding content in the curriculae of faculties of medicine and nursing;
- integrate messages on infant feeding in educational materials to the public with the Ministry of Information and
- review the Baby Friendly Hospital Initiative to make Egypt mother and baby-friendly.

This pamphlet is part of a series of IBFAN pamphlets which highlight Code violations in selected countries around the world. The benchmark standards are the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly Resolutions.



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