



Overview of the International Code of Marketing of Breast-milk Substitutes

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Commercial Milk Formula Marketing: International Contexts and Tools
US Breastfeeding Committee Webinar

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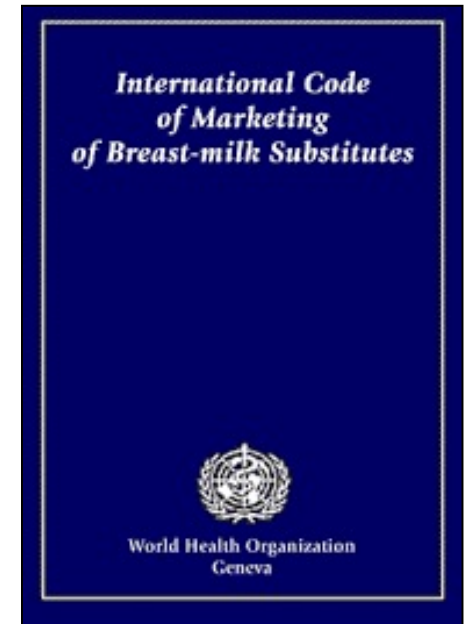
Marketing of Commercial Milk Formulas



- Aggressive and unethical marketing of commercial milk formula undermines efforts to improve breastfeeding. Impacts:
 - Mothers (false equivalency, “benefits” of formula, eroding confidence, trusted sources)
 - Mothers’ social networks
 - Health care providers
 - Employers
 - Legislators
- Global sales of commercial milk formula was \$60 billion in 2018, projected to rise to \$119 billion by 2025 (10% annual growth)

Code History

- 1981 Code
- Subsequent resolutions
 - Modifications:
 - 1986 (donation of supplies)
 - 1994 (emergencies)
 - 1996 (conflicts of interest, monitoring)
 - 2001 (duration of exclusive breastfeeding)
 - 2005 (nutrition and health claims, risks of powdered infant formula)
 - 2016 (follow-up formulas, health care provisions, cross-promotion)
 - Call to Action: 1982, 1984, 1988, 1990, 1992, 2002, 2005, 2006, 2008, 2010, 2012, 2014, 2018, 2020



Marketing during COVID-19



Aim

- Protection and promotion of breastfeeding
- Proper use of breast-milk substitutes when needed, based on adequate information and appropriate marketing and distribution
- Not against breast-milk substitutes

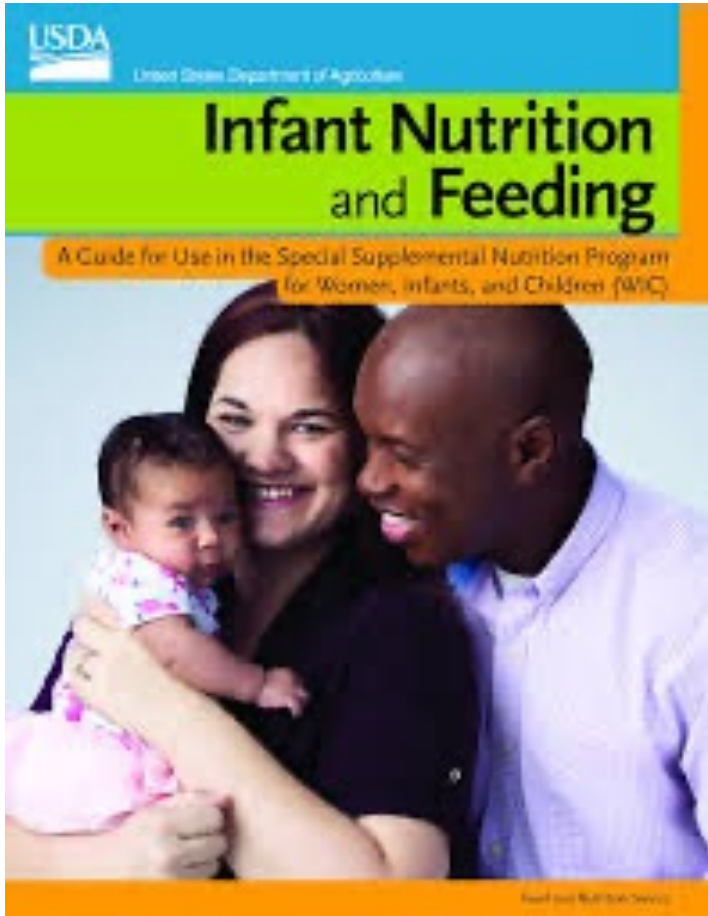
Scope

- Breast-milk substitutes (0-36 months)¹
- Foods and beverages marketed as suitable for use as a partial or total replacement of breast-milk
- Feeding bottles and teats

1. Clarified in 2016



Informational/educational materials



- Government responsibility
- Required information and warnings
- No pictures or text that idealizes breast-milk substitutes

Promotion to public

- No advertising or other promotion to the general public
- No samples
- No gifts of promotional articles or utensils
- No direct or indirect contact with marketing personnel

Retail

- No promotion devices, incl.
 - special displays
 - discount coupons
 - premiums
 - special sales
 - loss leaders
 - tie-in sales



Health care

- No promotion in health facilities
- Information provided must be restricted to scientific and factual matters
- No inducements to promote products offered to health workers
- No free or subsidized supplies of breastmilk substitutes
- No donation of equipment or services
- No sponsorship of meetings of health professionals and scientific meetings*
- No gifts, coupons or incentives to health care staff or to caregivers through health facilities
- No company contacts with mothers in the health care system
- No use of health facilities to host events, contests or campaigns

Labels

- Required information
- No pictures or text that idealizes breast-milk substitutes
- No nutrition and health claims



Who are the actors?

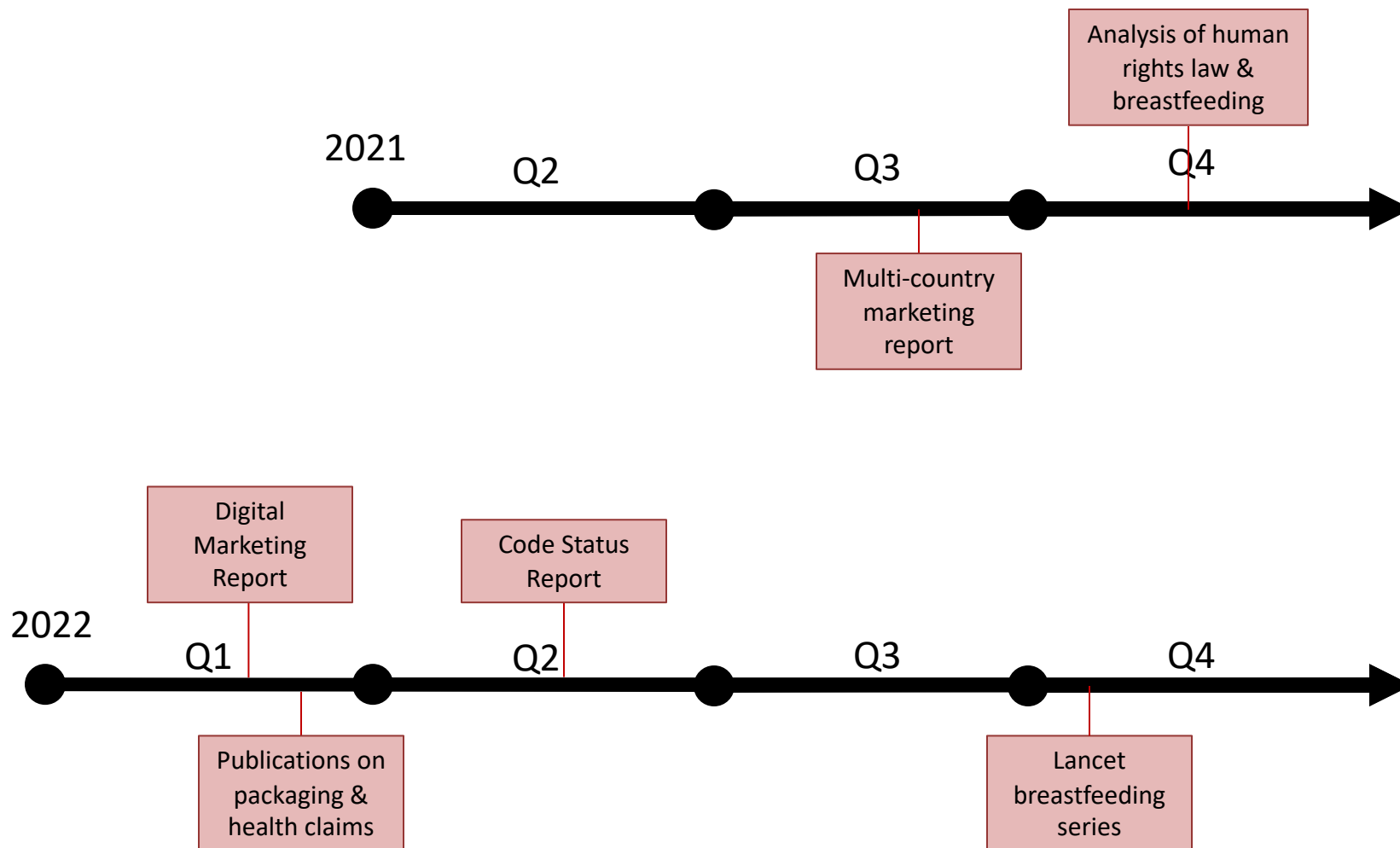
- Manufacturers and distributors of breast-milk substitutes
- Health workers and health systems
- National governments
- United Nations agencies
- Non-governmental organizations, professional groups, consumer organizations
- (Media & creative industries)

Current WHO research activities

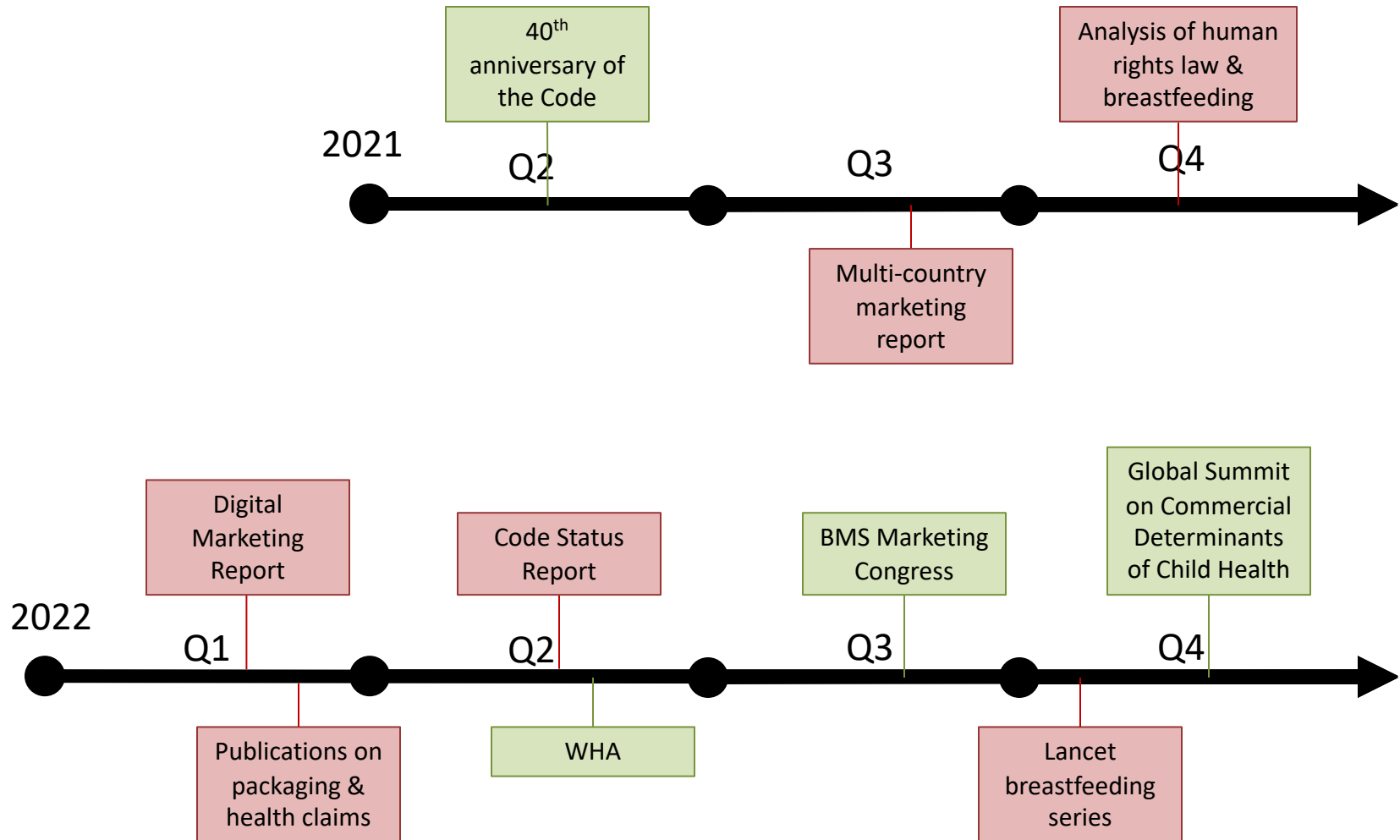
- Experiences with marketing
 - Bangladesh, China, Morocco, Mexico, Nigeria, South Africa, the UK, and Vietnam
 - Mixed methods w/ women, family/friends, health workers
- Extent and type of digital marketing
 - Social media “big data” analysis
 - Phone ad monitoring
- Human rights and breastfeeding
- Packaging and health claims
 - Evidence behind claims
 - Analysis of tobacco plain packaging
- Legislative analysis



Advocacy timeline



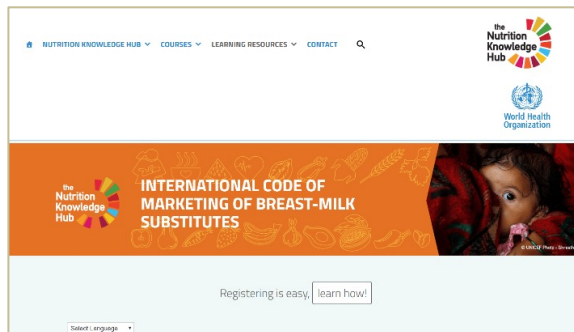
Advocacy timeline



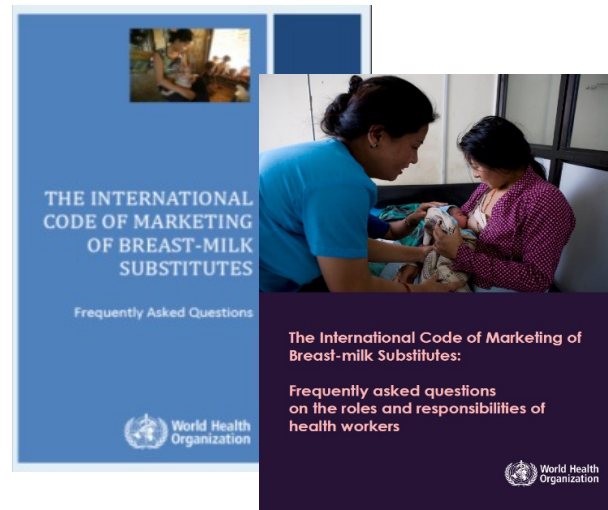
What can you do?

- Educate yourself & others

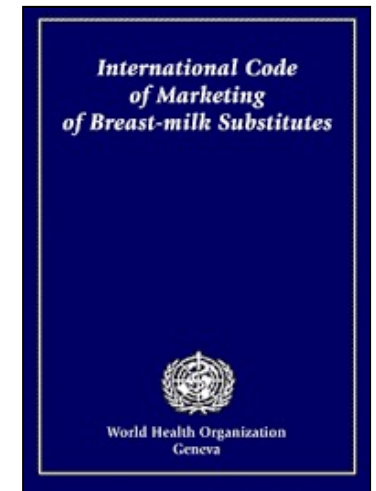
Online Training



FAQs



Code & Resolutions



IBFAN

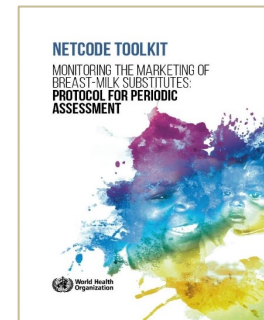


What can you do?

- Document the problem and publicize it



Study protocol




Anecdotal monitoring



What can you do?

- Advocate for restrictions on CMF marketing in the US and abroad



ADVOCACY BRIEF
BREASTFEEDING AND THE INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES

GLOBAL BREASTFEEDING COLLECTIVE

Breastfeeding gives an infant the best start in life. Breastmilk stimulates brain development and acts as a buffer that vaccine, strengthening a child's immune system, reducing the risk of infection. It also protects against health problems like diarrhea, pneumonia, and low birth weight.

WHO estimates that only 40 percent of children younger than six months are exclusively fed breastmilk. By age two, only 10 percent receive any breastmilk at all.

UNICEF and the World Health Organization (WHO) are leading a global breastfeeding collective to increase the political commitment for breastfeeding, which is one of the most powerful ways to ensure a child's health.

The Global Breastfeeding Collective seeks to join forces with partners who are also working to realize the Sustainable Development Goals of a better world. Our aim is to bring together agencies, managers, and advocates, so we can maximize our collective influence.

Together, we will go further than any of us could alone.

"Breastmilk substitutes (BMS) include all milk products—such as infant formula, follow-up formula, and growing-up milks—marketed for use by infants and children up to 36 months old."


GLOBAL BREASTFEEDING COLLECTIVE | **unicef** | **WHO**

ADVOCACY GUIDANCE AND TOOLS

2. STRENGTHENING REGULATIONS ON BREASTMILK SUBSTITUTES MARKETING

The scientific consensus is clear: Breastfeeding gives children the best start in life. Yet, only 40 percent of children younger than six months of age worldwide are exclusively breastfed.

The International Code of Marketing of Breastmilk Substitutes and subsequent WHO World Health Assembly (WHA) resolutions (the Code) were adopted to regulate the production, marketing of products marketed as replacements to breastmilk, feeding bottles, and teats. Breastmilk substitutes (BMS) include infant formula, follow-up formula, and growing-up milks for infants and children up to 36 months of age.



Lead by UNICEF and WHO, the Global Breastfeeding Collective (the Collective) is a partnership of more than 30 international organizations with the goal of increasing investment and policy change to support breastfeeding worldwide, which requires advocacy at the global, national, and sub-national levels.

Developed by the Collective, this document is one of seven books that provide guidance and resources to stakeholders on how to advocate for adoption of these policy reforms with government executives, health care workers and managers, employers, donors, and other key decision-makers.

GLOBAL BREASTFEEDING COLLECTIVE
unicef | WHO

PROTECTING BREASTFEEDING TO 24 MONTHS OR BEYOND: HOW COUNTRIES CAN SUPPORT BREASTFEEDING BY ADOPTING NEW GLOBAL GUIDANCE

Laws that protect against the inappropriate marketing of food products that compete with breastfeeding help mothers and caregivers make the best possible feeding choices for their children. The International Code of Marketing of Breastmilk Substitutes, and subsequent relevant resolutions, were established to accomplish this by setting guidelines that regulate the marketing of breastmilk substitutes, feeding bottles and teats. In this way, the Code ensures the protection and promotion of optimal infant and young child feeding.

Despite the proven benefits of breastfeeding, the market for breastmilk substitutes continues to grow. Since the adoption of the Code, products for older infants and children, including follow-up formula and growing-up milks, have proliferated. These products have been deemed unnecessary by the World Health Organization (WHO), especially when used as a breastmilk replacement from six months onward. Evidence shows that the promotion of such products undermines the WHO's recommendation that infants be exclusively breastfed for six months and continue to receive breastmilk in addition to complementary foods for up to two years of age or beyond.

In response, the World Health Assembly adopted a new resolution calling on countries to implement the World Health Organization's Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children. The guidance encourages Member States to strengthen national policies that protect children from marketing practices that could be detrimental to their health by providing an important clarification: products that function as breastmilk substitutes, including follow-up formula and growing-up milks, fall under the scope of the Code and should not be promoted.

WHY THE CODE STILL MATTERS

- ▶ GLOBAL SALES OF BREASTMILK SUBSTITUTES CONTINUE TO GROW AT A RAPID PACE.
- ▶ LATEST EVIDENCE SHOWS THAT THE INAPPROPRIATE MARKETING OF BREASTMILK SUBSTITUTES IS HIGHER IN MANY COUNTRIES AND
- ▶ PRODUCTS MARKETED FOR OLDER INFANTS AND YOUNG CHILDREN, INCLUDING FOLLOW-UP FORMULA AND GROWING-UP MILKS, ARE INCREASINGLY PROMOTED.

Helena Keller | **ARCH** | **UNICEF** | **WHO**
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The US context—legal status

- US did not “endorse” Code, but has joined consensus in urging countries to implement it (e.g. WHA 71.9)
- First amendment – commercial speech included
- Public health can sometimes override (e.g. tobacco, alcohol)
- Ethical procurement standards (e.g. WIC) ???
- Long-term strategy



The US context – voluntary action



- Healthcare providers/associations
 - Directly responsible under the Code
 - Address conflicts of interest
 - Build upon pharmaceutical discussions
- Retailers
 - Own promotions or manufacturer promotions
 - Better placement for more “ethical” actors
- Advertisers
 - Ethical standards
- Commercial milk formula manufacturers
 - Name and shame
 - Consumer pressure
 - Investor pressure (e.g. ATNI index, B-corp)

The US context -- strategy

- Incremental approach
 - Healthcare standards
 - Free samples
 - Focus only on infant formula



The international context



- World Health Assembly
- Human rights bodies
- Codex Committee on Nutrition and Foods for Special Dietary Uses
- World Trade Organization
- UN Food Systems Summit & Global Nutrition Summit, 2021



Thank you