

MARKETING OF BREAST-MILK SUBSTITUTES: NATIONAL IMPLEMENTATION OF THE INTERNATIONAL CODE STATUS REPORT 2016



SUMMARY

Breastfeeding helps infants and young children survive and thrive, and is good economics:

- Breast milk is safe, clean and contains antibodies which help protect against many common childhood illnesses
- Increasing breastfeeding to near-universal levels could save the lives of more than 820 000 children under the age of five each year
- Breastfed children perform better on intelligence tests, are less likely to be overweight or obese, and less prone to diabetes later in life
- Boosting rates of exclusive breastfeeding for infants less than 6 months of age would significantly reduce costs for treatment of childhood illnesses such as pneumonia, diarrhoea and asthma¹

International Code protects breastfeeding from inappropriate marketing of breast-milk substitutes

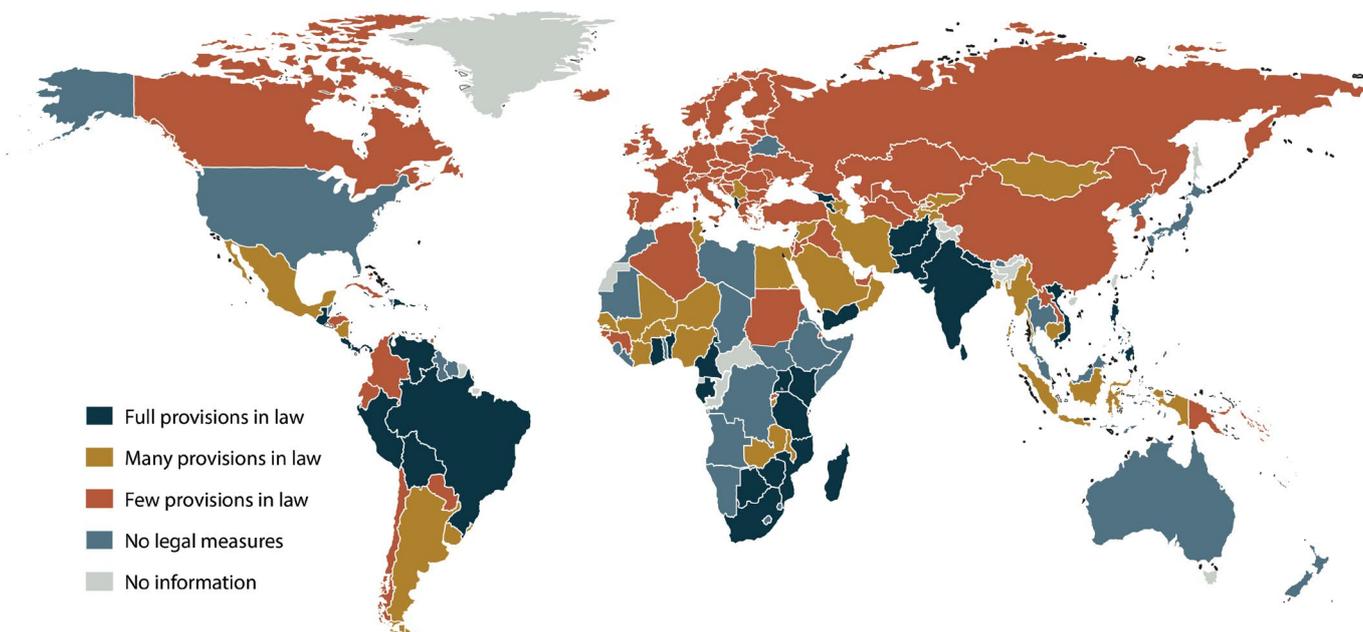
Global sales of breast-milk substitutes total US\$ 44.8 billion, and are expected to rise to US\$ 70.6 billion by 2019.² Aggressive and inappropriate marketing of breast-milk substitutes, and other food products that compete with breastfeeding, continues to undermine efforts to improve breastfeeding rates. Such marketing practices often negatively affect the choice and ability of mothers to breastfeed their infants optimally. The International Code of Marketing of Breast-milk Substitutes³ and subsequent relevant WHA resolutions are vital tools to regulate and reduce inappropriate marketing.

Report presents legal status of the Code in countries

Ensuring effective implementation of the Code in countries requires understanding of what the status of the Code is in countries, challenges countries face, and where the focus of assistance must be. WHO, UNICEF and IBFAN have prepared the first joint global report on the status of the Code in 194 countries.⁴ It presents the legal status of the Code, including to what extent Code provisions have been incorporated in national legal measures. It provides information on the efforts made by countries to monitor and enforce the Code through the establishment of formal mechanisms.

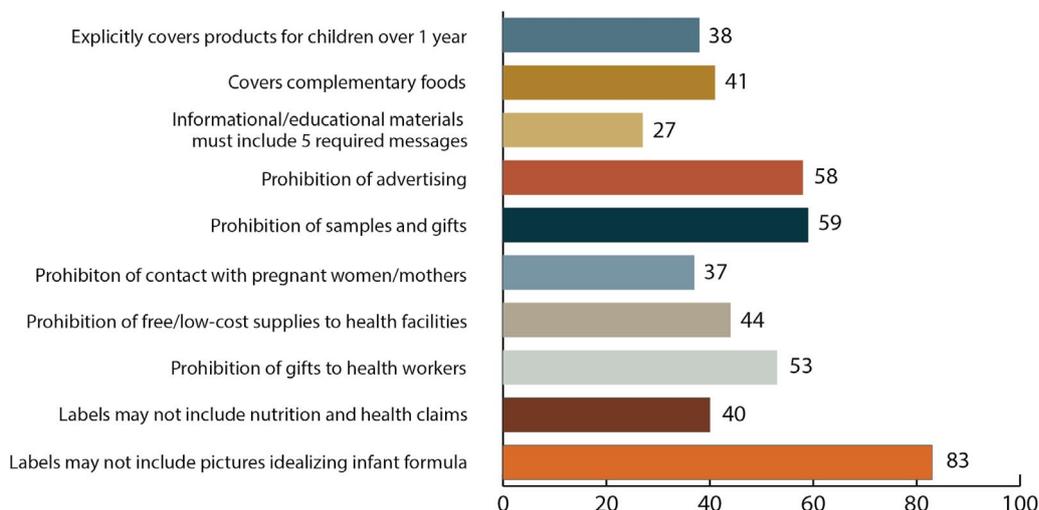
More countries have enacted Code legislation since 2011

An estimated 135 countries have some form of Code-related legal measures in place, an increase from 103 in 2011. However, only 39 countries have legislation incorporating all or most Code provisions.



But the quality and substance of specific Code-related provisions varies significantly. The scope of designated milk products under national legislation remains limited. Many countries cover infant and follow-up formula as designated products, but only one third explicitly cover products intended for use for children as of 1 year of age. Just over half of countries sufficiently prohibit public advertising and promotion of products. Less than half of countries prohibit the provision of free or low-cost supplies to health facilities, while the provision of financial or material gifts to health workers or members of their families is prohibited in just of half of the countries. Less than half of countries ban the use of nutrition and health claims on designated products.

Key provisions in national legal measures on the Code (out of 114 countries with legal measures in place)



Monitoring and enforcement of the Code is weak

Monitoring is essential to detect violations, report them to the appropriate adjudicating body, and enable existing enforcement mechanisms to effectively intervene to stop actions that do not comply with national Code-related measures. Yet, only 32 countries report having a monitoring mechanism in place, and of those, few are fully functional. Less than a quarter of countries with a formal monitoring mechanism publish the results of their monitoring exercises. Just six countries report having dedicated budgets or funding for monitoring and enforcement.

National implementation, monitoring and enforcement proves challenging

Countries continue to face significant challenges in ensuring effective implementation of the Code and subsequent relevant WHA resolutions. Challenges include:

- lack of political will to legislate and enforce the Code;
- continued interference from manufacturers and distributors in governments' efforts to initiate or strengthen Code monitoring and enforcement measures;
- lack of sufficient data and expertise on Code-related matters;
- absence of coordination among responsible stakeholders;
- limited national and international resources for legislation, monitoring and enforcement.

RECOMMENDATIONS FOR ACTION

Countries without Code legislation should adopt legal measures that fully reflect the Code and subsequent relevant WHA resolutions.

Countries with partial Code legislation should review and, where needed, amend and strengthen existing measures. Such countries should in particular ensure that legislation:

- includes all milk products intended and marketed as suitable for feeding infants and young children up to the age of 36 months under the scope of the Code;
- requires inclusion of all necessary messages in informational and educational materials on infant and young child feeding, as specified under Article 4.2 of the Code;
- prohibits all advertising and other forms of promotion of designated products to the general public, including contact with pregnant women and mothers, promotion through the internet, social media and other electronic means of communication;
- prohibits the provision of free or low-cost supplies to health facilities by manufacturers or distributors, and any other financial or material inducements to health workers to promote designated products;
- includes all requirements for labelling of designated products as indicated in Code Article 9.2 and WHA resolution 58.32; and
- specifies government obligations to establish robust and sustainable monitoring and enforcement mechanisms.

Countries must scale up their efforts to monitor and enforce national legal measures through strong, sustainable multisectoral processes and mechanisms. In particular:

- funding for monitoring bodies and their activities should be incorporated into relevant national budgeting processes, so as to ensure sustainability; and
- countries should increase capacity for monitoring among designated staff at sub-national levels.

Parliamentarians must be sensitized to the importance of Code monitoring and enforcement, and to their specific roles and support, including legislating for the Code, budgetary review, approval and oversight, and political advocacy with constituents.

Technical and legal assistance must be made available to countries through collaborative and coordinated efforts, so as to pool available external expertise and avoid fragmentation. Partnerships among UN agencies and organizations, NGOs and other relevant partners must be strengthened, while recognizing the need to avoid conflicts of interest. In this context, the recently established Global Network for Monitoring and Support for Implementation of the Code (NetCode), coordinated by WHO and UNICEF, provides a timely opportunity to forge and strengthen alliances in support of Code implementation in countries.

References

- 1 Victora CG, Bahl R, Barros A et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effects. *Lancet*. 2016;387:475-490.
- 2 Rollins NC, Bhandari N, Hajeebhoy N, et al. Why invest, and what it will take to improve breastfeeding practices? *Lancet*. 2016;387:491-504.
- 3 Adopted by the World Health Assembly (WHA) in 1981.
- 4 The data presented in this report is for 194 WHO Member States (“countries”), and does not include non-Member States or territories.

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