

The International IC of Marketing of Breast-milk Substitutes: Update on the Global Implementation

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Keywords

advocacy, breastfeeding, *International IC of Marketing of Breast-milk Substitutes*, World Health Organization

Background

In 1981, the World Health Assembly (WHA) adopted the World Health Organization's (WHO) *International IC of Marketing of Breast-milk Substitutes* (IC). The IC prohibits unethical advertising and promotion of human milk substitutes (HMS), that is, infant formula, follow-up formula, special formula, cereals, juices, vegetable mixes, and baby teas. It also covers feeding bottles and teats (WHO, 1981).

In the decades that followed the IC adoption, more countries incorporated it into their national legislation to counteract the aggressive lobbying from formula companies through new marketing tactics of HMS and new products including follow-up formula. WHO, UNICEF, and IBFAN released subsequent relevant Health Assembly resolutions; none of these subsequent resolutions replaced any provisions in the IC, but elucidated the inclusion of certain products that had to be covered by the IC and subsequent WHA resolutions. The IC's provisions have been inconsistently implemented with limited legal measures to enforce them, which exposes caregivers to commercial marketing for HMS through many promotional strategies and has highlighted the need for more efficient monitoring systems (Zehner et al., 2019).

WHO, in consultation with UNICEF, created a network of civil society organizations to facilitate the development of national IC legislation in countries around the globe and to ensure strategies to monitor and enforce the IC (WHO, n.d.-a, n.d.-b). This network, named the Network for Global Monitoring and Support for Implementation of the International IC of Marketing of Breast-milk Substitutes and Subsequent Relevant World Health Assembly Resolutions (NetIC), first met in 2015 (WHO, 2015). NetIC partners include Action Against Hunger, Emergency Nutrition Network, Helen Keller International, International Baby Food Action Network (IBFAN), International Lactation Consultant Association (ILCA), La Leche League International (LLL), Save the Children Foundation, UNICEF, World Alliance for Breastfeeding Action (WABA), and WHO (n.d.-a).

The implementation of the IC faces many challenges including lack of education about the IC among health care workers, lack of systematic monitoring, inadequate legal measures, and lack of clear penalties for IC violation in each country (WHO, UNICEF, & IBFAN, 2018). Barennes et al. (2016) studied challenges and obstacles that the IC is facing in Southeast Asia and found that community-based actions and peer-to-peer promotions were effective in implementing the IC. However, more enforcement of the legislation and sufficient penalties are required. The authors recommended education campaigns; strong penalties for IC violators; exclusion of the formula industry from nutrition, education, and policy roles; supportive legal networks; and research of interventions to support breastfeeding (Barennes et al., 2016).

In the Eastern Mediterranean region, Al Jawaldeh and Sayed (2018) found that out of 17 countries that had enacted legislation to protect breastfeeding, only 6 had “comprehensive legislation or other legal measures reflecting all or most provisions of the IC” (p. 25). Other countries in the area varied in adopting legal measures that integrate provisions of the IC. The authors recommended revisiting the legal measures and modifying existing national legislation to fully implement the IC and the relevant WHA resolutions through adopting systematic monitoring and reporting.

In Indonesia, promotion of commercial infant and young child feeding (IYCF) products was common in points of sale. Violations of Indonesian regulations and the International IC of Marketing of HMS were also noticed (Hadihardjono et al.,

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2019). Most common HMS products were infant/follow-up formula and growing-up milks. Findings highlighted the need for revising and enforcing HMS marketing regulations to ensure consistency with global standards (Hadihardjono et al., 2019).

Status of the IC Implementation Since 2018: A New Report

On May 28, 2020 WHO, UNICEF, and IBFAN launched the document *Marketing of Breast-milk Substitutes: National Implementation of the International Code Status Report, 2020* which provided updated information on the status of legal measures to implement the IC in countries around the world and explained to what extent the IC provisions have been incorporated into national legal measures. This report highlighted specific provisions that are instrumental in addressing and eliminating promotion of HMS, feeding bottles, and teats to health workers.

WHO, UNICEF, and IBFAN collected information from the regional and country offices on new or additional legal measures adopted since the last IBFAN report in 2018. The legal measures for all countries were analyzed using an expanded, standardized WHO/UNICEF/IBFAN checklist of provisions in the IC covering relevant provisions from the WHA resolutions. A new scoring algorithm was created

assigning scoring value for each provision with total points of 100. Total points were used to classify countries based on legal measures adopted ranging from substantially aligned with the IC, moderately aligned, only include some of the IC provisions, and no legal measures at all (WHO, UNICEF, & IBFAN, 2020).

Seven areas of IC legislation were examined using the following weighting: scope (20%), monitoring and enforcement (10%), informational/educational materials on infant and young child feeding (IYCF) (10%), promotion to general public (20%), promotion in health care facilities (10%), engagement with health workers and systems (15%), and labelling (15%). The authors report the findings were organized under two main topics: legal status of the IC and legal provisions related to promotion to health workers and in health care facilities.

Legal Status of the IC Globally

Since 2018, 44 countries around the world strengthened protection measures against inappropriate marketing of HMS and 11 countries enacted new IC-related legislation or amended existing legal measures. The European Union adopted measures to strengthen the restrictions on promotion to the general public and through health care system. Only

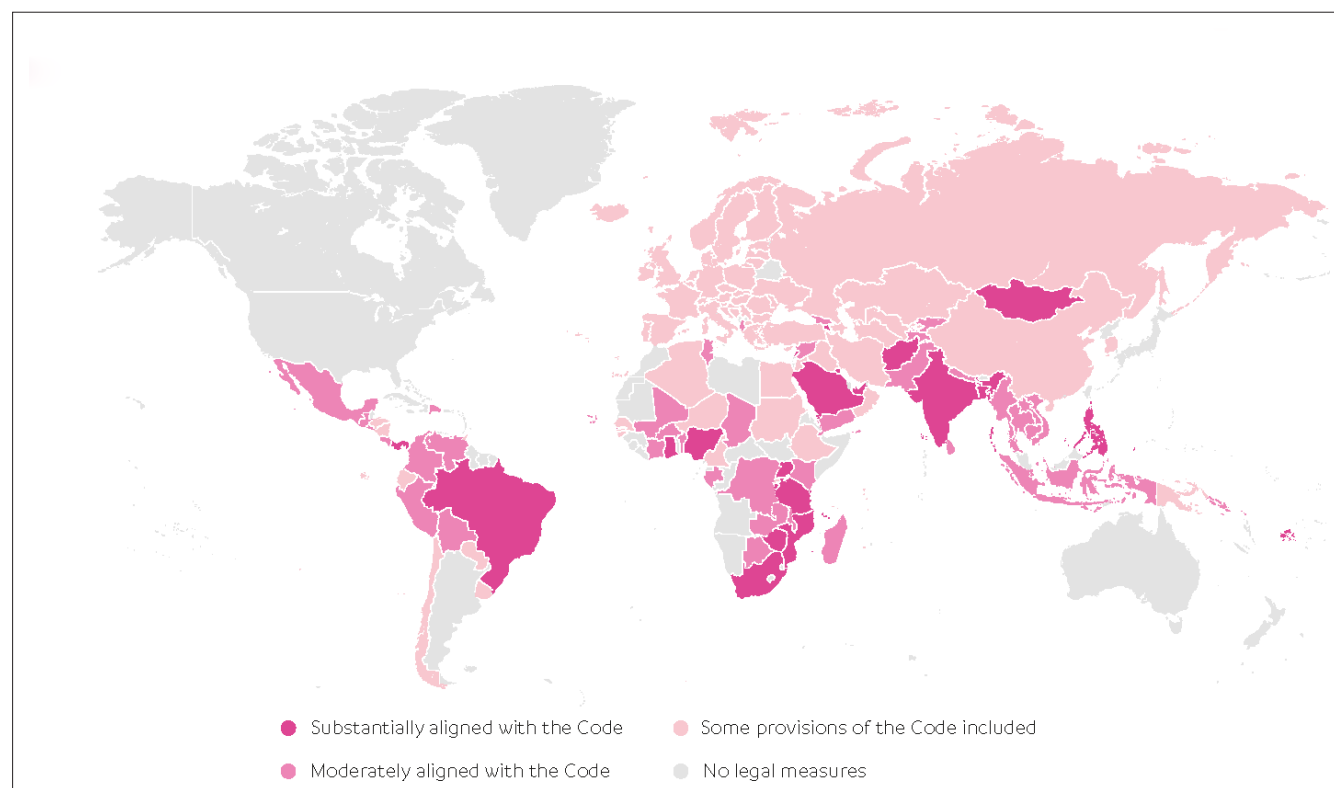


Figure 1. National Legal Status of the Code, 2020.

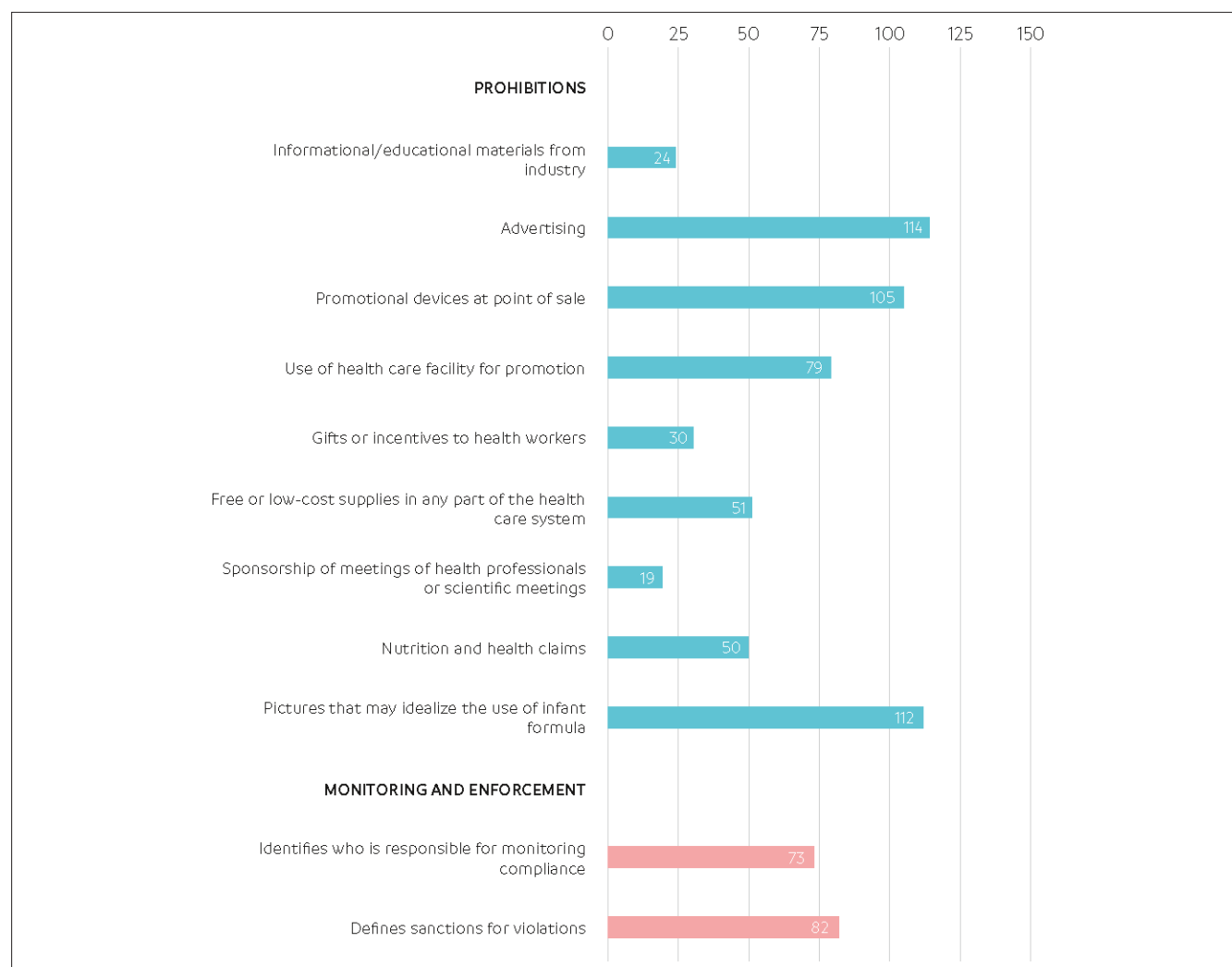


Figure 2. Countries with key Code provisions enumerated in legal measures, by provisions.

25 countries were substantially aligned with the IC. (Figure 1) shows the global legal status of the IC.

Legal Provisions Related to Promotion to Health Workers and in Health Care Facilities

Seventy-nine (58%) countries out of 136 had measures to prohibit promotion of HMS in health facilities, with 44 (32.4%) countries prohibiting displays of covered products and 84 (61.8%) countries prohibiting displays of placards or posters concerning products. Few countries prohibited the use of health care facilities for hosting events or use of personnel supported by companies. Only 30 (22.1%) countries out of 136 had measures to fully prohibit gifts of incentives for health care workers, and 5 (3.7%) countries completely prohibited equipment or services donation by manufacturers or distributor of products within the scope of the IC (WHO, UNICEF, & IBFAN, 2020). Further, only 19 (14.0%) countries have banned sponsoring

professional association meetings by manufacturers of HMS. (Figure 2) displays the status of some key provisions that highlight persistent challenges that occurred in many countries.

In the *Status Report* (WHO, UNICEF, & IBFAN, 2020), the authors highlighted the lack of legal measures in the implementation of the IC and the need for countries to take more effective legal steps to prevent HMS marketing. Additional actions are required to stop the use of health facilities and involvement of health workers in product promotion. Legal restrictions of these practices and educating health workers -about how to avoid conflicts of interest must be strengthened. Table 1 presents specific recommendations for countries based on the 2020 *Status Report*.

WHO (2020a) also released *International Code of Marketing Breast-milk Substitutes: Frequently asked Questions on the Roles and Responsibilities of Health Workers*. In this document, the critical role of health workers in educating mothers and caregivers about IYCF and that protecting,

Table 1. Specific Recommendations for Countries Based on the 2020 Status Report.

Recommendations
<ol style="list-style-type: none"> 1. Legislators and policymakers should recognize their obligations to promote and protect breastfeeding, and to eliminate inappropriate marketing practices 2. Countries should analyze and address weaknesses or gaps in their existing legislation and act accordingly <ul style="list-style-type: none"> • Eliminate all forms of promotion of HMS, feeding bottles and teats to the general public and in health care facilities • Ban all gifts to health care workers and other forms of inappropriate engagement between manufacturers and distributors of HMS and health care workers and systems • Enable authorized government entities to impose sanctions when violations have been identified and validated • Explicitly include milk products intended and marketed as suitable for feeding young children up to at least 36 months of age in the scope of their national legislation • Enforce a ban on promotion of complementary foods for infants under 6 months of age 3. Legislation must be supported by allocation of adequate budgets and human resources 4. Governments should establish robust and sustainable monitoring and enforcement mechanisms 5. Governments should apply deterrent sanctions in the case of violations of national Code legislation 6. Health care workers should be educated on their responsibilities under the Code and national legislation to avoid conflicts of interest and fully protect, promote and support breastfeeding

Note: Recommendations adapted from WHO, UNICEF, & IBFAN (2020).

promoting, and supporting optimal feeding is a moral, legal, and professional responsibility of all health workers was stressed. Baby food companies always target health workers and health care facilities all over the world to promote HMS (e.g., infant formula, specialized formulas, follow-up formula, or growing up milks).

The IC is relevant to the current situation after 40 years and the IC is directed at governments, health workers, infant formula and baby food companies, and everyone who has a responsibility to protect, promote, and support breastfeeding (WHO, 2020a). According to the IC, it is prohibited for any infant formula or baby food company to provide free or subsidized supplies of HMS, free samples of formula, offer education for families, give gifts to health workers and their families, or sponsor conferences and meetings (WHO, 2020a, 2020b).

The IC Implementation During COVID-19 Pandemic

Infant formula and baby food companies maximize their effort to market the HMS during natural disasters and epidemics (WHO, 2005, 2020c). WHO and UNICEF urged governments to strengthen legislation about the IC during the COVID-19 pandemic and prohibit acceptance of donations of HMS in emergencies. Inappropriate marketing of HMS weakens the efforts to improve breastfeeding rates especially during the COVID-19 crisis. According to Dr. Victor Aguayo, UNICEF's Chief of Nutrition, "As the COVID-19 pandemic progresses, health workers are being diverted to the response and health systems are overstretched. At such time, breastfeeding can protect the lives of millions of children, but new mothers cannot do it without the support of health providers" (WHO, 2020b).

The COVID-19 pandemic has shed the light on the need for an increase in strict legislation to protect families from

aggressive marketing and the false claims about the safety of HMS. WHO and UNICEF highly recommend that women continue to breastfeed during the COVID-19 pandemic, even if they have confirmed or suspected COVID-19, in which cases they should take strict safety measures and precautions based of WHO (2020d) guidelines. Currently, there is no confirmed evidence that the COVID-19 virus is transmitted through breastfeeding or by giving human milk that has been expressed by a mother who is confirmed or suspected to have COVID-19 provided the mother uses recommended COVID-19 prevention and control measures while breastfeeding or pumping milk for the baby (WHO, 2020c, 2020e). Education and counselling about the benefits of breastfeeding and about the benefits substantially outweighing the potential risks for transmission should be discussed with the mothers. Mother and infant should be able to stay together with 24-hour rooming-in and practice skin-to-skin, whether they or their infants have suspected or confirmed COVID-19 (WHO, 2020e).

Conclusion

Although the enforcement of the provisions of the IC were strengthened over the past two years in many countries, no country has laws fully aligned with the IC. Key provisions of the IC are missing from legislation in many countries; laws supporting provisions are particularly weak for promotion by health workers and in health systems; and IC monitoring and enforcement are weak in most countries. Strict measures should be in place to control the aggressive marketing during emergencies and pandemics. WHO, UNICEF, and the NetIC partners provide resources to facilitate IC implementation including monitoring tools, FAQs, implementation guidance, information notes, advocacy brief, and many online educational opportunities. Countries should take advantage

of available resources to strengthen the implementation of the IC's provisions.

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