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"Joint Commonwealth Secretariat/WHO/UNICEF Workshop on the Implementation of the International Code on Marketing of Breast-milk Substitutes". Report on the joint COMSEC/WHO/UNICEF seminar held in Harare, ,Zimbabwe.

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Notes

12 pp
The seminar was jointly organized by the Commonwealth Secretariat (COMSEC) (through the Commonwealth Fund for Technical Cooperation)/WHO and UNICEF, and hosted by the University of Zimbabwe. The report outlines the ru of the seminar, important interventions, and main topics. It mentions legislative action considered by various countries, and ends with the recommendations of the seminar.

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JOINT COMMONWEALTH SECRETARIAT/WHO/UNICEF WORKSHOP ON THE IMPLEMENTATION OF THE INTERNATIONAL CODE ON MARKETING OF BREAST-MILK SUBSTITUTES

From both an immunological and nutritional point of view breastmilk constitutes the most natural, safe and effective health resource in the promotion of infant and child health. Frequent and exclusive breast-feeding has also been demonstrated to delay ovulation and menstraution and is an important mechanism in achieving child spacing.

Despite these significant characteristics and the fact that infant malnutrition, frequent infections and high unregulated fertility are today three of the main public health problems facing developing countries, breast-feeding is considered to be either on the decline or at high risk of declining in many of these areas.

A variety of factors are contributing to changing patterns of infant and young child feeding. Urbanisation and new patterns of living - particularly in the case of women; new patterns of female employment usually outside the home and following rigid time schedules; changing family structures especially from extended to nucear, are all important. Gratuitous and often aggressive marketing and distribution of breastmilk substitutes has also been identified as one of the key factors.

As part of a larger programme to improve infant and young child feeding, an International Code of Marketing of Breastmilk Substitutes has been prepared by WHO and adopted by Member States of the WHO as a recommendation in May of 1981. To facilitate the national implementation of actions designed to give effect to the principles of the International Code, a joint Commonwealth Secretariat (COMSEC) (through the Commonwealth Fund for Technical Cooperation)/WHO/UNICEF workshop was hosted by the Government of Zimbabwe in Harare, January 17 - 21, 1983. Participants representing different ministries and non-government organisations (NGOs) from ten Commonwealth countries discussed ways in which the International Code could be most effectively taken up.

Because of the inter-disciplinary and socio-medical-legal nature of infant and young child health and breastmilk substitute marketing, the workshop was also seen as an opportunity to identify mechanisms that can be used nationally to review other socio-medical-legal issues of importance to governments and health and social planning.

In opening the workshop, the Hon. Minister of Health, Comrade Dr. Oliver M. Munyaradzi,highlighted the social and health contribution made by

breastfeeding and the importance of protecting it through a variety of approaches, including legislative and regulatory mechanisms. The Minister cited the close association that is emerging between changing patterns of infant and young child feeding and morbidity in infancy, especially gastro-enteritis, malnutrition and upper respiratory tract infections. Ill health, poor growth and, in many cases, death from these conditions constitutes a major obstacle to the health and social development of many Third World Countries.

Professor Sir Kenneth Stuart, Medical Adviser to the Secretary-General, COMSEC, went on to outline the scope and objectives of the workshop. He emphasised the unique inter-disciplinary nature of the workshop and the contribution it could make, not only to the problem of implementing the WHO Code, but also to identifying ways of dealing with other socio-medico-legal problems.

Dr M Carballo, Maternal and Child Health Unit, WHO, Geneva, then reported on the background and history of the International Code of Marketing. He pointed out that a growing concern about the unacceptably high rates of infant morbidity and mortality in the 1960s coincided with the generation of new scientific information about the prophylaetic and health promotional importance of breast-feeding.

The World Health Assembly Resolution of 1974 embodied this concern as well as the belief that steps could be taken to halt the decline in breast-feeding in part through the regulation of marketing of breast-milk substitutes. It called upon Member States of the World Health Organization "to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation when necessary."

This was reinforced in 1979 when, at the WHO/UNICEF Meeting on Infant and Young Child Feeding, the WHO collaborative Study of Breast-feeding including a study of marketing of breast-milk substitutes, was presented. The meeting then proposed that, as part of an overall approach to the problem, an International Code be prepared.

In the interval between this meeting and that of the World Health Assembly in May 1981, where the Code was adopted, by a vote of 118 to 1 (USA), with 3 abstentions (Argentina, Japan and South Korea), there were extensive consultations involving governments, the infant food industry, NGOs, and the scientific community.

Since then guidelines have been developed to assist countries to report to the WHA on measures taken to give effect to the Code. A progress report will be made to the WHA in May, 1983.

Ms. Barbara Swartz and Mrs Margaret Owen, legal consultants, reported on the in-depth surveys undertaken in preparation for the workshop in Bangladesh, Kenya, Lesotho, Malawi, Malaysia and Zimbabwe, as well as a questionnaire survey in 24 countries. They pointed out that:

> National activities to give effect to the principles of the International Code of the Marketing of Breastmilk Substitutes have begun to be taken up in a number of countries. A number of constraints however appear to have prevented a more consistent momentum being maintained following adoption of the Code by the 1981 World Health Assembly.
>
> One of the primary problems continues to be the lack of awareness, in some sectors, of the magnitude of the infant and young child feeding issue and its implications for national health and social development.
>
> The lack of inter-ministerial and inter-sectoral collaboration in some countries has similarly delayed action on a subject that so clearly belies any uni-sectoral solution. In part this may reflect a persisting belief in certain social groups and populations that breast-feeding and infant and young child feeding are primarily women's questions with little immediate relevance to broader health and social conditions.
>
> Activities by the infant food industry cannot be overlooked either in this regard. In some countries industry has been active in promoting its own version of the Code.
>
> The national measures thus far taken vary considerably.
>
> 1. Some countries have adopted intermediate measures while further discussions on the Code continue. These include the strengthening of existing legislation on labelling within Pure Food Acts and reviews of maternity legislation.
> 2. Other countries have organised national meetings to review the code in the context of national conditions and needs.
> 3. Some have gone on to prepare draft legislation.

women who want to breast-feed, focused discussion on the social and legal supports required to implement the Code.

DAY 2 LEGAL MECHANISMS

Dr A Jayesinghe of Sri Lanka and Mr W Mnyone of Tanzania spoke of their countries' experience in implementing the Code. Sri Lanka has developed draft legislation and supported this with new legislation on Maternity and Consumer Protection.

Tanzania has used existing legislation, the Food Control of Quality Act 1978, which regulated requiring licences for food manufacture.

It was pointed out, however, that there were limitations to both these approaches. In Sri Lanka the legislation relating to creches and maternity leave was highly cost-intensive and therefore unrealistic, while in Tanzania the facilities for enforcement of the regulation were inadequate.

There was discussion on the legislation brought out by Papua New Guinea, the Baby Food Control Act, which controls the sale of bottles, teats and milk substitutes by putting them on prescription. It has also developed legislation on Maternity Leave and Protection, and has banned the importation of breast-milk substitutes.

Hazel Brown, Housewives' Association Trinidad and Tobago, described non-government organisations' involvement in the development of the country's voluntary Code after their advocacy had brought the issue to public attention. The voluntary Code is supplemented by existing legislation on labelling and quality concerns regulated through the Bureau of Standards.

Following the adoption of the Code in 1981, it has been suggested to the 1982 World Health Assembly that model legislation might be developed for groups of countries sharing similar legal systems, and similar language. The workshop tested the feasibility of such an approach and two models were developed for assessment by participant countries. The amended drafts and suggestions for expanding the Code are contained in the relevant sections of the manual.

Mr. Justice M D Kirby, Chair, Australian Law Reform Commission, shared the experience of that body in dealing with socio-medico-legal issues such as test tube babies and tissue transplants. He defined the process whereby the Commission elicits professional interdisciplinary participation and stimulates broad public discussion through public hearings, "talk-back/ phone-in" shows on radio and TV, production of short pamphlets on the issues, and therefore the Australian Law Commission becomes a focus for change. This approach proved of great interest to all participants.

implementing the Code, the laws and identifying the range of support activities and mechanisms requires to sustain action.

How best and most effectively to give effect to the principles of the Code will vary from one country to another according to national legislative and constitutional background. The relative advantages and disadvantages of different approaches and possibilities were reviewed.

1. Adopting the Code in its entirety was felt to be more advantageous than a fragmented approach. Adoption in entirety would have a far greater social, educational and promotional inpact and would permit a more cohesive and consistent application and enforcement. In certain countries that have customs union arrangements or who are in free trade zones, some difficulties might be encountered in enacting the Code in its entirety, but some of the constraints could be avoided by mobilisation of public opinion, lobbying international interests and involving the media.

2. The Model Legislation can be used as a basis for national measures but it will need to be adapted to meet the needs of particular countries. The type of action that will need to be taken in each participant country to process the model legislation involves the usual measures that are necessary in the preparation of legislation, e.g. sponsoring unit's preparation of a Cabinet Paper; Cabinet review and approval; instructions sent to Attorney General's Chambers; settling of legislation; and, in the case of a Bill, passage through Parliament.

3. Mechanisms for mounting the efficiacy of any legislation based on the Code, e.g. the use of existing inspection systems (these aspects having the power to prosecute breaches of the legislation however training of these experts might be desirable) usually exists in all countries, but monitoring committees could be set up to handle complaints of consumers once legislation in enacted.

4. Where a decision is taken to enact the Code through existing legislation Standards legislation is usually to be found in Food and Drugs Acts or Consumer Protection Acts; these generally regulate the quality and labelling of food and drugs but do not regulate infant foods per se, or their overall promotion.
In the same countries, however, there is legislation which may, on the face of it, be used to invoke definitive restrictions of infant foods. Price Control Mechanisms, for example, and the reduction of the subsidies on infant foods have had the effect of raising the price

of infant formula resulting in the minimising of the sale of these foods.

5. Existing Food and Drugs legislation may also be effectively used as a mechanism to implement Articles 9 and 10 of the Code but with the exception of import restrictions there is no legislation that can be used effectively to implement the Code in its entirety; these, however, could not be invoked in countries that are free trade zones or that have a customs union arrangement with neighbouring countries.

6. While there exists legislation to control imports and exports there is currently no legislation in the countries represented to control the export or import of infant foods. There is a clear case for de-marketing infant foods although it must be understood that these will lead to controls and the regulation of the distribution of such foods..

7. In all instances enactment of legislation should be preceeded by educational programmes that create a public awareness of the philosophy and purpose of the Code; voluntary agreements and active participation of all those persons affected by the code, e.g. industry, the media etc. should be ensured.

8. It can be expected that assistance will be required from WHO/ Commonwealth Secretariat in some countries in:

(i) developing and enacting legislation in place;

(ii) setting up standards and quality control systems including appropriate facilities and equipment.

While much more follow-up of the International Code is clearly called for, it is important that already on-going national activities be recognised and built upon. The actions that have thus far been initiated in the different member states represented at the Workshop exemplify the range of approaches that can be taken in giving effect to the principles of the International Code of Marketing. They also help identify additional supporting steps that need to be taken to ensure that momentum be accelerated.

In Malaysia for example, where a working relationship between government and the infant industry has produced a voluntary code that national authorities consider relevant and effective, there is nevertheless a clear need to involve a wider range of non-governmental organisations in the continuing dialogue with industry. Similarly the development of more effective monitoring techniques and appropriate mechanisms through which to manage them is likely to be enhanced through the greater involvement of non-government organisations.

Kenya has promoted a number of national discussions on how best to adapt and implement the International Code. It is now evident that a better working relationship is called for between the media and the different groups working on the Code, to enhance the development of the type of dialogue required if better infant and young child health and nutrition is to be achieved, and to permit a more broad-based approach to the challenge.

Lesotho has reviewed its national infant and young child nutrition situation and has considered how best the international code can help meet its needs and be adopted. In doing so it has realised that while existing legislation and any new steps that may be called for, can be effective, there is a need for educational and innovative informational activities at all levels of society as a first step.

Malawi's review of its national situation indicates a need for more inter-ministerial and inter-sectoral involvement in the issue at all levels of government. Education/information activities focussing on the problem of infant and young child nutrition and health are required, as is more attention to the social support needs of mothers in the post-partum period.

After a detailed analysis of the factors affecting infant health and nutrition in Zambia it became clear that legislative action might, as a

first initiative, be one of the most effective approaches.

In Bangladesh more emphasis on public debate and information and better use of the media is called for. Irrespective of governmental action, however, it is essential that at the grass roots level there be a greater awareness of what the problem is and how it can be dealt with using local resources and community involvement.

Trinidad and Tobago have assumed a three-pronged approach introducing legislative, administrative and voluntary agreement steps, using a national inter-ministerial and non-government organisation committee set-up for the purpose, as the analytic and catalytic pivot for thes[illegible]. What has been put in motion now needs strengthening through more emphatic and broad-ranging use of the media, and regional sharing of skills and ideas.

Tanzania has taken steps to implement much of the code through existing legislation but it is increasingly evident that additional legislation may be required and a greater emphasis on public education and involvement of all interested groups is required.

Sri Lanka, where a draft legislation on the Code is before the Cabinet, would like to see a greater involvement of regional and inter-regional expertise and an inter-change of ideas and manpower in the fight against infant and young child malnutrition.

In Zimbabwe where a special committee has been set up to deal with the Code and related infant and young child feeding issues, others sectors not yet involved need to collaborate. The recommendations emanating from the Committee similarly need to be linked to those coming from other national committees on health care.

The importance of breast-feeding and timely and appropriate weaning for infants in both developing and developed countries is being increasingly established as new scientific information accumulates.

From the point of view of its immunological and nutritional characteristics, breastmilk is a vital resource in the fight against early infant malnutrition and infection. The role of breast-feeding in prolonging post-partum anovulation and amenorrhea, and in so doing, facilitating child spacing, must also be taken into account. Child spacing helps ensure maternal post-partum rehabilitation, better care for the young infant, and a better

circumstance for breast-feeding. In this regard the role of breast-feeding as a basic (albeit not 100% effective) public health measure in family planning should be recognised and included in all national mother and child care and family planning programmes.

Special care should be taken to ensure that modern family planning methods be chosen to support and not contradict successful breast-feeding. Therefore, in this regard non-hormonal contraceptives should be advocated at least until menstruation has been re-established. In those cases where hormonal methods are demanded by the mother or for whatever other reason indicated, progestogen only preparations should be used since these will not have any adverse effect on the volume of milk produced by the mother. Estrogen-combined preparations can be anticipated to provoke up to a 30% reduction in breast-milk volume and in so doing precipitate early termination of breast-feeding. Given high discontinuation and mis-utilisation rates for hormonal methods (e.g. pill) it should also be borne in mind that the mother who initiates estrogen-combined pill use may be placed at double jeopardy of conception if breast-feeding is terminated due to lack of milk or if breast-feeding frequency is reduced and pill use is discontinued around the same time.

RECOMMENDATIONS

1. Recognising the critical need to protect and promote sound infant and young child feeding, particularly breastfeeding and appropriate and timely weaning, and recognising the importance of regulatory mechanisms to control the advertising and distribution of breastmilk substitutes and other foods that might detract from the maintenance of culturally appropriate feeding practices,

   The Workshop resolves that legislation, be it through existing mechanisms, or through new legislation, to regulate advertising and distribution of breastmilk substitutes is urgently called for and should be taken up by all member states of the Commonwealth.

2. Recognising the complexity of the problem of infant and young child malnutrition and the difficulties that can be encountered in developing locally appropriate legislation designed to give effect to the principles of the International Code of Marketing of Breastmilk Substitutes,

   The Workshop resolves that the draft legislation prepared for and modified during the Workshop be sent to all Commonwealth countries and that they be encouraged to utilise these models as a basis upon which to develop national action and legislation.

3. Recognising the multi-factorial nature of the problem of infant and young child malnutrition,

The Workshop resolves that inter-Ministerial committees or national task forces encompassing governmental and non-governmental organisations be recommended to national authorities as a means of identifying the true magnitude of the problem at national level, its causal factors, and the most appropriate ways of meeting the needs of high-risk population groups.

4. Recognising the lack of attention that has been given to the problem of infant and young child feeding in almost all countries and the fact that many health-care systems and other sector programmes have neglected this issue,

The Workshop resolves that education and information activities involving the Media as well as professional and public training institutions be established as quickly and effectively as possible in order to train professional workers and inform the public at large of the steps that can and should be taken to deal with this problem.

5. Recognising the international nature of the problem of infant and young child malnutrition and the importance of inter-country collaboration in meeting this challenge, and recognising the important role of international organisations in co-ordinating such approaches,

The Workshop resolves that inter-country and inter-regional working groups and other such mechanisms, including workshops and technical meetings be set up in order to facilitate and promote a continuing exchange of ideas and experiences between Commonwealth countries, and that the Commonwealth Secretariat in collaboration with WHO and UNICEF be asked to support these activities.

6. Recognising the socio-legal character of many contemporary health problems, and recognising the urgent need to develop mechanisms to effectively analyse and deal with these problems,

   The Workshop resolves that steps be taken to promote the establishment of socio-medical-legal committees along the lines discussed during this Workshop and that inter-country collaboration in this area be promoted with the assistance of the agencies co-sponsoring the Workshop.

7. Recognising the importance of the subject of infant and young child feeding, the implementation of the International Code of Marketing of Breastmilk Substitutes, and the development of socio-medical-legal activities,

   The Workshop resolves that the Report be sent to the Law Ministers Conference and be given all due support in other related workshops, meetings and seminars.