Welcome!

Please take your seats.
The program will begin shortly.
Global Congress on Implementation of the Code of Marketing of Breast-milk Substitutes
June 2023

https://www.youtube.com/watch?v=4fnLB2IApYA
Global Congress on Implementation of the Code of Marketing of Breast-milk Substitutes
June 2023

Grainne Moloney
Senior Advisor, Early Childhood Nutrition
Nutrition and Child Development, Programme Group
UNICEF HQ New York

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World Health Organization
Unit Head, Food and Nutrition Action in Health Systems
Department of Nutrition and Food Safety
Global attention to the Code
The Code makes a difference

Percent of infants 0-6 months old exclusively breastfed by Code status:
- No legal measures
- Some provisions of the Code included
- Moderately aligned with the Code
- Substantially aligned with the Code

Percent of children 20-23 months old breastfed by Code status:
- No legal measures
- Some provisions of the Code included
- Moderately aligned with the Code
- Substantially aligned with the Code

Note: Breastfeeding statistics from UNICEF Infant and Young Child Feeding database 2023
Code status from WHO/UNICEF/IBFAN Code Status Report 2022
Code Congress Objectives

1. Increase knowledge and skills of national actors on strategies to end the unethical marketing of breast-milk substitutes, bottles, and teats

2. Develop national roadmaps to strengthen implementation of the Code; and

3. Build regional networks to share information and support of national action
Agenda at a Glance

• Building political will
• Identifying and managing industry interference
• Implementing the Code into national law
• Strengthening coordination and governance mechanisms in national laws
• Monitoring and enforcing Code laws
• Taking action!
#EndExploitativeMarketing
Global Congress on Implementation of
the Code of Marketing of Breast-milk Substitutes
June 2023

Dr. Tedros Adhanom Ghebreyesus
World Health Organization Director-General
Global Congress on Implementation of the Code of Marketing of Breast-milk Substitutes
June 2023

Karin Hulshof
Deputy Executive Director of Partnerships, UNICEF
Global Congress on Implementation of the Code of Marketing of Breast-milk Substitutes
June 2023

Dr Tlaleng Mofokeng
United Nations Special Rapporteur on the Right to Health
Breastfeeding: Critically Important but Constantly Challenged

Cecília Tomori, PhD
Johns Hopkins University
The 2023 Lancet Breastfeeding Series

Breastfeeding: crucially important, but increasingly challenged in a market-driven world
Pérez-Escamilla et al.
The Lancet
Published: February 7, 2023
Open Access

Marketing of commercial milk formula: a system to capture parents, communities, science, and policy
Rollins et al.
The Lancet
Published: February 7, 2023
Open Access

The political economy of infant and young child feeding: confronting corporate power, overcoming structural barriers, and accelerating progress
Baker et al.
The Lancet
Published: February 7, 2023
Open Access
Breastfeeding: key to public health

• Foundational to **infant and young child health & development**
  • ~800,000 lives lost annually
  • Cognitive & psychosocial development
  • Protection against infectious and non-communicable diseases

• Significant impacts on **maternal health**
  • ~100,000 lives lost annually
  • Breast & ovarian cancers
  • Cardiovascular & metabolic disease
Breastfeeding: species specific biospsychosocial system

- **Dynamic, living system:**
  - Evolutionary adaptations
    - Human infants have large brains & long postnatal maturation
    - Require intensive care
- Relies on **interaction** between mother, baby & environment
  - Tailor-made immune protection
  - Hormones & other bioactives
  - Physiological coregulation
- **Process, not product**
- Cannot be replicated
How does It work?

• Early initiation - within first hour
• Skin to skin contact
• Frequent feeding responding to infant cues
• Skilled support
• **Structures & social systems** that protect, promote & support breastfeeding
Most want to breastfeed but ....only half of newborns in LMICs put to breast within 1 hr

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<thead>
<tr>
<th>Region</th>
<th>Early Initiation</th>
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A third receive prelacteals

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<th>Milk-based only</th>
<th>Water-based only</th>
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<td>28.5</td>
<td>4.8</td>
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Half self-report insufficient milk

- Most common reason for introducing commercial milk formula (CMF)
- Not surprising:
  - Delayed initiation
  - Prelacteals
  - Early CMF supplementation
  - Interpretation of baby behavior
- All risk factors for insufficient milk
Why? Not individuals, look to systems gaps
Pervasive industry influence

- Industry exploits uncertainty about typical human infant behavior

“Problem”: Baby behaviors

“Solution”: CMF

Reduced opportunities to breastfeed

Self-reported insufficient milk

More CMF use Breastfeeding cessation
Effective interventions increase breastfeeding

- Health system
  - BFHI
  - Pre-/postnatal education & support
  - Provider knowledge, skills
- Workplace & maternity protections
  - Formal and informal sectors
- Regulation of CMF marketing
  - Across levels and settings
- Address broader inequities, implement social supports
Interventions must address all levels of the social ecological model to create an enabling environment.
Recommendations

Recognize importance of breastfeeding

Breastfeeding is a human right

CMF marketing should not be permitted (does not affect manufacturing or availability of CMF)
Recommendations

Breastfeeding is a **collective responsibility**

Governments have **obligation to invest** in systems that enable breastfeeding

- Health systems
- Workplace policies & broader maternity protections
- Regulations to address CMF industry

Multisectorial collaboration & programming needed to protect, promote & support breastfeeding
Thank you!
Global Congress on Implementation of the Code of Marketing of Breast-milk Substitutes
June 2023

Clare Patton
Lecturer
School of Law
University of Leeds
Breastfeeding as a Human Right: State Duties and CMF Industry Responsibilities

Clare Patton, PhD
School of Law
University of Leeds
Importance of recognizing breastfeeding within a human rights framework

- Weight of empirical evidence demonstrates the importance of human milk to maternal and child morbidity and mortality
- Breastfeeding is the biological norm for infant feeding as human milk is uniquely and biologically adapted to suit the changing needs of a child
- Breastfeeding: important public health issue. It must be framed in the same way as other more recent human rights such as the right to clean water or a healthy environment
Breastfeeding within international human rights law (IHRL)

**Convention on the Rights of the Child Article 24(e)**
- To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding...

**Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), General Recommendation No. 34 (2016) on the rights of rural women**
- ‘...health-care information is widely disseminated and that it includes information on, inter alia health during pregnancy; breastfeeding and its impact on child and maternal health’ (CEDAW, General recommendation No. 34 (2016) on the rights of rural women)
Advancing the protection of breastfeeding in a human rights framework

The Code attempts to protect rights such as health, life, food, nutrition, and right of women to full and accurate information (Margulies, 1997)

Infants have a right to breastfeed in that no one may interfere with a woman’s right to breastfeed (Kent, 2006)

Mother/child breastfeeding rights should be advanced as a pillar to the right to health (Meier and Labbock, 2009)

Breastfeeding must not be siloed as (only) a child rights (Galtry, 2015)

Breastfeeding should be recognized using the same route as rights to water and environment and interpreted as being necessary to an adequate standard of living (Patton, forthcoming)

Breastfeeding is a ‘human rights issue’ (Joint statement by the UN, 2016)

- Right to life; Right to food; Right to health; Right to privacy; Right to education; Right to bodily autonomy
State responsibilities (re. CMF marketing)

Human rights law such as Article 24 (e) of the CRC **does not apply** directly to CMF companies. International law only applies to states. Signatory states have a **legal duty** under the CRC to ensure that education on the benefits of breastfeeding is provided to all in society. States also hold a duty to protect citizens from the actions of non-state actors in interfering with other rights such as the rights to food, health, privacy, and autonomy. States are also expected to fulfil duties under the International Code of Marketing of Breast-milk Substitutes (the Code) to protect citizens from CMF marketing.
But, what about CMF businesses?

The CMF industry largely maintains that, as private actors, they do not hold responsibilities re. marketing *beyond* what is codified in local laws.

The Code **does** speak directly to CMF businesses.

> Independently of any other measures taken for implementation of this Code, manufactures and distributors of products within the scope of this Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aim of this Code, and take steps to ensure that their conduct at every level conforms to them (Art. 11.3)

So, what does this all mean in the context of breastfeeding, CMF marketing, and human rights?
Reminds States of legal duties under IHRL to protect citizens from non-state actors (Pillar I)

Set standards expected of businesses and their human rights responsibilities (Pillar II)

They are a form of ‘soft law’ = highly influential in setting the standards expected by society of business in the context of human rights

Inform domestic, regional, and international laws and policy on business and human rights and have been cited in court cases

Under the UNGPs, businesses have some responsibilities that are of interest to furthering the implementation of the Code
Mapping the Marketing of CMF to Human Rights Responsibilities under the UNGPs

(UNGP 11)

Respect human rights regardless of borders or local laws

Therefore, to apply different marketing standards (i.e., identifying ‘high’ and ‘low’ risk country or change marketing strategies according to local laws) runs counter to UNGP 11

‘... may undertake other commitments or activities to support and promote human rights, which may contribute to the enjoyment of rights. But this does not offset a failure to respect human rights throughout their operations’

Therefore, a commitment to address (for e.g.) child labour in the supply chain does not annul responsibility regarding CMF marketing

Businesses are also reminded that they ‘should not undermine States’ abilities to meet their own human rights obligations’

Therefore, CMF industry lobbying against stricter domestic application of the Code goes against the human rights responsibilities of business as set by the UNGPs
A failure of Code implementation viewed through the UNGPs

When CMF companies fail to uphold their responsibilities under the Code this triggers a **correlative failure** to adhere to human rights responsibilities under **Pillar II** of the UNGPs

A non-state actor is interfering with the human rights of citizens and, under **Pillar I** of the UNGPs, states are reminded of their legal duty to protect citizens from human rights harms

*This is the contagion effect of Code non-compliance*
Forthcoming study* demonstrates that the major global CMF companies engage heavily with human rights issues on their websites (on issues such as the environment, pollution, child labour etc.)

‘Breastfeeding’ and ‘breastmilk substitute marketing’** rarely appear when searched for in the context of human rights

When they do appear, they do not acknowledge any link between CMF marketing and human rights responsibilities

Result: CMF companies understand human rights responsibilities and choose responsibilities with which to engage – this is in conflict with the UNGPs

• Among other key search terms such as WHO Code
Infant and Young Child Feeding Continuum Model of Duties and Responsibilities

State

Industry

Protect
Codify WHO Code including all subsequent resolutions into domestic law
Implement effective monitoring of Code provisions and provide adequate enforcement
Update domestic marketing regulations relating to CMF products to include digital marketing
Implement (at a minimum) ILO Maternity Protection Convention, 200 (No. 183)
Provide statutory protection for breastfeeding breaks for women returning to the workplace for up to 36 months

Promote
States have a legal duty under Art. 24 (e) of the Convention on the Rights of the Child to “… ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding […]
CMF business enterprises have a responsibility under Art. 5 of the WHO Code to not market CMF products as this directly interferes with the promotion of breastfeeding
CMF businesses hold various domestic, regional, and international responsibilities relating to the safety and labelling of CMF products which must be adhered to (for example the Codex Alimentarius Standard for Follow-up Formula amended in 2017)

Support
Provide free healthcare to all pregnant women and children aged under 36 months (at a minimum)
Ensure all healthcare professionals have adequate training in human lactation physiology
Provide universal access to qualified lactation consultants
Explore adequate statutory protection for paternity leave
Implement a national action plan for breastfeeding support (to be informed by stakeholder groups excluding industry)
In summary

- Businesses hold responsibilities under the UNGPs to respect human rights and under the Code regarding the marketing of CMF.
- When a CMF business violates responsibilities under the Code this triggers a failure of responsibilities under the UNGPs.
- States hold legal duties to protect citizens from the actions of non-state actors that interfere with their human rights.
- Industry are aware of responsibilities and very active in some areas (environment, child labour etc) BUT the UNGPs explicitly place responsibility on business to carry out due diligence checks on the impact of all areas of business activity.
- Self-regulation is not working.
- In a rights-based approach to Code implementation, only states have the duty to protect, promote, and support breastfeeding. CMF businesses hold only one responsibility – not to market CMF.
Sonia Hernández Cordero

Professor

Universidad Iberoamericana Ciudad de México
Global Congress on Implementation of the Code of Marketing of Breast-milk Substitutes
June 2023

Scan the QR code to report the Code violations you encounter in the building.

https://ee.humanitarianresponse.info/x/q8YTbwrw
Global Congress on Implementation of the Code of Marketing of Breast-milk Substitutes
June 2023

Coffee break
10:20 – 10:45

Please return by 10:45 to continue the program
Welcome!

Please take your seats.
The program will begin shortly.
Global Congress on Implementation of
the Code of Marketing of Breast-milk Substitutes
June 2023

Katie Pereira-Kotze
Senior Nutritionist
First Steps Nutrition Trust
Marketing Playbook of Commercial Formula Industry

Dr Katie Pereira-Kotze
Terminology

• **Breastmilk substitute:**
  “Any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether or not suitable for that purpose” (WHA, 1981).

• **Commercial milk formula:**
  Highlights the commercial, artificial and ultra processed nature of formula products.

• **Scope of the Code:**
  “…breastmilk substitutes, including infant formula; other milk products, foods and beverages… marketed for use as a partial or total replacement of breastmilk; feeding bottles and teats.” (WHA, 1981).
Human Milk Fortifier
To supplement human milk for feeding preterm and low birthweight infants.

Use only under medical supervision.
Sachet: 2.2 g
Best before: see side of the sachet.

Infant probiotics
3 Critical Strains
1 Million CFU
Infant Probiotics
6 Months - 6 Months
Formulated for Colds, Gas and Constipation
Supports Immune and Digestive Health

Colostrum 500 mg
Healthy Immune Function
Naturally Occurring Immunoglobulins and Lactoferrin
100 Veg Capsules
Nutritional Supplement

Biomilq
Human Milk for Babies

Freeze Dry Your Breastmilk!
Never Waste a Drop
Breastfeeding art gallery
https://ibfanarabworld.org/index.php

Terminology

• **Marketing:**
  – Any form of commercial communication or activity that is “designed to, or has the effect of, increasing recognition, appeal and [or] consumption of particular products and services” (WHO, 2012).
  – Includes advertising, distribution, promotion, lobbying, and sponsorship, but excludes transportation and sales of the product itself

• **Marketing playbook:**
  – Defines key messages, types of communications, best practices and optimization techniques
  – Used **to maximize return-on-investment** for different marketing objectives.
The commercial formula industry marketing playbook

Series

The Lancet 2023 Series on Breastfeeding

Marketing of commercial milk formula: a system to capture parents, communities, science, and policy

Nigel Rollins, Eileen Piwez, Philip Baber, Gillian Kingston, España Mathéa Mabona, David McCay, Paulo Augusto Ribeiro Neves, Rafael More-Escamilla, Linda Richer, Katheryn Ross, Gilda Sen, Cecilio Tomori, Cesar © Victoria, Paul Zambano, Gerald Hastings, on behalf of the 2023 Lancet Breastfeeding Series Group

Acknowledgments and thanks
Jane Badham, Robert Boyle, Roger Mathisen, Marcus Stahlecker, Kamin Wickremasinghe, David Miller, Gerry Power and Mike Spencer. Peter Salama for his early encouragement and inspiration for doing what is right and important for children.

Artwork is used to illustrate actual packaging that make or imply certain claim about improved health or development. Any resemblance to actual product packaging is coincidental.
Marketing of commercial milk formula: a system to capture parents, communities, science, and policy

• **Objective:**
  – To describe the commercial milk marketing playbook and its influence on families, health professionals, science, and policy processes

• **Multiple methods:**
  – national infant feeding survey data
  – company reports on product sales and marketing expenditure
  – case studies describing industry interference
  – systematic and scoping reviews of public health and industry literature
  – two multi-country research studies

Multi-country Study (2022)

• Most recent and complete picture of mothers’ and health professionals’ experiences of formula milk marketing, and how marketing influences decisions on infant feeding.

• Research commissioned by WHO & UNICEF.

• Data collection:
  – Aug 2019 – April 2021
  – > 8500 pregnant women, parents of infants, health professionals, partners, family members and friends
  – exposure to and experience of formula marketing.

• Used consumer-focused methodologies and marketing analysis frameworks seldom used in public health research.

https://www.who.int/publications/i/item/9789240044609
Figure 2. Profiles of countries included in the study

<table>
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<td>Provision of the Code</td>
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<tr>
<td>3</td>
<td>Exclusive breastfeeding (0-6 months)</td>
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- **United Kingdom**: High-middle, 1 | Some provisions, 2 | Not applicable, 3
- **China**: Upper-middle, 1 | Some provisions, 2 | Not applicable, 3 | 21%
- **Mexico**: Upper-middle, 1 | Moderately aligned, 2 | 29%
- **Morocco**: Lower-middle, 1 | No legal measures, 2 | 35%
- **Viet Nam**: Lower-middle, 1 | Moderately aligned, 2 | 24%
- **Nigeria**: Lower-middle, 1 | Substantially aligned, 2 | 29%
- **Bangladesh**: Lower-middle, 1 | Substantially aligned, 2 | 65%
- **South Africa**: Upper-middle, 1 | Substantially aligned, 2 | 32%
Key findings from Multi-country Study (2022)

• Formula milk marketing:
  – pervasive, personalized, powerful.
  – undermines parents’ confidence in breastfeeding.

• Formula milk companies:
  – use manipulative marketing tactics exploiting parents’ anxieties and aspirations.
  – distort science and medicine to legitimize claims and push their product.

• Industry systematically targets health professionals to encourage them to promote formula milk products.

• Counter-measures can be effective but must be comprehensively expanded and scaled up.
“After I gave birth to him, I didn’t know who leaked the information, the ad person or others would send me one pack, they seemed to be fighting for the first sip of formula milk.”

Mother, Jinan, China

“we were looking online and that little [advert for] brand Z milk popped up. With these cookies, they must know we’re looking at baby stuff, and it’s popped up out of nowhere.”

Mother, London, United Kingdom

“all those scientific acronyms like DHA. You don’t know what it is, but it sounds cool. It is supposed to be a nutrient that goes directly to the baby’s brain for stimulation.”

Mother, Guadalajara, Mexico
Health professionals are strategic allies in formula marketing:

“…I see the formula reps a lot. I see at least 3 of them that I see regularly. They tell me all the latest and I can never remember all of the special things that they tell me. I have millions of pamphlets. Yeah, and they push their products through me.”

General practitioner, private practice, Cape Town, South Africa
Figure 4. Marketing of formula milk products at every stage

- Maternal
- Standard
- Follow-on
- Toddler
- Growing up
Marketing of commercial milk formula: a system to capture parents, communities, science, and policy

Key messages

• Commercial milk formula:

• Formula milk marketing:
  – Multifaceted, well-resourced, powerful, sophisticated, agile.
  – Oversimplifies parenting challenges, portrays formula milk products as solutions to common infant health problems.
  – Systematically undermines breastfeeding.
  – Uses digital platforms to extend reach of marketing, while circumventing Code.
  – Targets health professionals and scientific establishments.
  – Manipulates and exploits emotions, aspirations, and scientific information.
Figure 1: Conceptual framework of commercial milk formula marketing—a reinforcing system of influence
The commercial milk formula marketing playbook

- **Marketing:**
  - strategic approach to business
  - focused on maximising sales and shareholder returns

- 4 overlapping activities: (“the 4 Ps”)
  - **product** design, development, and packaging;
  - **price** management;
  - **place**ment (i.e., distribution and retail presence);
  - **promotion**

- Consumers offered attractively tailored, priced, and presented products.

- Digital technology, harvesting of personal data, artificial intelligence have made these processes extremely sophisticated, customised, effective.
Commercial milk formula marketing: Value of health professionals, capture of science

• Health professionals used as **category entry points**.

• Professional associations continue to accept funding from commercial milk formula manufacturers.
  – Formula milk regulated by food and nutrition (not pharmaceutical) standards.
  – Medically unsubstantiated claims that products influence serious health outcomes – brain development, immunity, growth, allergy risk – confuses parents and caregivers.

• Sponsorship, journals and advisory roles
  – Creates **conflicts of interest**.
  – A strategic objective of commercial milk formula marketing.
Multi-country study (2022): Opportunities for action

1. Recognize the scale and urgency of the problem.
2. Legislate, regulate, enforce.
3. Protect the integrity of science and medicine.
4. Safeguard children’s health on digital platforms.
5. Invest in mothers and families, divest from formula milk companies.
6. Expand coalitions to drive action.
Recommendations: Lancet Series Paper 2

• High-level political commitment, increased financial investment, concerted support from civil society for mothers and families, so that breastfeeding becomes a collective responsibility.

• All commercial milk formula marketing and industry interference in national and international policy processes should end.

• Scientific research and standards for commercial milk formula should be regulated with same rigour as pharmaceuticals.
  – Beneficial ingredients should be mandatory in all products.
  – **Plain packaging** with accurate messages determined by national authorities would convert packaging from marketing to public health.
Recommendations: Lancet Series Paper 2

• Health providers, researchers, journals, professional societies should not accept funding or any material support from commercial milk formula industry.

• Industry spending on commercial milk formula marketing (incl. advertising, lobbying, sponsorship, corporate philanthropy) should be publicly disclosed.

• Commercial milk formula marketing across entire digital environment needs to be comprehensively reviewed.

• Use of Codex and the World Trade Organization by the commercial milk formula industry to undermine Code must end.
Conclusions from Lancet Series Paper 2

• Marketing not inherently bad
  – Strategies used by US$55 billion formula milk industry are a problem.

• Criticism of industry and marketing
  – Not criticism of women, decisions or circumstances.
  – Not criticism of using the product.

• Companies knowingly and regularly continue to defy principles and recommendations of Code.

“The commercial milk formula industry deploys a sophisticated and highly effective marketing playbook to turn the care and concern of parents and caregivers into a business opportunity.”

The Lancet 2023 Series on Breastfeeding
Nigel Rollins et al.
Conclusions from Lancet Series paper 2

• Governments have obligations to ensure citizens can access impartial information about infant and young child feeding, and policies free from commercial influence.

• Structural and policy interventions needed in all settings to enable, empower, and support women and families.

• Breastfeeding success is a collective responsibility that depends on multifaceted policy and societal responses.

“The vital human process of feeding infants and young children should be off limits to commercial marketing.”
LET'S PUT BABIES BEFORE BOTTOM LINES

katie@firststepsnutrition.org / kpereirakotze@gmail.com
Thank you!
Nina Chad
Breastfeeding Counsellor and Technical Consultant
Department of Nutrition and Food Safety (NFS)
World Health Organization
SCOPE AND IMPACT OF DIGITAL MARKETING STRATEGIES FOR THE PROMOTION OF BREASTMILK SUBSTITUTES

Nina J. Chad PhD
Department of Nutrition and Food Safety
Digital marketing in a digital world

- 97% of the world’s population have access to mobile / cell networks.
- 5.22 billion unique smart phone users (66.6% of global population).
- 4.66 billion people use the internet (59.5% of global population).
- >3.6 billion social media (87% of internet users and > 50% of global population).
- The average user now spends 2h 25m a day on social media.
- >50% of total media advertising budget is spent on digital.
Digital marketing is dominant form of BMS marketing in many countries

- >80% of women exposed to breast-milk substitutes advertisements online in some countries.
- Among top 3 sources of BMS ads seen in Bangladesh, China, Mexico, Morocco, Nigeria, United Kingdom and Viet Nam.
- Most frequent source of marketing exposure in Indonesia, Philippines, and Thailand.
Scale

- From **4 MILLION** posts about infant feeding
  - **19%** originated from a BMS branded account.
  - **42%** originated from a retail website or consumer forum.

- **BMS branded posts:**
  - reached **2.47 BILLION** users
  - generated **>12 MILLION** likes, shares or comments
  - are **3x** more likely to drive interaction than unbranded posts
  - are each seen by an average of **40 000** users
Powerful data-driven strategies

24/7

A milk for every moment

“help with breastfeeding”
“my baby is hungry”
“not enough milk”
“my baby won’t stop crying”
“my baby has tummy ache”
“my baby won’t sleep”
Influencers generate trust

90% of consumers trust recommendations from peers

- 864 influencer posts promoting a BMS brand
- 170 million people reached
- 5 million click, like, or share
Virtual support groups bring mothers and marketers together

**Baby clubs**

- information on pregnancy and birth,
- free gifts and discounts
- 24/7 ‘support and advice’ using private channels
- social support

These services create the impression that a brand ‘cares’ and encourages customers to think of the brand as a friend rather than a sales mechanism.

## Digital marketing works

<table>
<thead>
<tr>
<th>Country</th>
<th>Description</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>AI driven Campaign drove more than</td>
<td>US$2.2m in BMS sales</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>Smartphone app with educational content for kids</td>
<td>30% increase in BMS sales</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Geo-targeting provided directions to nearby shops</td>
<td>18% increase in BMS sales</td>
</tr>
</tbody>
</table>
Digital marketing:

- increases purchase (and therefore use) of BMS.
- offers unprecedented, direct access to pregnant women and mothers.
- is much more diverse and sophisticated than simple advertising.
- uses data-driven algorithms to identify, amplify and exploit mothers’ concerns and vulnerabilities in real time.
- can be fleeting and visible only to the individual it is intended for.
- is usually captured in existing laws.
- may require tailored approaches to regulation & enforcement.
REGULATORY RESPONSES AIMED AT RESTRICTING DIGITAL MARKETING OF BREAST-MILK SUBSTITUTES

GUIDANCE FOR MEMBER STATES
Thank you
Global Congress on Implementation of the Code of Marketing of Breast-milk Substitutes
June 2023

Filipe da Costa
Executive Director of the Unit with a Mission to Combat Stunting (UNMICS), Prime Minister’s Office of Timor-Leste;

Natalia dos Reis de Araujo
National Director of Nutrition, Ministry of Health
Global Congress on Implementation of
the Code of Marketing of Breast-milk Substitutes
June 2023

Timor Leste
The journey of Timor Leste’s Decree-Law for regulating marketing of BMS

**Joint Advocacy**
- Working with policy makers, line ministries, development partners, CSOs, media and community engagement

**Multisectoral campaigns**
- Breastfeeding week celebration, National breastfeeding promotion campaign to build community awareness

**Continuous sensitization**
- For nurses, doctors, midwife, and other functionaries on the importance of breastfeeding
Country Context and challenges

- Political instability
- Government turn-over
- Coordination required with multiple line Ministries (MTCI, Finance, MoH) and private sector
- Slow progress on infant feeding and nutrition indicators
Nutrition is Politics Neutral

Breastfeeding is everybody’s responsibility

BMS Code is critical to address all forms of malnutrition
WHAT WORKED:

- HIGH-LEVEL COMMITMENT – PRESIDENT’S LEADERSHIP
- MULTI-PRONGED APPROACH INVOLVING DIVERSE SECTORS
- CONTINUED NATIONAL AND SUB-NATIONAL CAMPAIGNS BY MOH
- POSITIONING NUTRITION AS ‘POLITICS NEUTRAL’
- HIGH-LEVEL ADVOCACY BY UN ASG/ SUN COORDINATOR
- ADVOCACY WITH PARLIAMENTARIANS AND OTHER GATEKEEPERS IN THE COUNTRY
- SHARING INFORMATION ON STATUS OF BMS CODE IN OTHER COUNTRIES AND REFERENCE TO GLOBAL WHO INTERNATIONAL BMS CODE
Next Steps

- Multisectoral National Breastfeeding Promotion Campaign recently launched
- Sensitize all relevant stakeholders on BMS Decree Law
- Continued advocacy with new government and private sector
- Multisectoral coordination
- Review and refine the BMS Decree Law as required in future
- Development of SoP for the implementation of decree-law and action plan
- Monitor Implementation of BMS Decree Law
Thank you!
Rebone Ntsie

Director of Nutrition

National Department of Health in South Africa
HARNESSING THE POWER OF POLITICAL WILL

Ms Rebone Ntsie
Director: Nutrition
Ministry of Health, South Africa

Global Code Congress
20 – 22 June 2023
WHO HQ, Geneva, Switzerland
CHANGE CATALYSER: HARNESSING THE POWER OF POLITICAL WILL

The Tshwane declaration of support for breastfeeding in South Africa

We, the participants of the national breastfeeding consultative meeting, including Minister of Health, Deputy Minister of Health, members of executive council (MECs), director generals (DGs), heads of departments (HODs), health managers and workers, experts, academics, traditional leaders and traditional health practitioners, non-governmental organisations (NGOs), civil society, The United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO), held at the St George Hotel, Gauteng, on 22-23 August 2011, are concerned that:

- Infant and child mortality rates in South Africa remain unacceptably high, and the Millennium Development Goals’ (MDG) target of reducing the rate of under-five mortality by two-thirds may not be achieved;
- Breastfeeding rates in South Africa, and especially exclusive breastfeeding rates, remain very low;
- Breastfeeding practices have been undermined by the aggressive promotion and marketing of formula feeds, social and cultural perceptions, and the distribution of formula milk in the past to prevent mother-to-child transmission (MTO) of human immunodeficiency virus (HIV);
- Formula feeding, which is very frequently practiced by mothers in South Africa, increases the risk of death from diarrhea, pneumonia and malnutrition;

and noting that:

- Reducing child mortality is a priority of the Government of South Africa;
- Promoting, protecting and supporting breastfeeding will reduce child mortality and improve the health and development of young children and their mothers;
- Evidence-based scientific evidence demonstrates the benefits.

We specifically resolve that:

- South Africa declares itself as a country that actively promotes, protects and supports exclusive breastfeeding, and takes actions to demonstrate this commitment. This includes further mainstreaming of breastfeeding in all relevant policies, legislation, strategies and protocols;
- South Africa adopts the 2010 WHO guidelines on HIV and infant feeding, and recommend that all HIV-infected mothers should breastfeed their infants and receive antiretroviral drugs to prevent HIV transmission. Antiretroviral drugs to prevent HIV through breastfeeding, and to improve the health and survival of HIV-infected mothers, should be scaled up and sustained;
- National regulations on the International Code on Marketing of Breast Milk substitutes are finalised, adopted into legislation within 12 months, fully implemented and the outcomes monitored;
- Resources are committed by government and other relevant bilateral, partners and funders (but excluding the formula industry) to promote, protect and support breastfeeding, and should include updated guidelines on HIV and infant feeding;
- Legislation regarding maternity among working mothers is reviewed in order to protect and extend maternity leave, and for measures to be implemented to ensure that all workers, including domestic and farm workers, benefit from maternity protection, and to include an enabling workplace;
- Comprehensive services are provided to ensure that all mothers are supported to exclusively breastfeed their infants for six months, and thereafter to give appropriate complementary foods, and continue breastfeeding up to two years of age and beyond.
- Mothers with HIV should breastfeed for 18 months according to

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Government Notice

No. R. 991 6 December 2012

FOODSTUFFS, COSMETICS AND DISINFECTANTS ACT, 1972 (ACT 84 OF 1972)

REGULATIONS RELATING TO FOODSTUFFS FOR INFANTS AND YOUNG CHILDREN

The Minister of Health has, under section 15 (1) of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 84 of 1972), made the regulations set out in the Schedule hereto.

SCHEDULE

1 DEFINITIONS

In these regulations, any expression to which a meaning has been assigned in the Act shall bear such meaning, and unless the context otherwise indicates:

“blended” means a blend or mixture of cow’s milk, components of cow’s milk, vegetable fats and/or glucose;

“brand name” means the trademark or name given by a manufacturer or distributor to a designated product or range of designated products and includes brand logos;

“breastfeeding” means the sucking of the infant or young child on the mother’s breast;
SPOTLIGHT ON CONFERENCE AUDIENCES

• Government Officials: Minister of Health, Deputy Minister, Director General, Members of Executive Councils, Provincial Heads of the Department of Health
• Policymakers from Health and other relevant government departments.
• Healthcare Professionals
• Researchers and Academics
• NGOs and CSOs
• Community influencers and members
• International Organizations and Donors: WHO, UNICEF and IBFAN
Breastfeeding increases HIV-free survival

Breastfeeding as a Human Right

Strengthening Healthcare Systems
COMPELLING MESSAGES FOR INSPIRING ACTION

Countering Misleading Marketing

Empowering Communities and Families
SCIENTIFIC EVIDENCE SUPPORTS ADVOCACY

2011/2012
• WHO 2010 Guidelines on HIV and infant feeding
• Local research especially from Kwa Zulu Natal province

REVISION

Violations reported since 2015
• Web based promotion
• Online or social media
• Cross promotion
• Promotion in health facilities (private) and in retail
• Promotion by health professionals (private)
Thank you!
Global Congress on Implementation of the Code of Marketing of Breast-milk Substitutes
June 2023

Jeanette McCulloch
Communications and Advocacy Specialist
Global Breastfeeding Collective
UNICEF HQ
Advocacy Tips and Tools

Jeanette McCulloch, Communications and Advocacy Specialist,
Global Breastfeeding Collective
Creating a plan

✅ **DO:**

Define the problem.

❌ **DON’T:**

Rush to solution.

- Aggressive social media marketing of breastmilk substitutes
- Parents may be exposed to misleading health claims about breastmilk substitutes
- Industry attempts to weaken enforcement mechanisms
- Inadequate enforcement of Code violations
- “Free” samples given to new or expectant mothers
- Health care workers influenced by industry-sponsored events
- Limited/non-existent monitoring of existing legislation
- Industry attempts to dilute the Code
Assess your landscape: context analysis

**PESTLE** analysis:  
Political  
Economic  
Social  
Technological  
Legal  
Environmental  

https://www.phoenixzonesinitiative.org/effective-advocacy-understand
Know what you are asking for

√ **DO:**

- Determine the specific, real-world actions that we want targets to take.
- Be concrete.

× **DON’T:**

- Be vague.
Choose the tactics that will reach your goals

✓ **DO:**
  Consider the risks, the costs of the activity, and the chance of success.

✗ **DON’T:**
  Forget to stay flexible.
Watch for winnable fights

**DO:**
- Look at your context:
  - What can be achieved with the resources you have?
  - Which do-able activity will have the most impact?

**DON’T:**
- Miss out on opportunities when the landscape changes.
Craft clear messages

**DO:**
Focus on the role of the enabling environment.
Anticipate and acknowledge that formula companies will position you as forcing women to breastfeeding. Make it clear this is about protecting infant feeding choices.

**DON’T:**
Be surprised by industry attacks.
Build a network of allies

**DO:**
Bring together a focal point and identify coalitions to address specific issues.

**DON’T:**
“Confuse problematic allies with your enemy.”
- Loretta Ross

Find the changemakers

✔️ **DO:**
  
  Target decision makers that can make change and want to make change.

❌ **DON’T:**

  Forget your influencers:

  - Press
  - Partners
  - Peers
  - Policy Community
  - Public
Monitor and evaluate

✔️ DO:
  Measure what you treasure.

✗ DON’T:
  Stop watching for industry interference.
Find Code advocacy resources

Code Congress Toolkit
Lunch
12:00 – 13:30
Please return to the auditorium by 13:30 to continue the program