



Global Congress on Implementation of
the Code of Marketing of Breast-milk Substitutes
June 2023

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>



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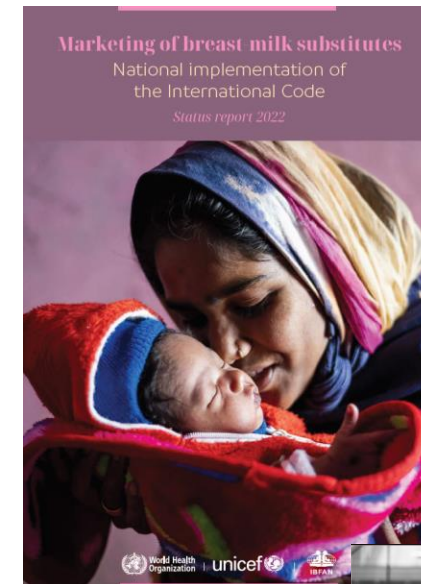
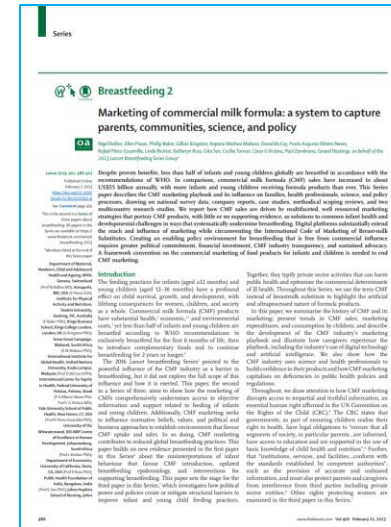
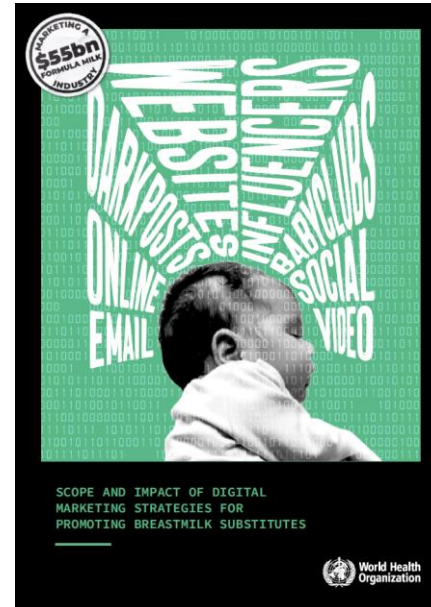
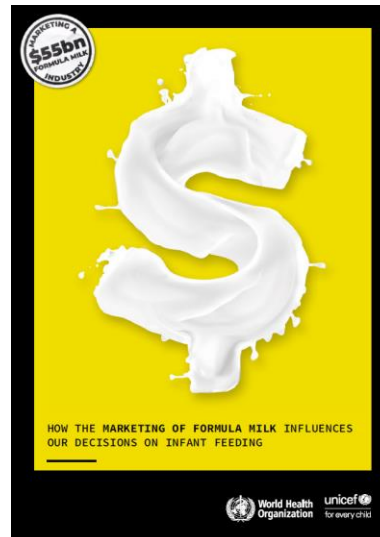
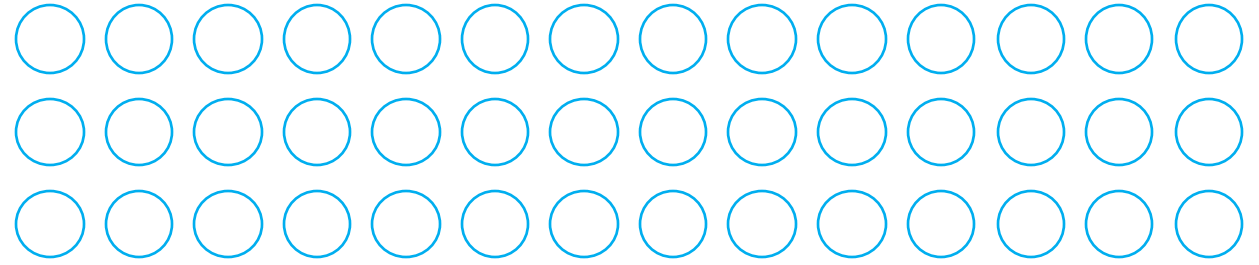
Grainne Moloney

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

Laurence M. Grummer-Strawn

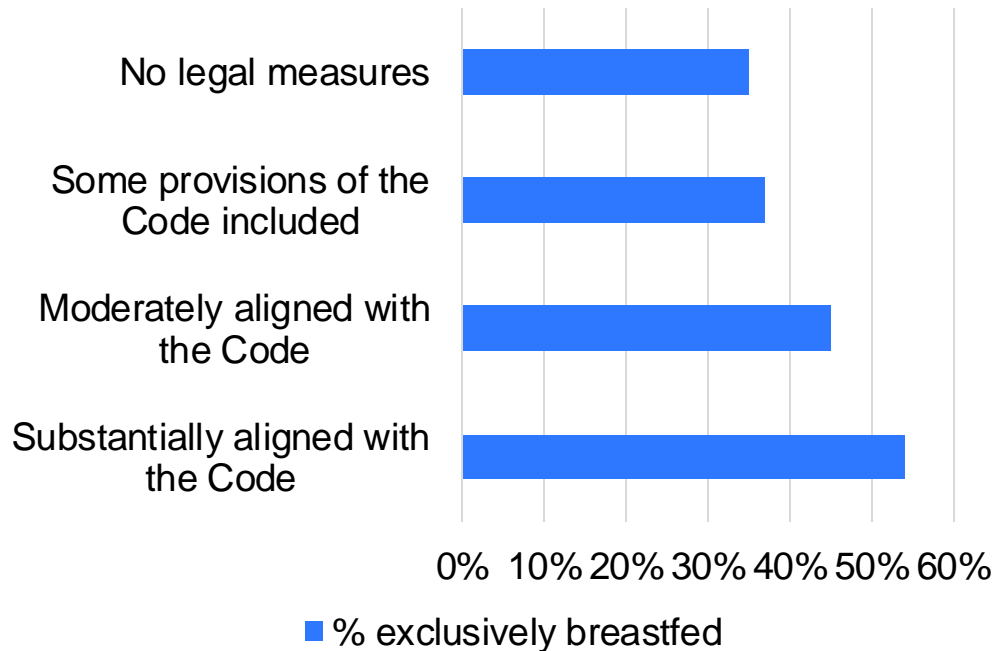
World Health Organization
Unit Head, Food and Nutrition Action in Health Systems
Department of Nutrition and Food Safety

Global attention to the Code

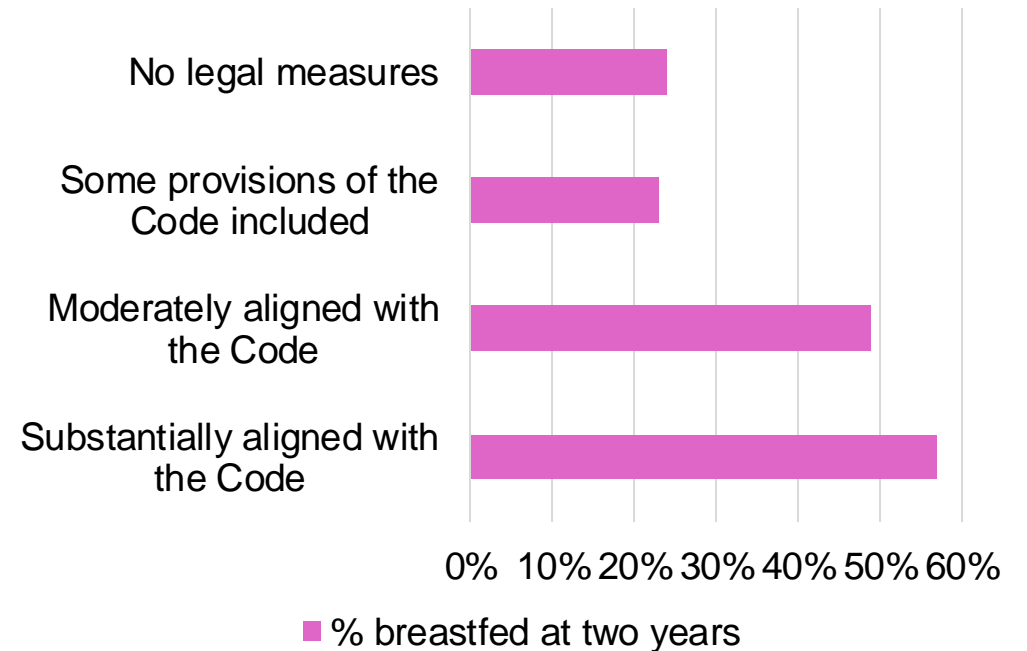


The Code makes a difference

Percent of infants 0-6 months old exclusively breastfed by Code status



Percent of children 20-23 months old breastfed by Code status



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



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Dr. Tedros Adhanom Ghebreyesus

World Health Organization Director-General



**Global Congress on Implementation of
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June 2023

Karin Hulshof

Deputy Executive Director of Partnerships, UNICEF



**Global Congress on Implementation of
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June 2023

Dr Tlaleng Mofokeng

United Nations Special Rapporteur on the Right to Health



**Global Congress on Implementation of
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Cecilia Tomori

Associate Professor, Director of Global Public Health and
Community Health at Johns Hopkins School of Nursing



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Breastfeeding: Critically Important but Constantly Challenged

Cecília Tomori, PhD
Johns Hopkins University



World Health
Organization

unicef 
for every child

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



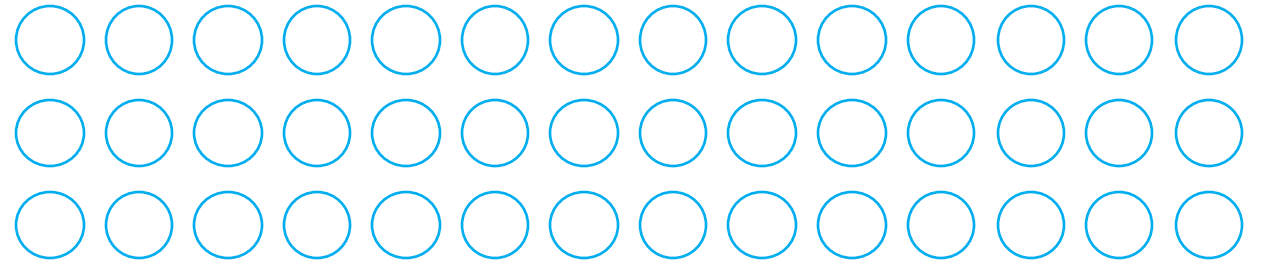
- Foundational to **infant and young child health & development**
 - ~800,000 lives lost annually
 - Cognitive & psychosocial development
 - Protection against infectious and non-communicable diseases
- Significant impacts on **maternal health**
 - ~100,000 lives lost annually
 - Breast & ovarian cancers
 - 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**

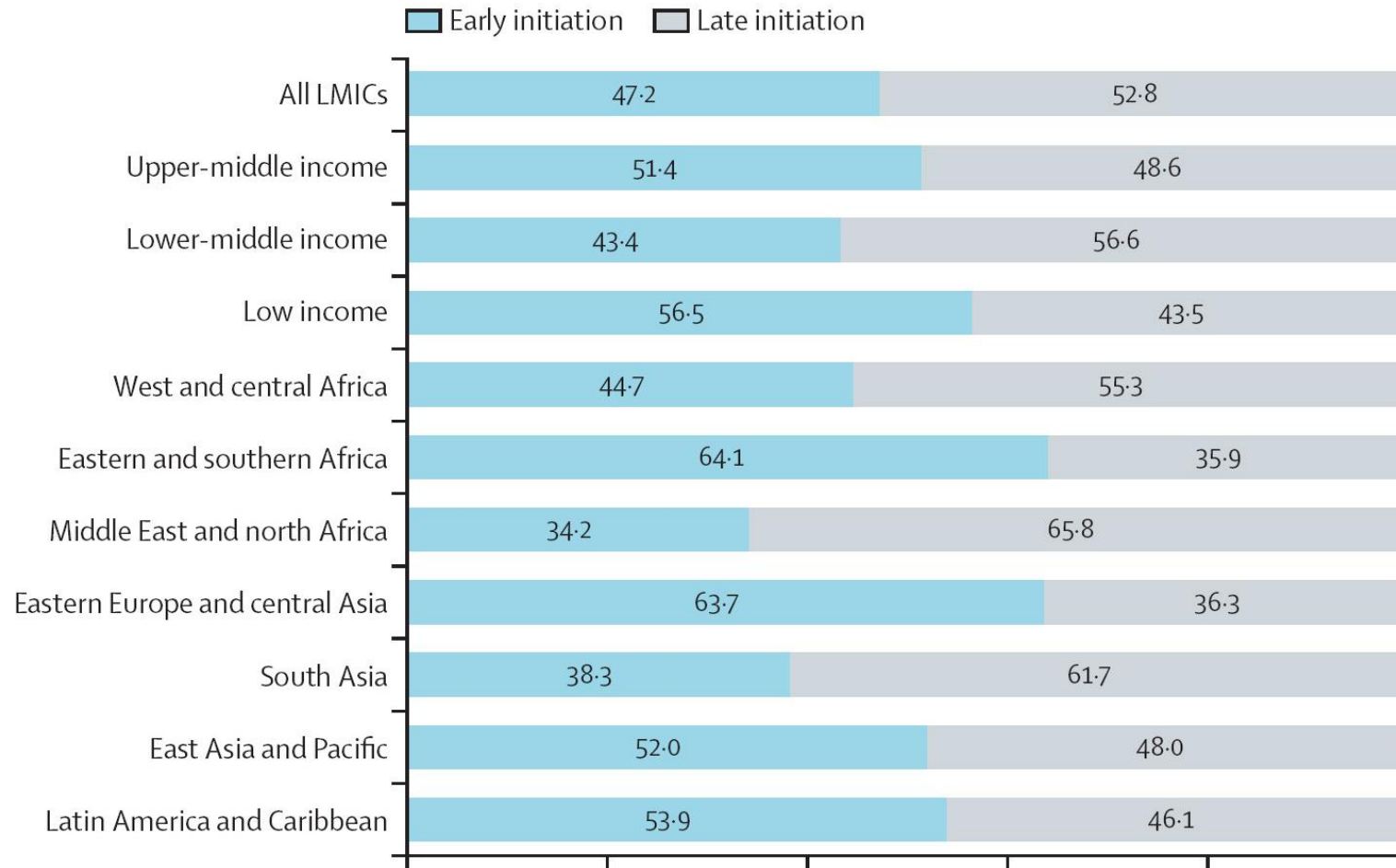
How does It work?



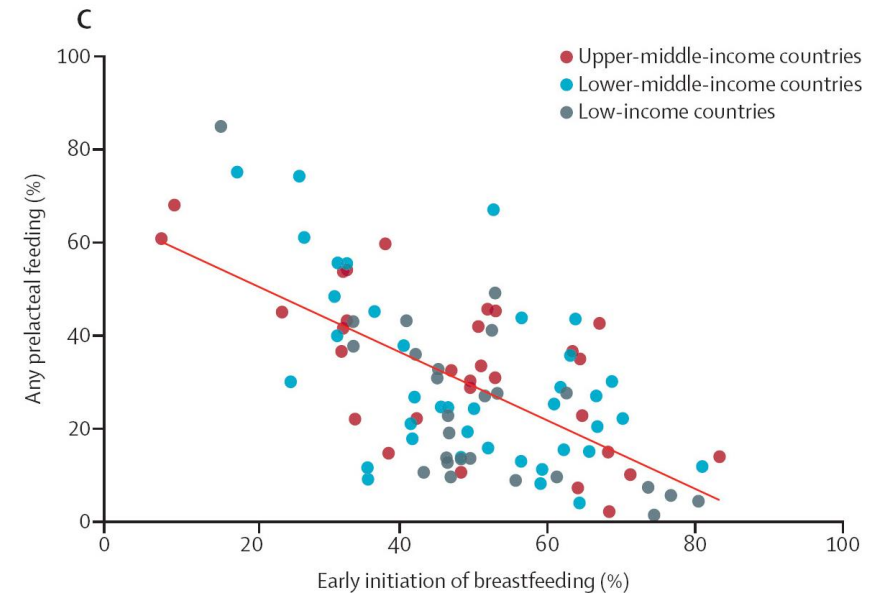
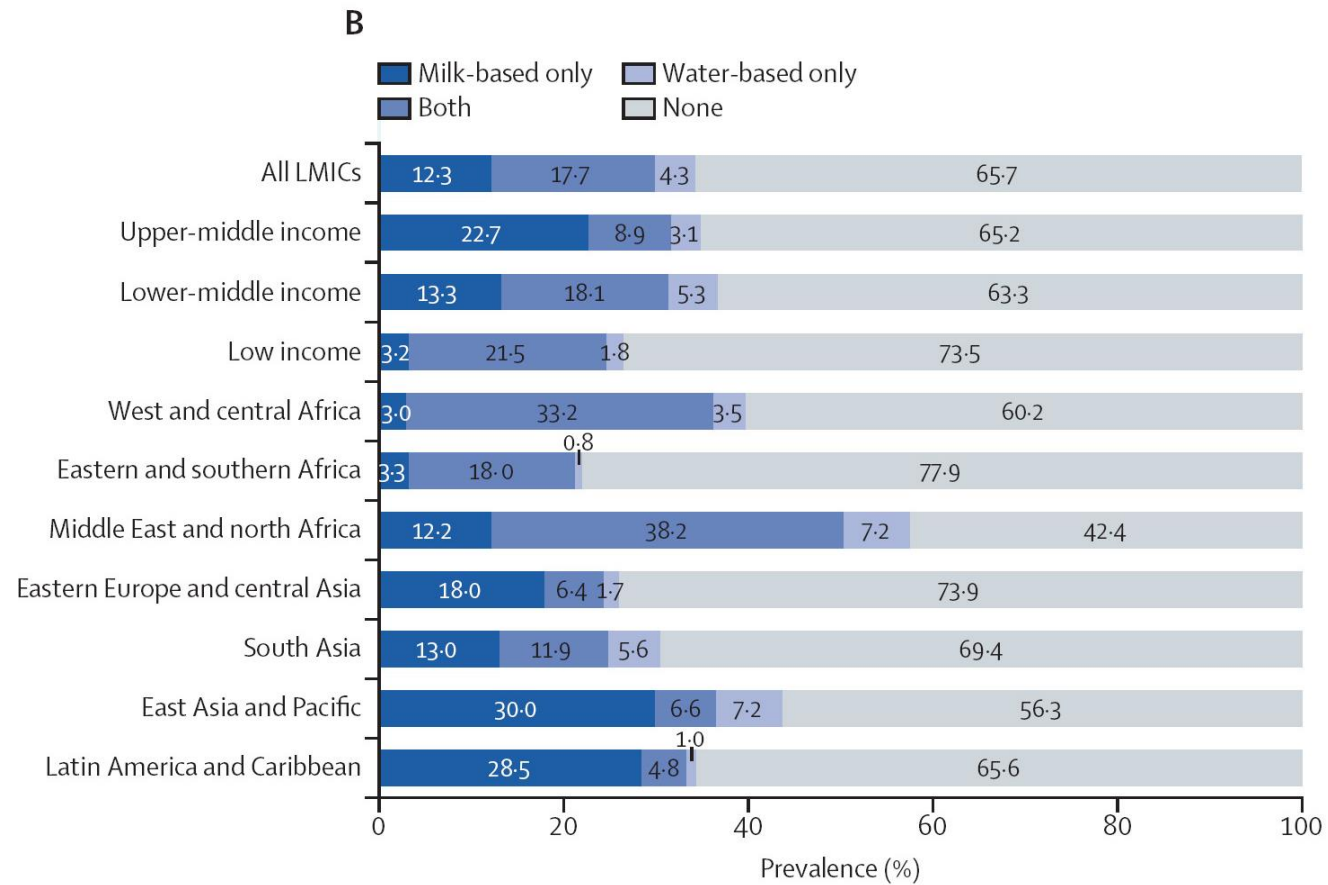
- Early initiation - within first hour
- Skin to skin contact
- Frequent feeding responding to infant cues
- Skilled support
- **Structures** & social **systems** that protect, promote & support breastfeeding



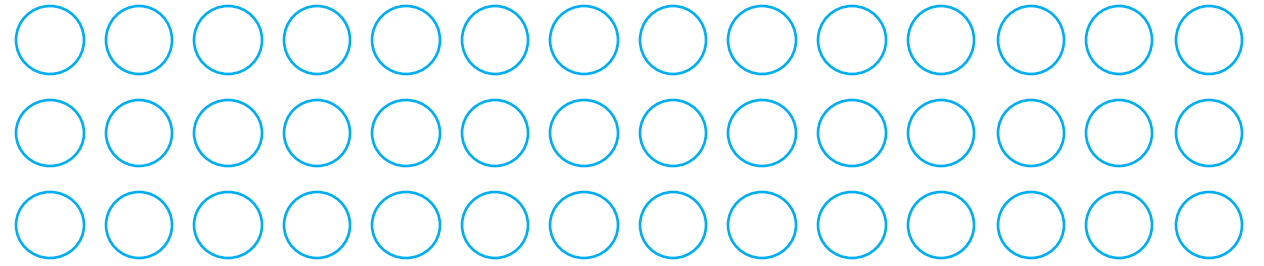
Most want to breastfeed butonly half of newborns in LMICs put to breast within 1 hr



A third receive prelacteals



Half self-report insufficient milk

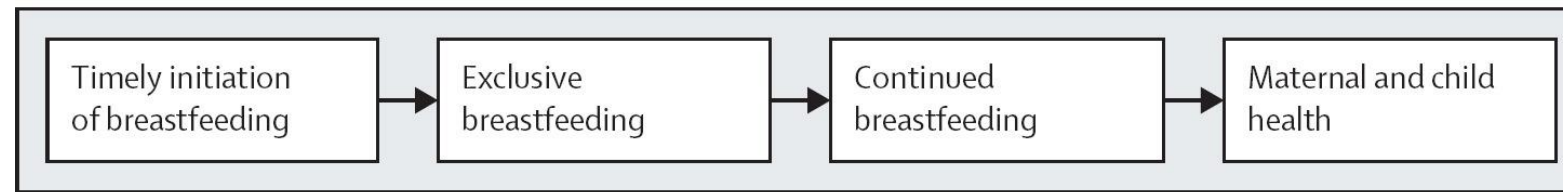


- Most common reason for introducing commercial milk formula (CMF)
- Not surprising:
 - Delayed initiation
 - Prelacteals
 - Early CMF supplementation
 - Interpretation of baby behavior
- All risk factors for insufficient milk

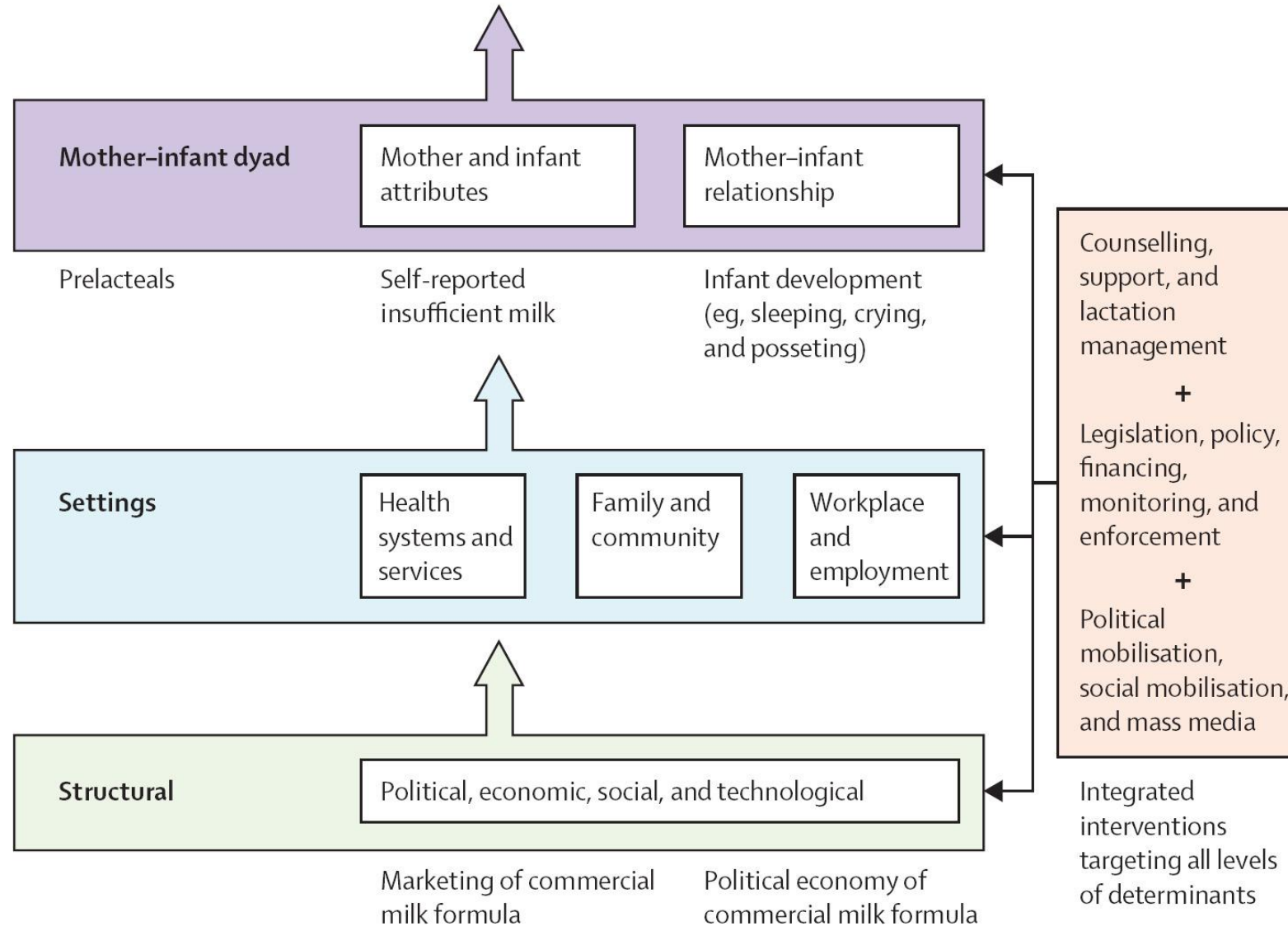
Why? Not individuals, look to systems gaps



Goals



Determinants



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

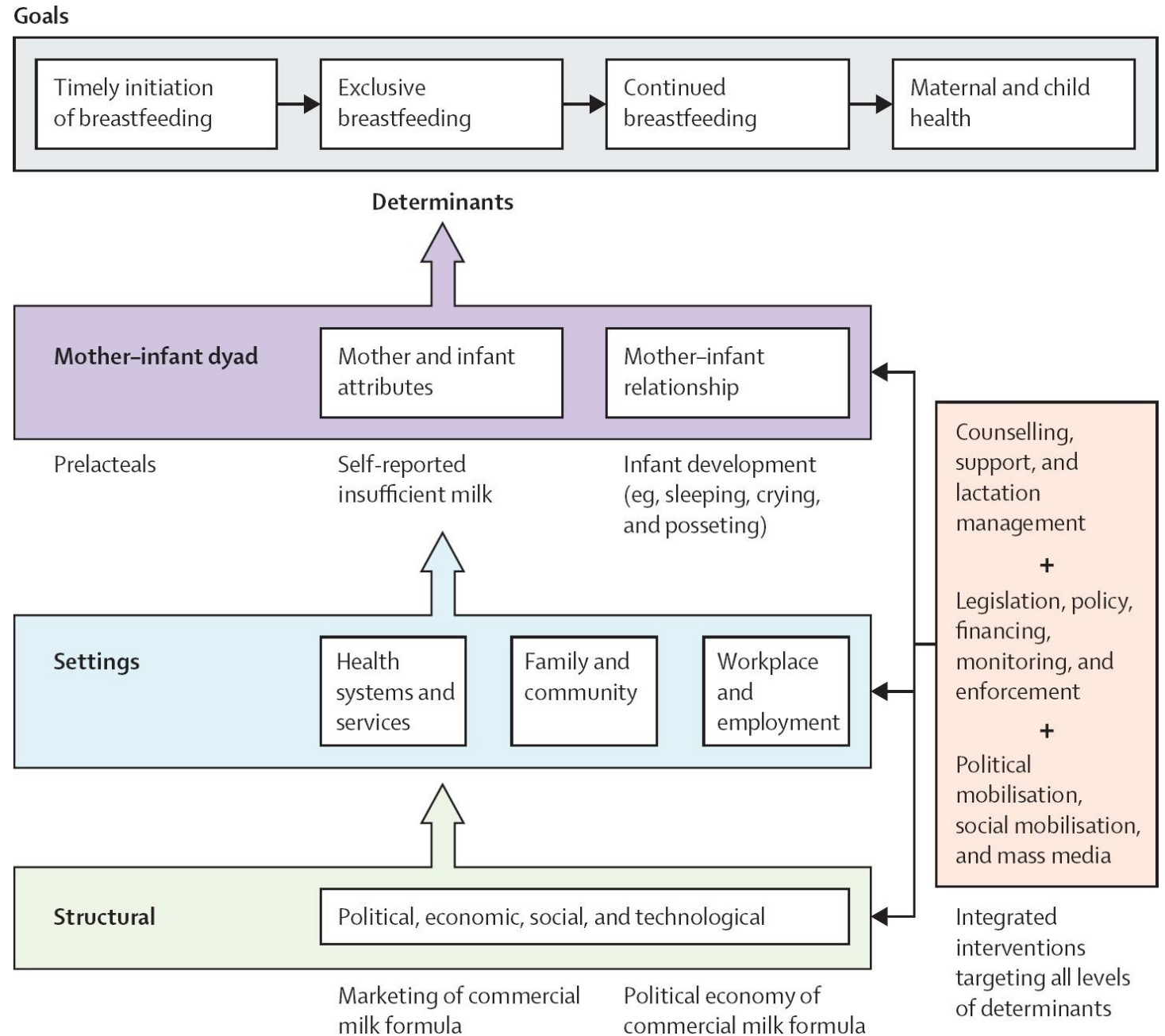


Effective interventions increase breastfeeding

- 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!



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Clare Patton

Lecturer
School of Law
University of Leeds



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Breastfeeding as a Human Right: State Duties and CMF Industry Responsibilities

Clare Patton, PhD
School of Law
University of Leeds



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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)

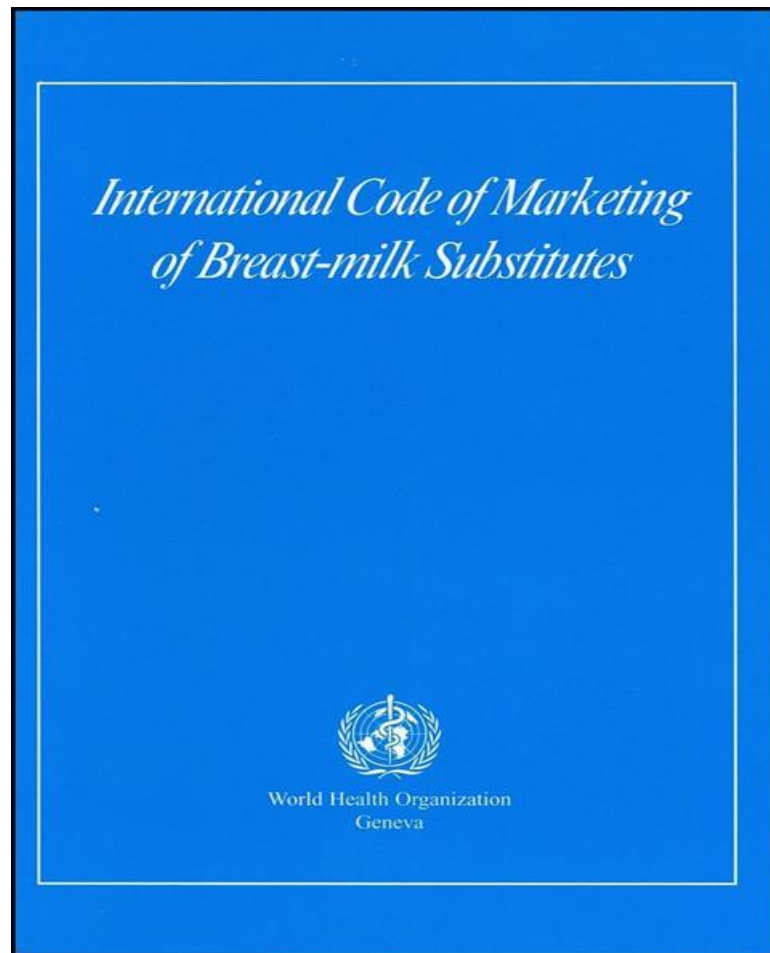
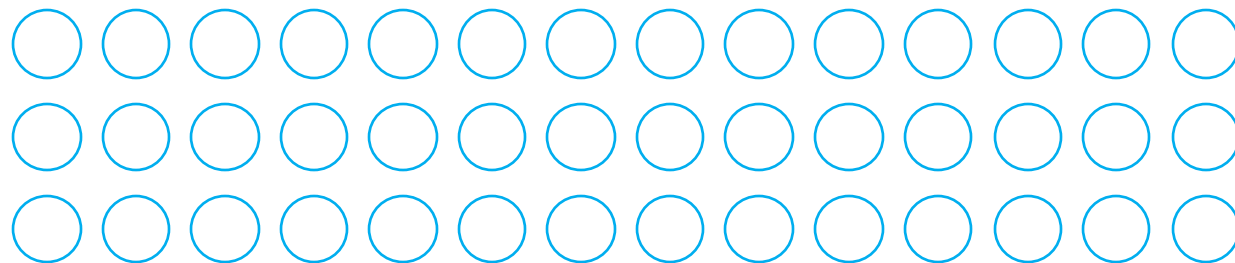
Human rights law such as Article 24 (e) of the CRC **does not apply** directly to CMF companies. International law only applies to states.

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?



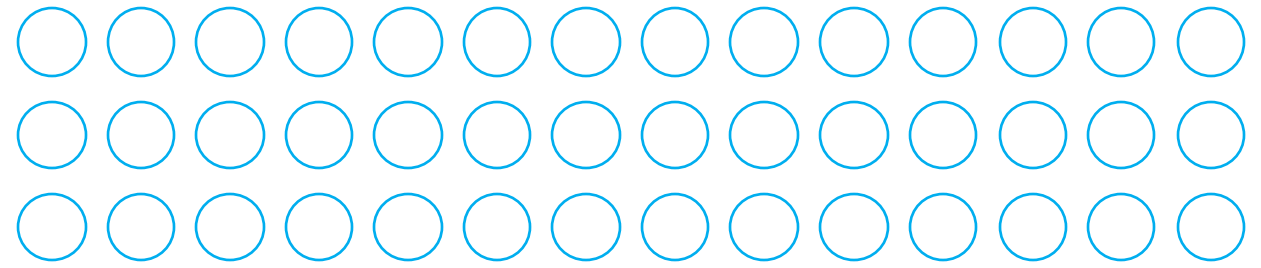
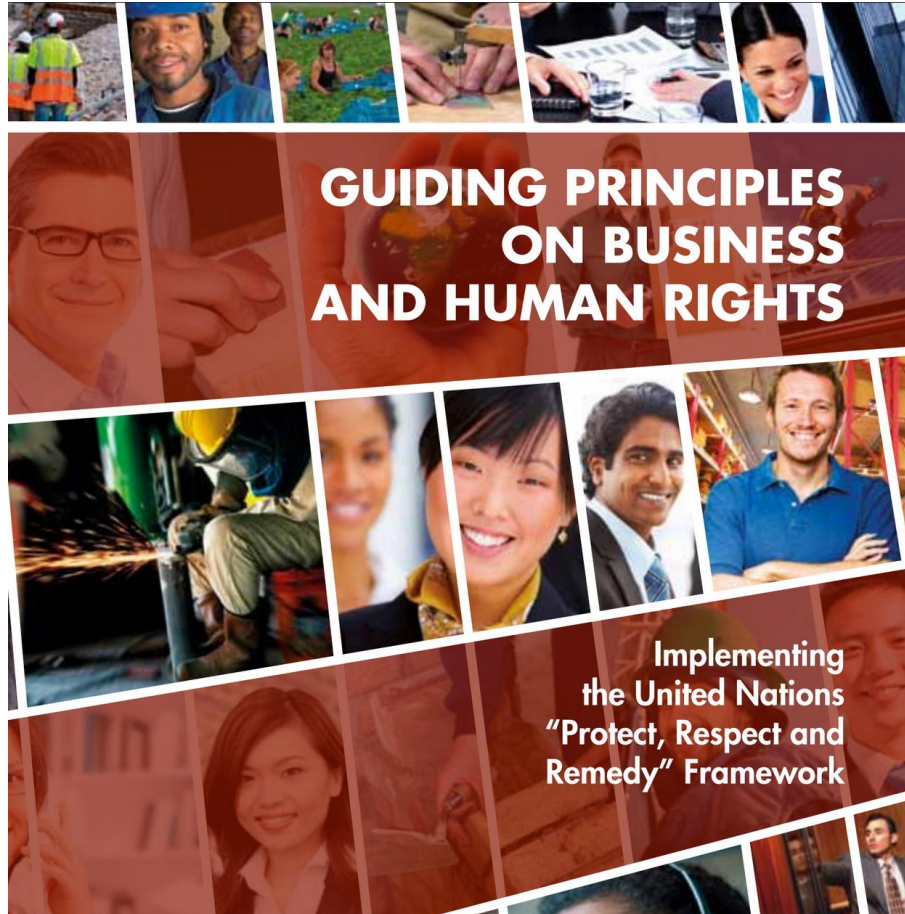
The CMF industry largely maintains that, as private actors, they do not hold responsibilities re. marketing *beyond* what is codified in local laws

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?

United Nations Guiding Principles (UNGPs)



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

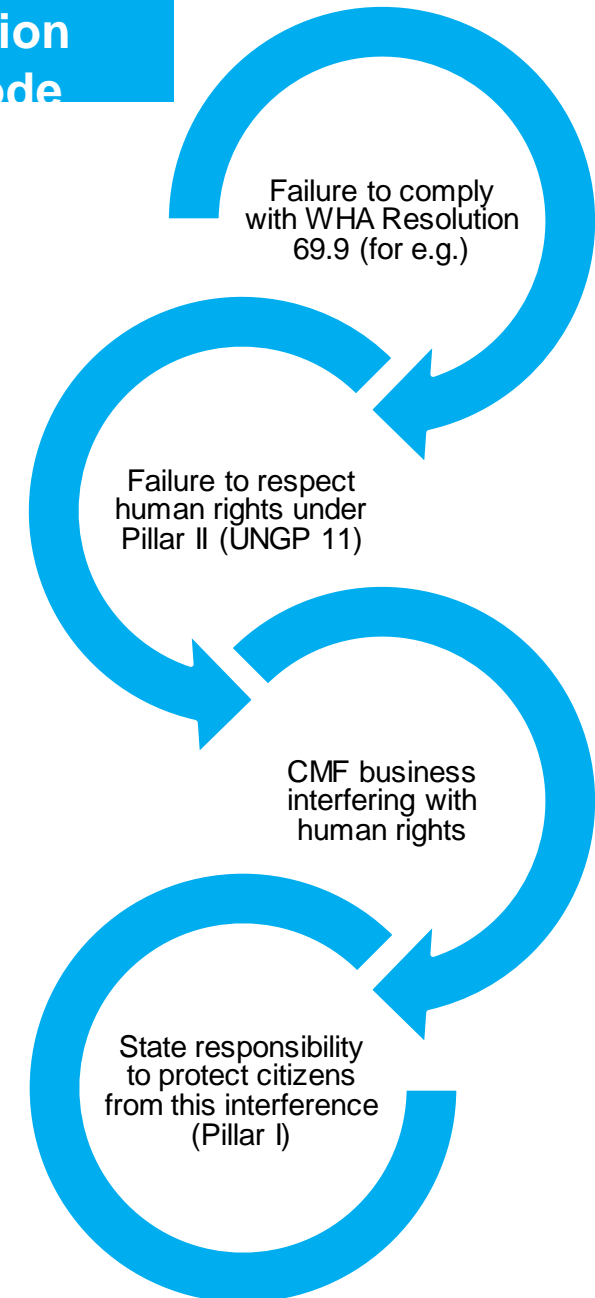
A failure of Code implementation viewed through the UNGPs

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**

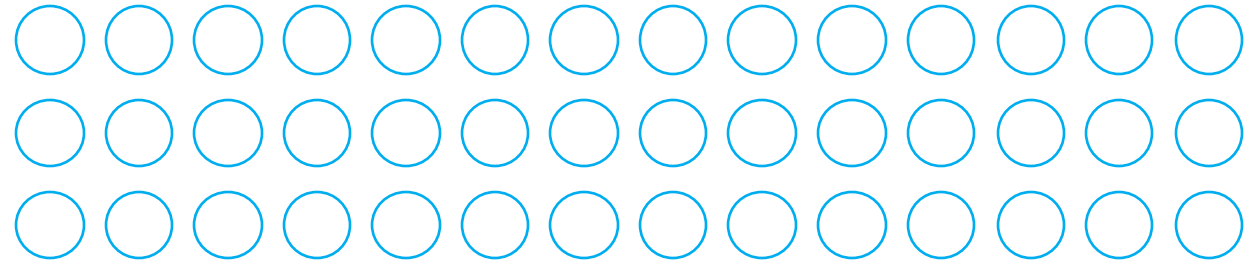
A non-state actor is interfering with the human rights of citizens and, under **Pillar I of the UNGPs**, states are reminded of their legal duty to protect citizens from human rights harms

This is the contagion effect of Code non-compliance

The contagion effect of Code



CMF Industry Interests in Human Rights



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

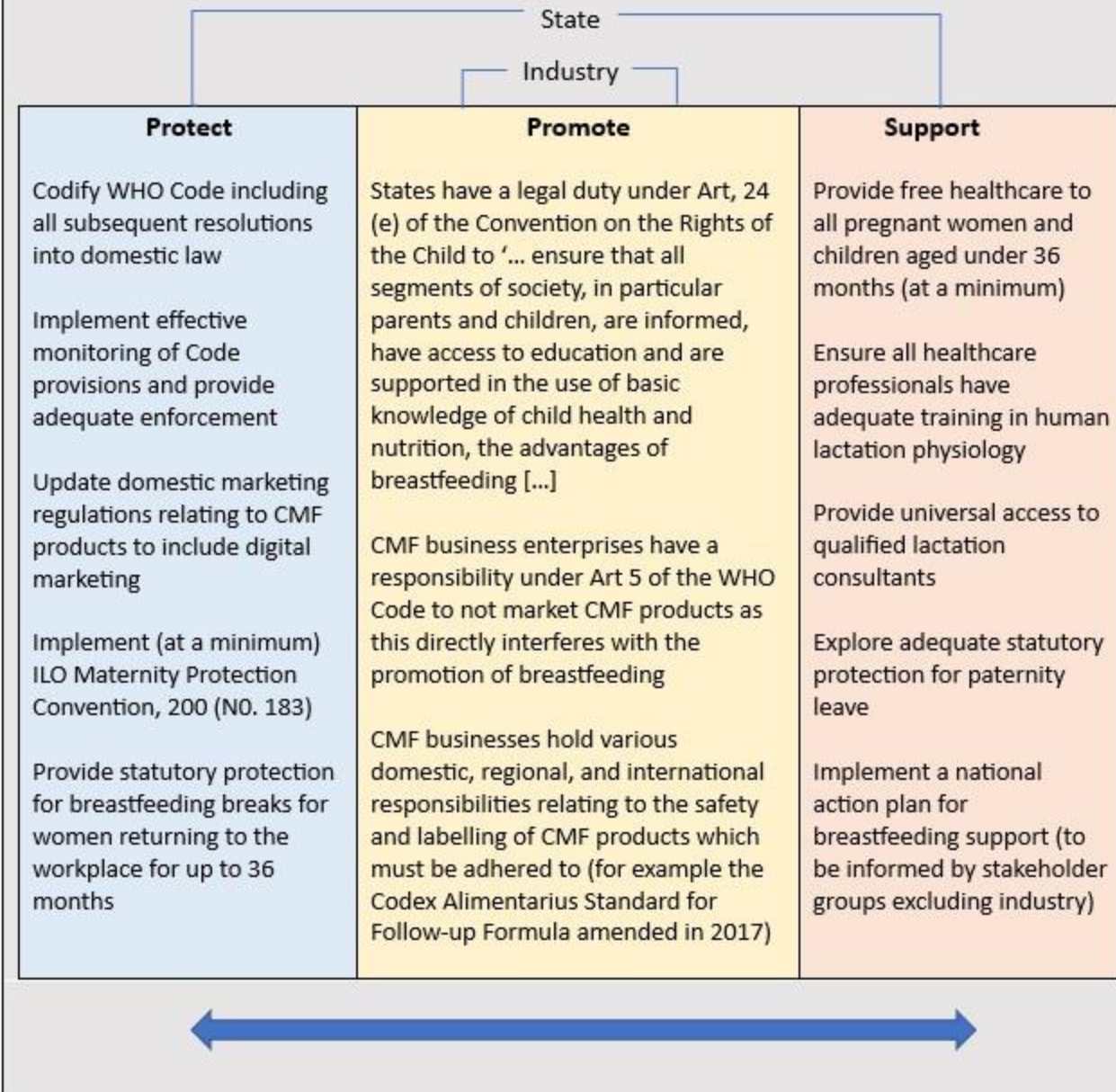
When they do appear, they **do not acknowledge any link** between CMF marketing and human rights responsibilities

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



- Patton C, and Garde A. (forthcoming) Harmful Marketing, Public Health and Human Rights Protection: the ongoing failure of Commercial Milk Formula companies to uphold their responsibilities under both the Code and the United Nations Guiding Principles. *Frontiers for Public Health*
- Among other key search terms such as WHO Code

Infant and Young Child Feeding Continuum Model of Duties and Responsibilities



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**



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Sonia Hernández Cordero

Professor

Universidad Iberoamericana Ciudad de México



Global Congress on Implementation of
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Catherine Watt
Sandrine Meier
Mira Ebner
Kirsty Skinner



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

<https://ee.humanitarianresponse.info/x/q8YTbwrw>



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Coffee break

10:20 – 10:45

*Please return by 10:45 to continue
the program*



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Welcome!

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Katie Pereira-Kotze

Senior Nutritionist

First Steps Nutrition Trust



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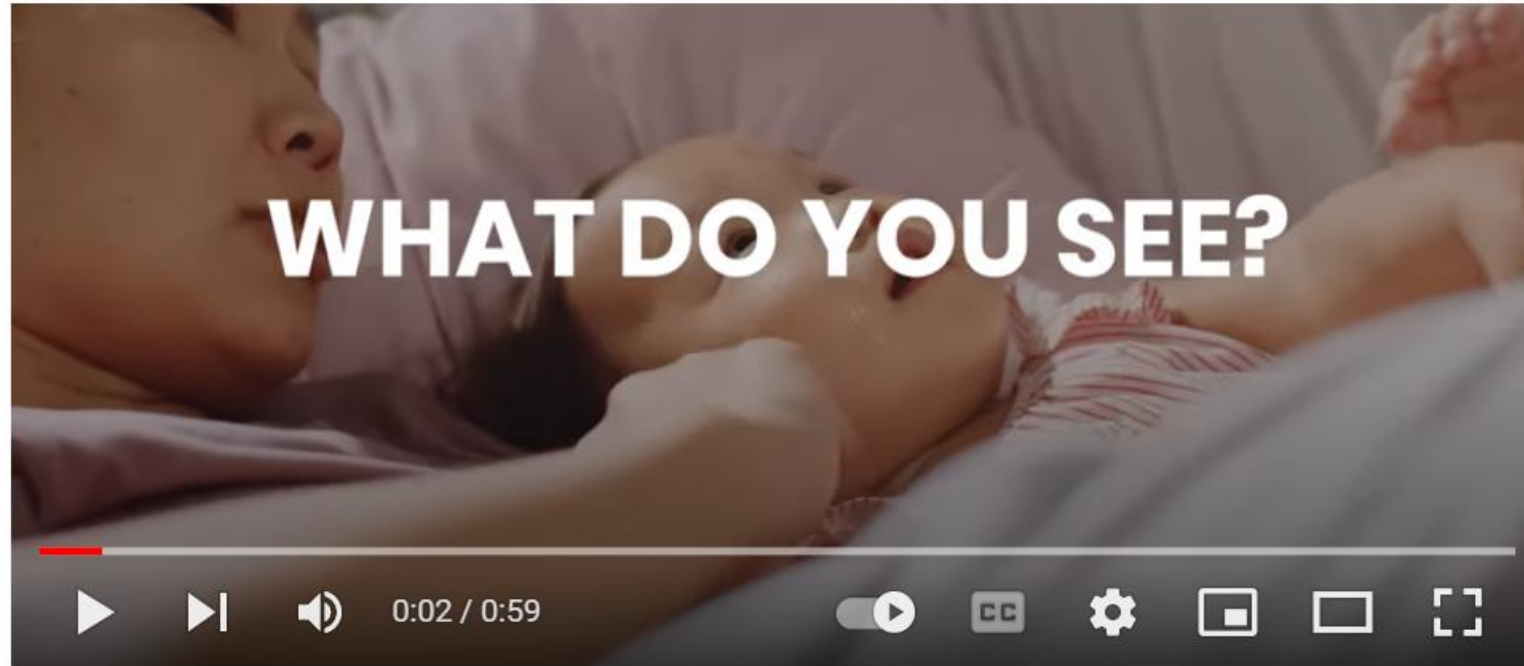


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Marketing Playbook of Commercial Formula Industry

Dr Katie Pereira-Kotze





From an international health authority

Learn how experts define health sources in a journal of the National Academy of Medicine [↗](#)



You See, They See: Formula milk marketing and infant feeding




World Health Or... 
849K subscribers

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10,519 views Feb 23, 2022

Video: [You See, They See_ Formula milk marketing and infant feeding_ Katie-Pereira_ Kotze.mp4](#)



Aptamil Advanced Follow On Milk



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You See, They See: Formula milk marketing and infant feeding



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Wood, et al. 2022. Who benefits from undermining breastfeeding? UNU-IIGH.
<https://collections.unu.edu/eserv/UNU:8970/CMF-industry-wealth-and-income-report.pdf>

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).





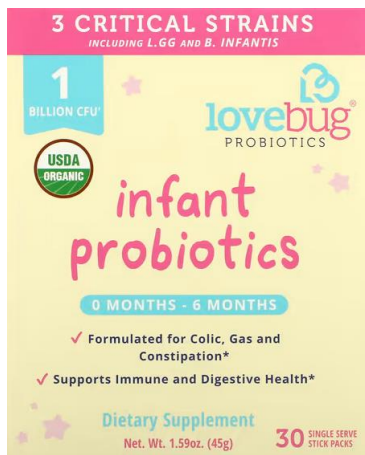
Human Milk Fortifier

To supplement human milk for feeding preterm and low birthweight infants.

Use only under medical supervision.

Sachet: 2,2 g e

Best before: see side of the sachet.



GET READY TO HAVE YOUR MIND BLOWN!

Freeze Dry YOUR Breastmilk!

NEVER WASTE A DROP



World Breastfeeding Conference 4, 2023.
Breastfeeding art gallery
<https://ibfanarabworld.org/index.php>



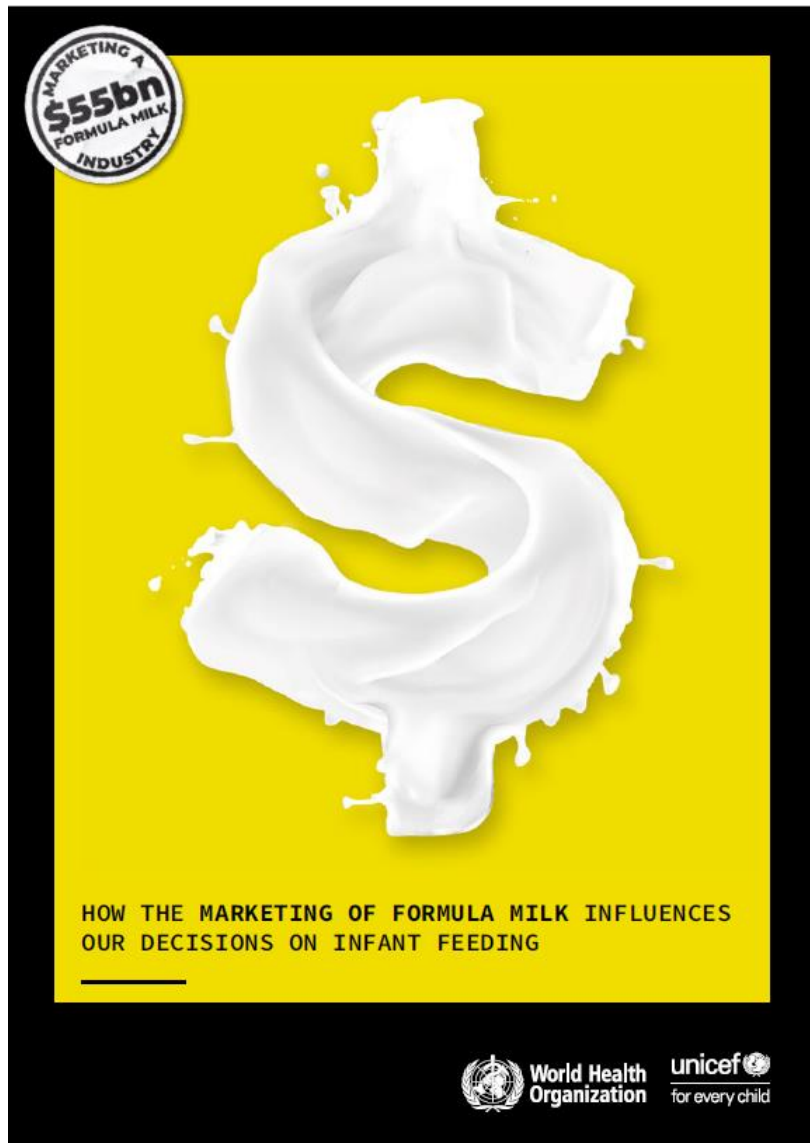
<https://www.unicef.org/rosa/stories/what-new-parents-need-know-about-breastfeeding>

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



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**

Rollins N, Piwoz E, Baker P, et al. 2023. Marketing of commercial milk formula: a system to capture parents, communities, science, and policy. *Lancet*. 401; 10375: Pg 486-502. [https://doi.org/10.1016/S0140-6736\(22\)01931-6](https://doi.org/10.1016/S0140-6736(22)01931-6)

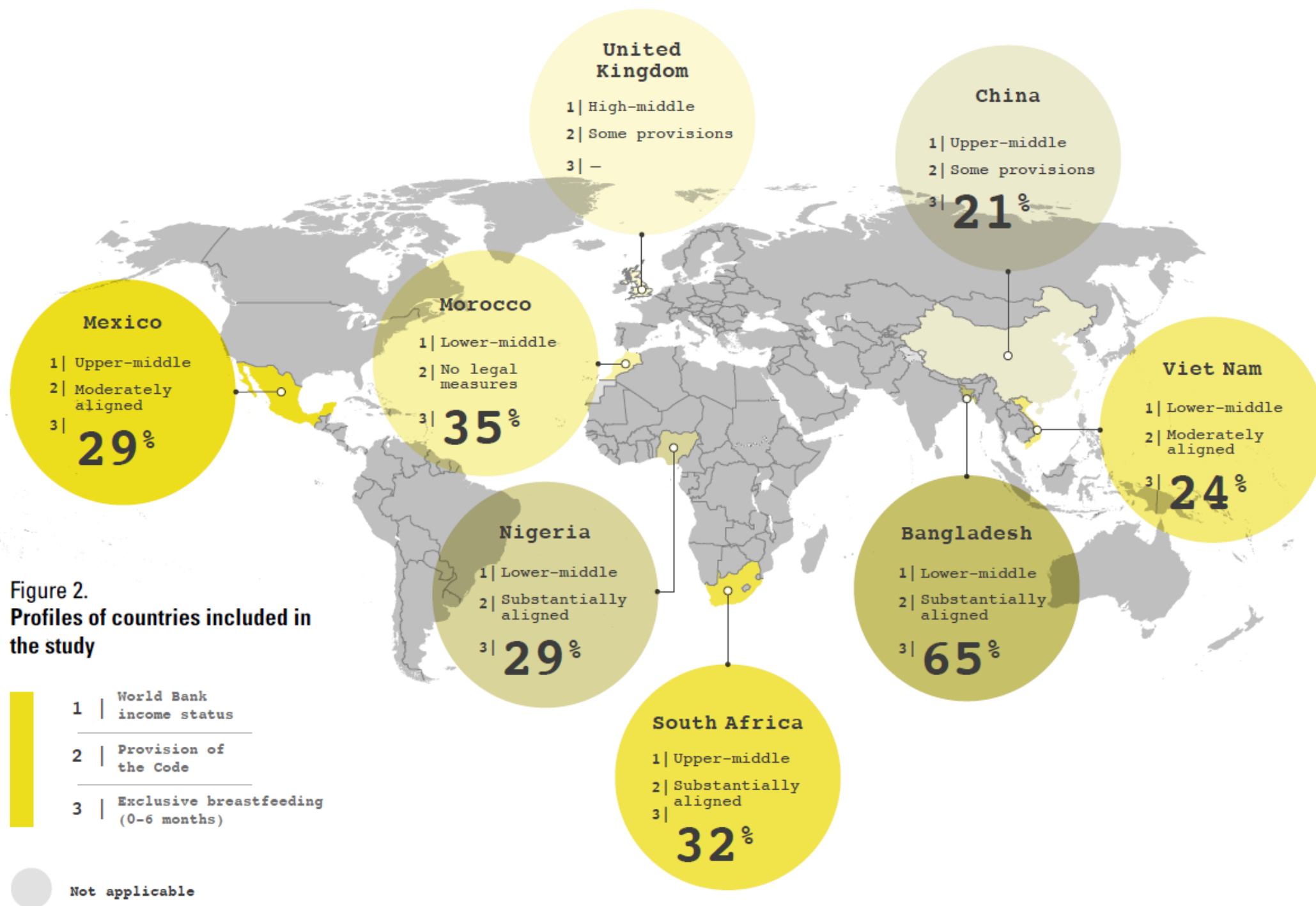


Multi-country Study (2022)

- 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.



WHO & UNICEF. 2022. How the marketing of formula milk influences our decisions on infant feeding. Geneva: WHO & UNICEF.
<https://www.who.int/publications/i/item/9789240044609>



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

BMJ Open They push their products through me: health professionals' perspectives on and exposure to marketing of commercial milk formula in Cape Town and Johannesburg, South Africa – a qualitative study

Tanya Doherty^{1,2,3}, Catherine Jane Pereira-Kotze^{4,5}, Silondile Luthuli^{6,7}, Lyn Haskins⁴, Gillian Kingston⁵, Sithembile Dlamini-Ngeketo⁸, Gilbert Tshitaudzi⁷, Christiane Horwood⁹

To cite: Doherty T, Pereira-Kotze CJ, Luthuli S, et al. They push their products through me: health professionals' perspectives on and exposure to marketing of commercial milk formula in Cape Town and Johannesburg, South Africa – a qualitative study. *BMJ Open* 2021;12:e005673. doi:10.1136/bmjopen-2021-025673

Reproduction history for this paper is available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2021-025673>).

Received 26 July 2021
Accepted 09 March 2022

ABSTRACT

Objective To understand the views of public and private sector health professionals on commercial milk formula, to describe their exposure to companies that market commercial milk formula within their workplaces and to describe their awareness of South African (SA) regulations.

Design A qualitative study consisting of semistructured interviews.

Setting The study was conducted in Cape Town and Johannesburg, SA.

Participants Forty health professionals who had regular contact with pregnant or postnatal women were interviewed between February 2020 and February 2021.

Results Analysis of the interviews revealed six themes. Health professionals in the private sector reported frequent contact with industry representatives with over two-thirds reporting exposure to industry representatives to present products, provide training or sponsor educational activities. Participants held strong opinions regarding the equivalence of breastfeeding to commercial milk formula citing information from industry representatives and product packaging. Health professionals were very knowledgeable on so-called formulas for special medical purposes and these were valued as solutions to infant feeding challenges. Of the 40 health professionals interviewed, less than half (19) had ever heard of the SA regulation related to marketing of breast milk substitutes (2010).

Conclusions This study demonstrates clearly that health professionals, particularly in the private sector, are exposed to and promote the use of commercial milk formula among SA women. The findings of this study should be used to catalyse policy responses, social movements, consumer and professional association action to strengthen monitoring and enforcement of the Code regulations in order to protect breastfeeding and support the optimal health and well-being of the population.

Strengths and limitations of this study

- This is the first study in South Africa to explore the views of health professionals on commercial milk formula and its marketing.
- We included health professionals from both public and private sector health facilities.
- Due to the COVID-19 lockdown, none of the interviews were conducted using telephone or video over internet protocol. This may have limited the rapport between the interviewers and interviewees and impacted on the observation of non-verbal responses.

INTRODUCTION

Breastfeeding is critical to achieving a number of the Sustainable Development Goals. Not only do optimal breastfeeding practices play a major role in maternal and child health and survival, the protection provided until later in life and confers large societal benefits. The disadvantages of commercial milk formula compared with breastfeeding are universally recognised. Non-breastfeeding is associated with economic losses globally of about US\$502 billion annually or 0.49% of world Gross National Income.¹ Specifically for South Africa (SA), a more recent analysis using the 'Cost of Not Breastfeeding Tool' estimated the total future cost (health system, mortality and cognitive) attributed to non-breastfeeding (exclusive breastfeeding, EBF 0–5 months vs non-EBF) at 0.68% of Gross National Income (95% CI 0.24% to 2.62%).²

Despite this knowledge, global rates of breastfeeding, particularly EBF, are low.³ In an effort to protect breastfeeding and respond to growing evidence of aggressive and

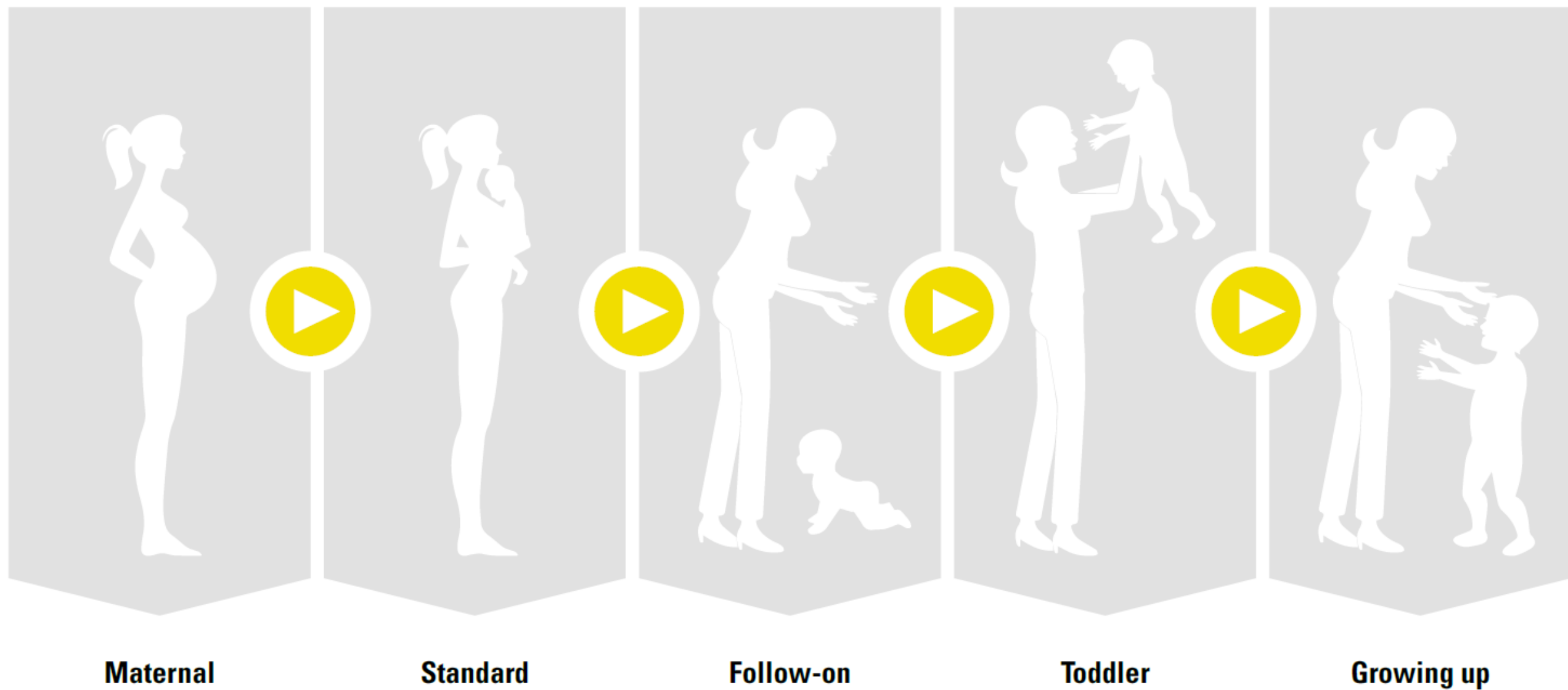


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For numbered affiliations see end of article.

Correspondence to: Dr Tanya Doherty; tanya.doherty@uct.ac.za

Figure 4. **Marketing of formula milk products at every stage**



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

Key messages

- Commercial milk formula:
 - **US\$55 billion sales in 2019.**
- 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.

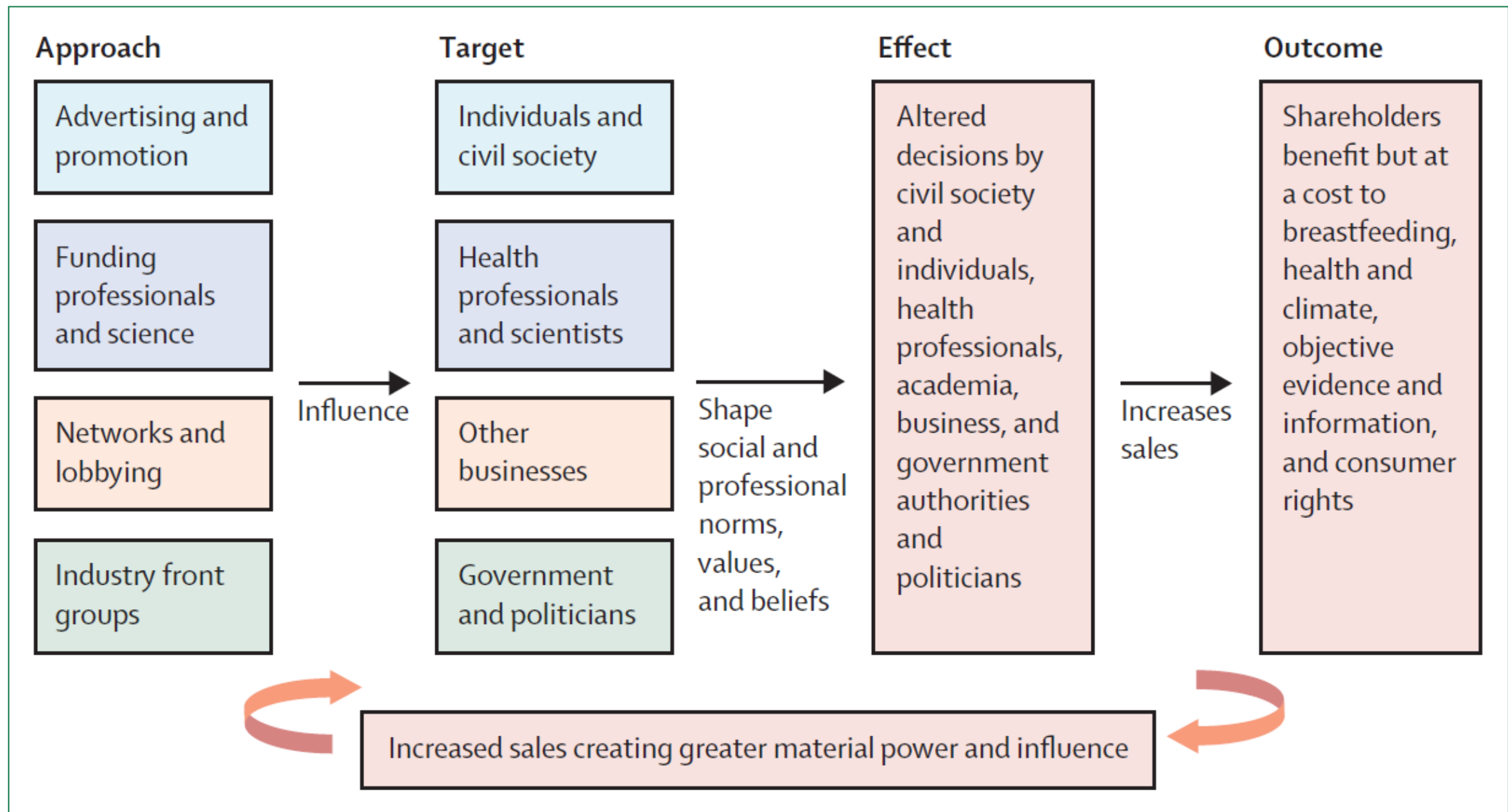


Figure 1: Conceptual framework of commercial milk formula marketing—a reinforcing system of influence

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;
 - **placement** (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.



A

SMARTER
QUICKER

AmazingMILK

Complex

$E=MC^2$




For Infants 0-12 months
POWDER. ADD WATER

B

HMOs + ECO PREBIOTICS

FLAVOUR TESTED & APPROVED BY BABIES

AdvancedIQ⁺

COMMERCIAL MILK FORMULA PRODUCT

FROM BIRTH

IMPORTANT NOTICE: NOT ALL CLAIMS HAVE BEEN SCIENTIFICALLY PROVEN

NET WEIGHT - 831 g



C

NEW EUROPEAN FORMULA

Excellence IQ

More intelligent EVERY DAY

With HMOs for superior brain growth. Smarter with every sip.

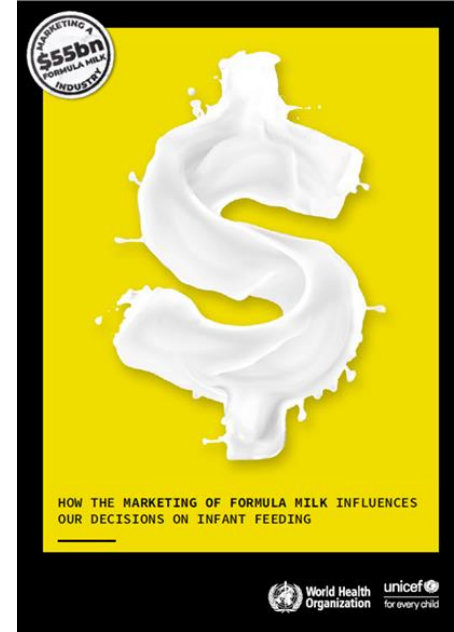



Commercial milk formula marketing: Value of health professionals, capture of science

- 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.”



**ANNOUNCING YOUR
PREGNANCY?
FORMULA MILK
COMPANIES
ALREADY KNOW**



#EndExploitativeMarketing



**FORMULA MILK COMPANIES
SPEND BILLIONS EACH YEAR
ON MARKETING.
THIS OVERWHELMS
GLOBAL SUPPORT
FOR BREASTFEEDING.**



#EndExploitativeMarketing



WHO website: Maternal, Newborn, Child and Adolescent Health and Ageing. Ending exploitative marketing of formula milk. <https://www.who.int/teams/maternal-newborn-child-adolescent-health-and->



katie@firststepsnutrition.org / kpereirakotze@gmail.com



Thank you!



**Global Congress on Implementation of
the Code of Marketing of Breast-milk Substitutes**
June 2023

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



ssydneyho
Singapore

...

For mummies who want to try Enfagrow, good news! From now till 18th June, enjoy a Moonlite Gift Pack (worth \$69.90) with a minimum spend of \$200 at EnfaShop. Use my promo code SYDNEY-ENFAGROW to get an additional 10% off a minimum purchase of



ashleytisdale
Paid partnership with enfamil

...



ashleytisdale As you guys may know, my breastfeeding journey didn't really work out with Jupiter. I felt like we were striving versus thriving. It is really important to me that the feeding experience is positive for both me and Jupiter, so I was relieved when I found @Enfamil Enspire. #ad This formula is the closest to breast milk, and it was a game-changer for me because it contains lactoferrin (a protein found in breast milk) and provides the best nutrients for

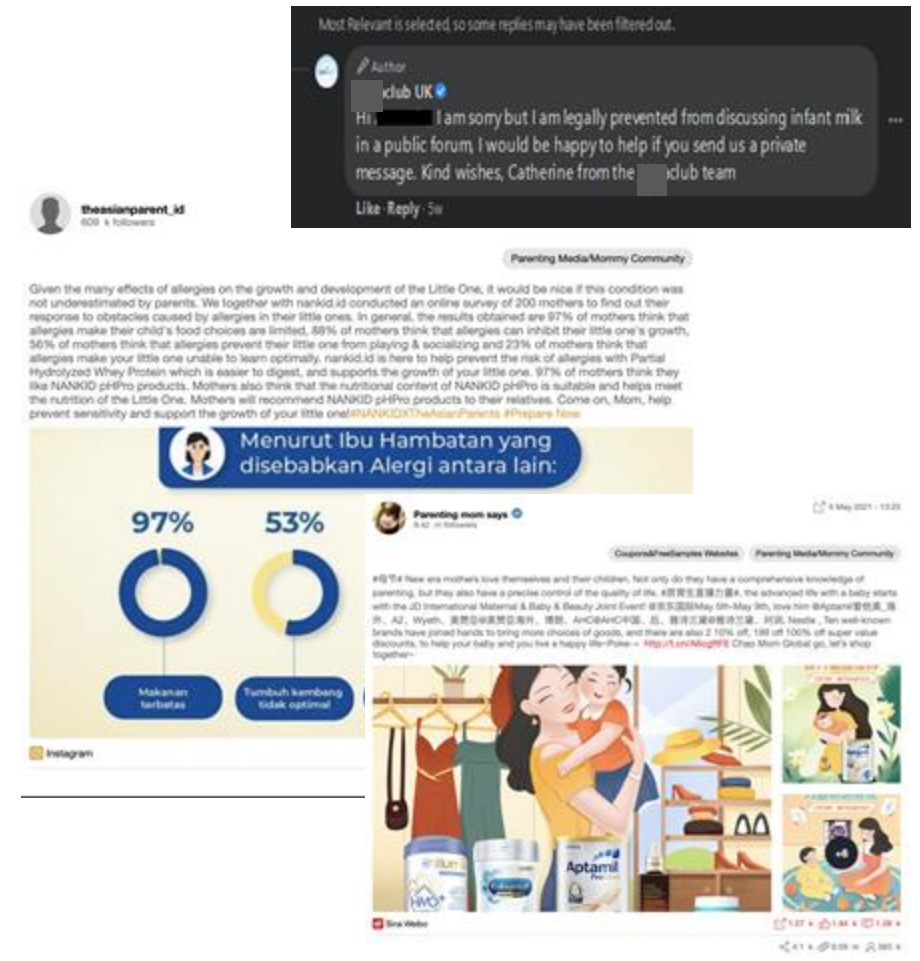
Virtual support groups bring mothers and marketers together



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

China:

AI driven Campaign
drove more than

US\$2.2m

in BMS sales

Hong Kong:

Smartphone app with
educational content
for kids

30%

increase in BMS
sales

Indonesia:

Geo-targeting
provided directions
to nearby shops:

18%

increase in BMS
sales

Headlines

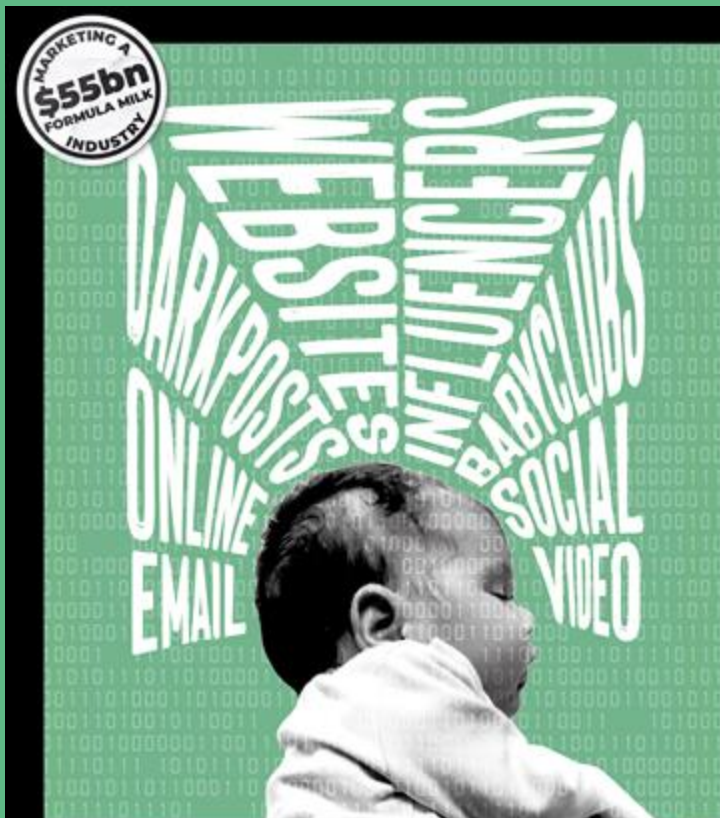


Digital marketing:

- 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.



Resources



SCOPE AND IMPACT OF DIGITAL
MARKETING STRATEGIES FOR
PROMOTING BREASTMILK SUBSTITUTE

A comprehensive report



HOW THE MARKETING OF FORMULA MILK INFLUENCES
OUR DECISIONS ON INFANT FEEDING



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



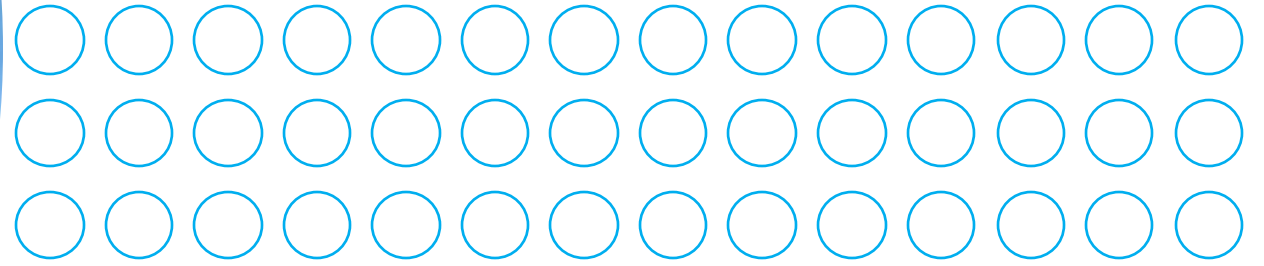
Global Congress on Implementation of
the Code of Marketing of Breast-milk Substitutes
June 2023



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

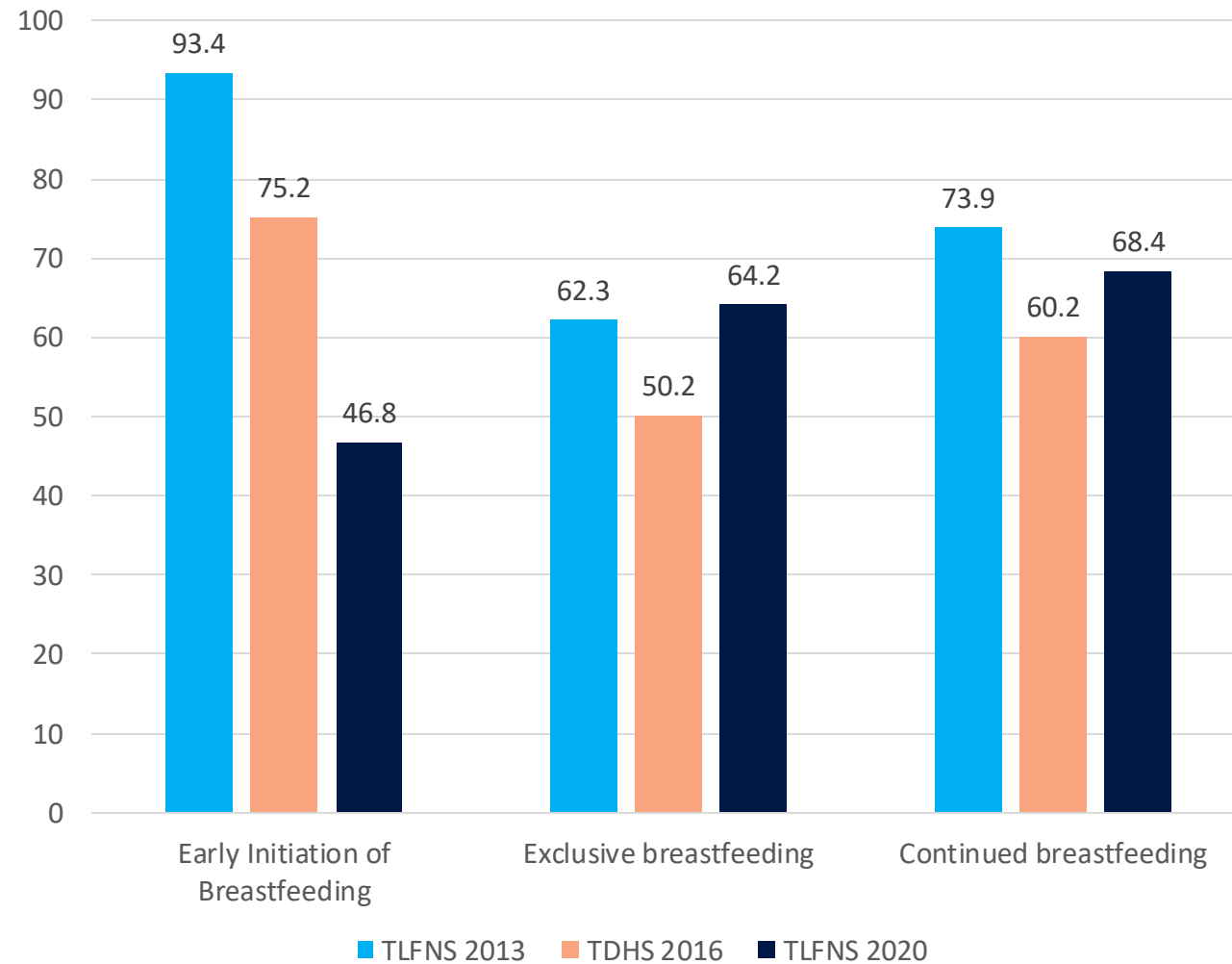
Multisectoral campaigns

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

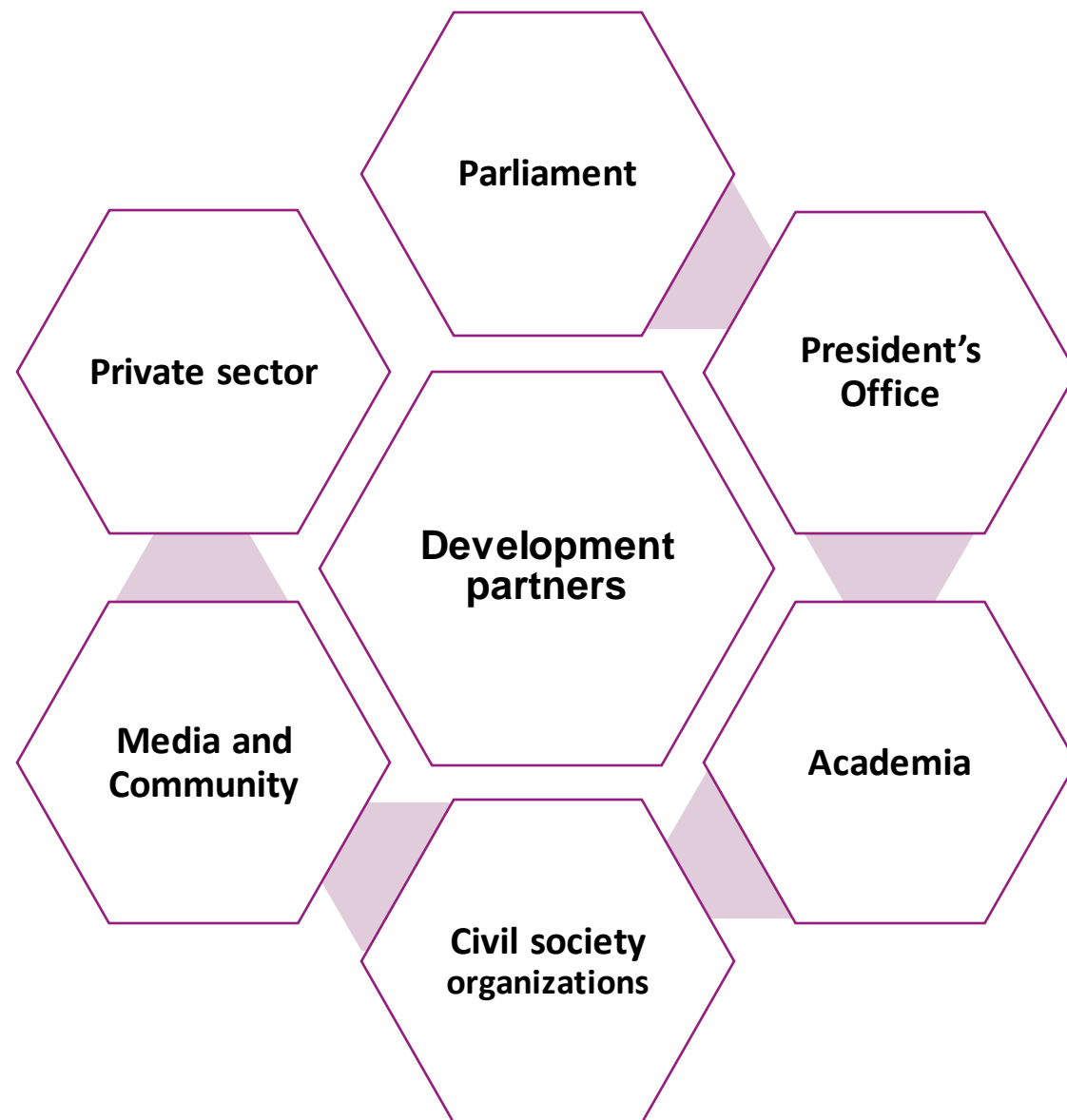
Ministry of
Health

Development
partners:
WHO, UNICEF

SUN
Secretariat



KEY AUDIENCE



Key Messages

Nutrition is
Politics Neutral

Breastfeeding is
everybody's
responsibility

BMS Code is
critical to
address all forms
of malnutrition



FÓ SUSUBEEN INAN BA
BEBÉ SALVA INAN NO
BEBÉ NIAN MORIS!

Fó kedas susubeen inan ba bebé iha
oras ida (1) nia laran hafoin bebé moris.

Fó de'it susubeen inan ba bebé
durante fulan neen (6) dahuluk.

Kontinua fó susubeen inan ba bebé
to'o tinan rua (2) ka liu.





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'



Opsaun úniku atu
labarik sai
saudável
mak fó de'it
susubeen inan ba
bebé durante fulan
neen (6) dahuluk.



HIGH-LEVEL
ADVOCACY BY UN
ASG/ SUN
COORDINATOR

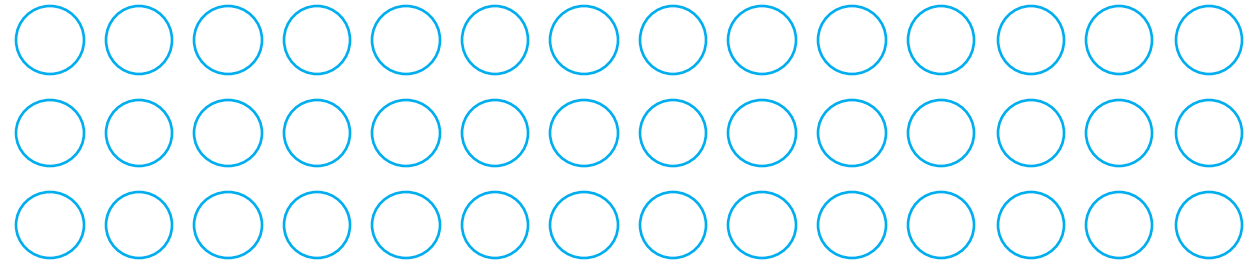


ADVOCACY WITH
PARLIAMENTARIANS
AND OTHER
GATEKEEPERS IN THE
COUNTRY



SHARING INFORMATION
ON STATUS OF BMS
CODE IN OTHER
COUNTRIES AND
REFERENCE TO GLOBAL
WHO INTERNATIONAL
BMS CODE

Next Steps





Hau, ó, Nia, Sira, Imi, Hotu nia Responsabilidade hodi:

Promove
Susubeen inan nu'udar ai-han prinsipal no eskruzivu ba bebé durante fulan 6 dahuluk no kontinua fô-susu to tinan 2 ka liu.

Suporta
Inan sira liu-hosi akompaña no ajuda sira nia jornada fô-susubeen inan ba bebé no mos kria espasu amigavel hodi sira bele kontinua fô susubeen inan nian iha serbisu fatin, iha fatinn públiku no mos uma.

Proteje
Inan no labarik sira hosi kompaña, grupu ka individuál ne'ebé promove produktu substitui susubeen-inan.



- 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!



**Global Congress on Implementation of
the Code of Marketing of Breast-milk Substitutes**
June 2023

Rebone Ntsie

Director of Nutrition

National Department of Health in South Africa



Global Congress on Implementation of
the Code of Marketing of Breast-milk Substitutes
June 2023

HARNESSING THE POWER OF POLITICAL WILL

Ms Rebhone 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 (MTCT) of human immunodeficiency virus (HIV);
- Formula feeding, which is very frequently practiced by mothers in South Africa, increases the risk of death from diarrhoea, 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;
- Overwhelming 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 bilaterals, 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 12 months according to

GOVERNMENT NOTICE GOEWERMENSKENNISGEWING

DEPARTMENT OF HEALTH DEPARTEMENT VAN GESONDHEID

No. R. 991

6 December 2012

FOODSTUFFS, COSMETICS AND DISINFECTANTS ACT, 1972 (ACT 54 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 54 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-

“**blends**” means a blend or mixture of cow's milk, components of cow's milk, vegetable fats and/or glucose;

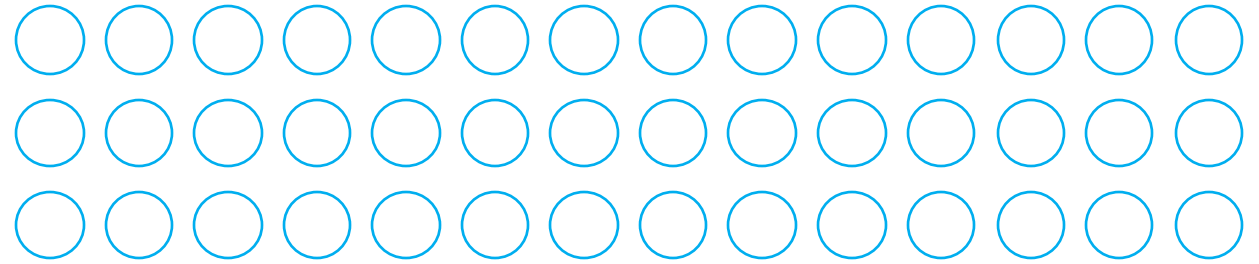
“**brand name**” means the trademark or name given by a manufacturer or distributor to a designated product or range of designated products and includes brand logos;

“**breastfeeding**” means the suckling 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

COMPELLING MESSAGES FOR INSPIRING ACTION



Breastfeeding increases HIV-free survival

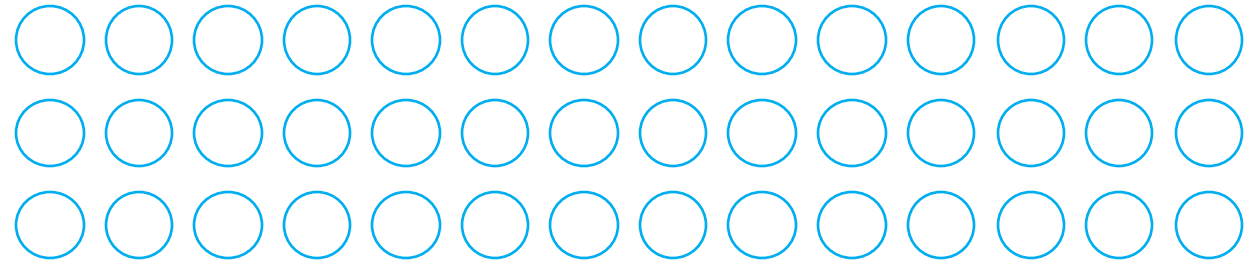


Breastfeeding as a Human Right



Strengthening Healthcare Systems

COMPELLING MESSAGES FOR INSPIRING ACTION



Countering Misleading Marketing



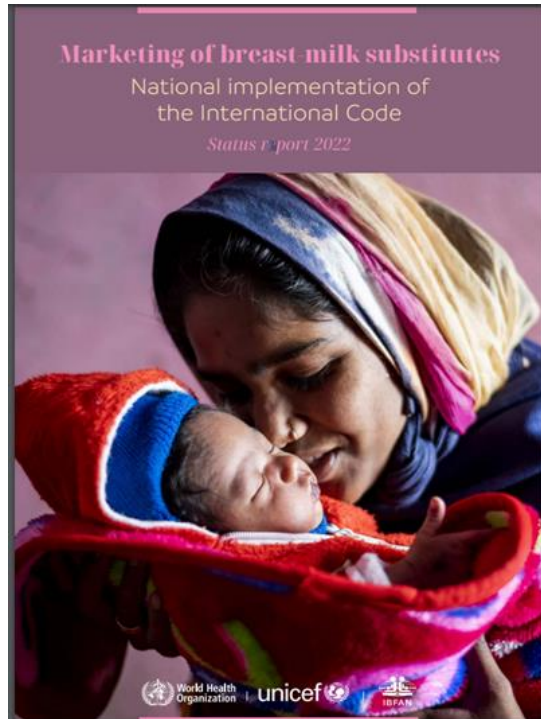
Empowering Communities and Families

SCIENTIFIC EVIDENCE SUPPORTS ADVOCACY

2011/2012

- WHO 2010 Guidelines on HIV and infant feeding
- Local research especially from Kwa Zulu Natal province

REVISION



Other digital marketing reports

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



**Global Congress on Implementation of
the Code of Marketing of Breast-milk Substitutes**
June 2023

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 education

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

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

Citations: <https://doi.org/10.1111/mcn.127>
<https://doi.org/10.1186/s12992-021-00774-5>
<https://lorettaiross.com/>

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





Global Congress on Implementation of
the Code of Marketing of Breast-milk Substitutes
June 2023



Lunch

12:00 – 13:30

*Please return to the auditorium by
13:30 to continue the program*