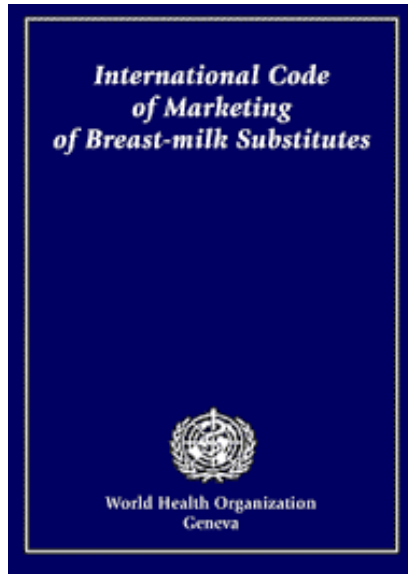


Application of the Code and subsequent relevant WHA resolutions in BFHI



Baby-friendly Hospital Initiative Congress
24 – 26 October, 2016
World Health Organization, Geneva

Marcus Stahlhofer
World Health Organization, Geneva

Why regulate the marketing of breast-milk substitutes?

Mothers can make the best possible feeding choice through:

- ⇒ access to impartial, adequate information, free from commercial influences
- ⇒ support structures and mechanisms

Inappropriate marketing of BMS may negatively affect choice and ability of a mother to breastfeed her infant optimally

BMS:

- pose risks by not having breast milk's protective qualities
- are not sterile products, which may lead to fatal illnesses
- are costly, require clean water, minimum standard of hygiene

Aggressive and inappropriate marketing of breast-milk substitutes, and other food products that compete with breastfeeding, continues to undermine efforts to improve breastfeeding rates

Global sales of breast-milk substitutes total US\$ 44.8 billion, and are expected to rise to US\$ 70.6 billion by 2019

International Code of Marketing of Breast-milk Substitutes

Adopted by World Health Assembly in 1981

- Aims

1. to protect and promote breastfeeding,
2. ensure proper use of BMS when needed



Main provisions of the Code

- ⇒ No advertising of breast-milk substitutes and other products to the public
- ⇒ No donations of breast-milk substitutes and supplies to maternity hospitals
- ⇒ No free samples to mothers
- ⇒ No promotion in the health services
- ⇒ No company personnel to advise mothers
- ⇒ No gifts or personal samples to health workers

Main provisions of the Code

- ⇒ No use of space, equipment or education materials sponsored or produced by companies when teaching mothers about infant feeding
- ⇒ No pictures of infants, or other pictures idealizing artificial feeding on the labels of the products
- ⇒ Information to health workers should be scientific and factual
- ⇒ Information on artificial feeding, including that on labels, should explain the benefits of breastfeeding and the costs and dangers associated with artificial feeding
- ⇒ Unsuitable products, such as sweetened condensed milk, should not be promoted for babies

Role of Countries

Translate the International Code into national legislation, regulations, or other suitable measures

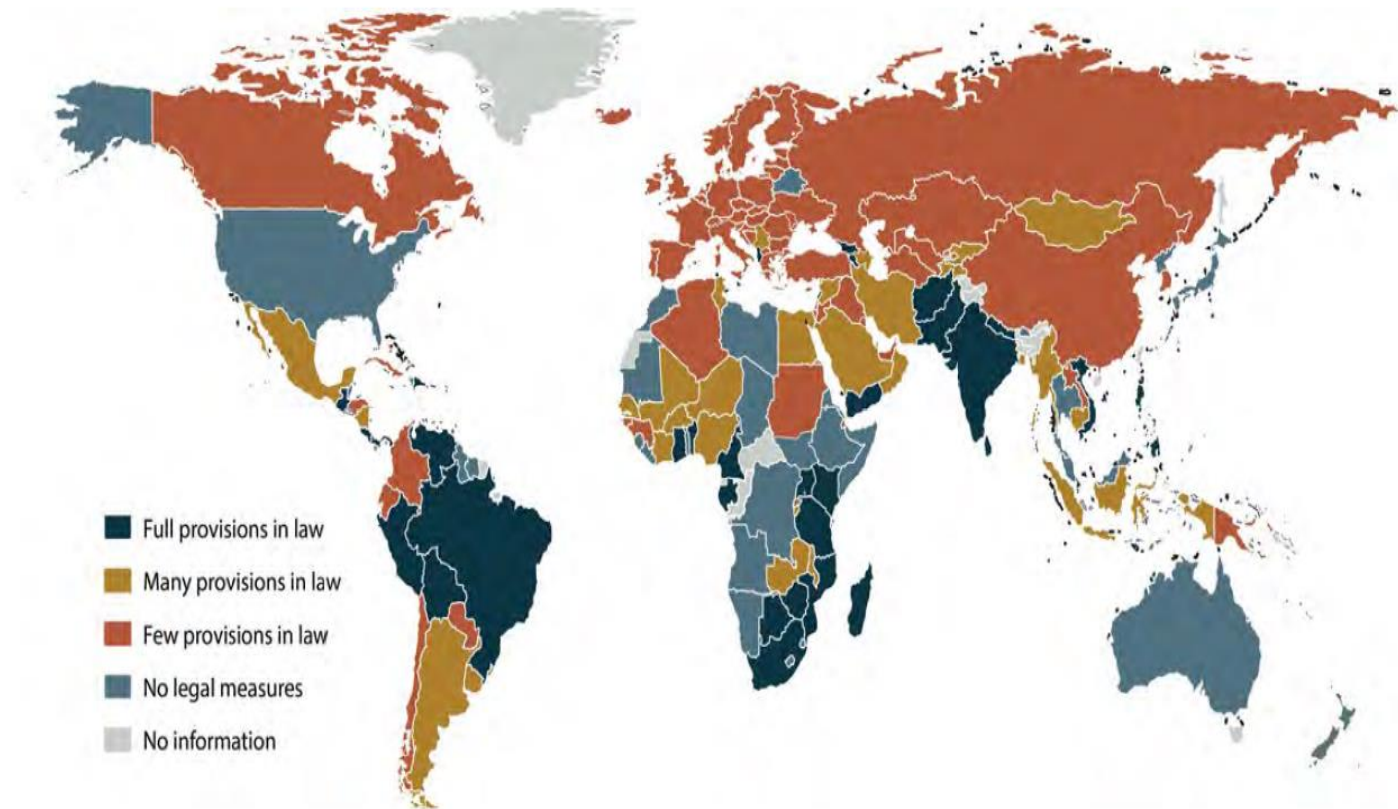
... including legal provisions to restrict promotion of BMS in health facilities

Monitor adherence to the Code and compliance with national legislation

... including in health facilities

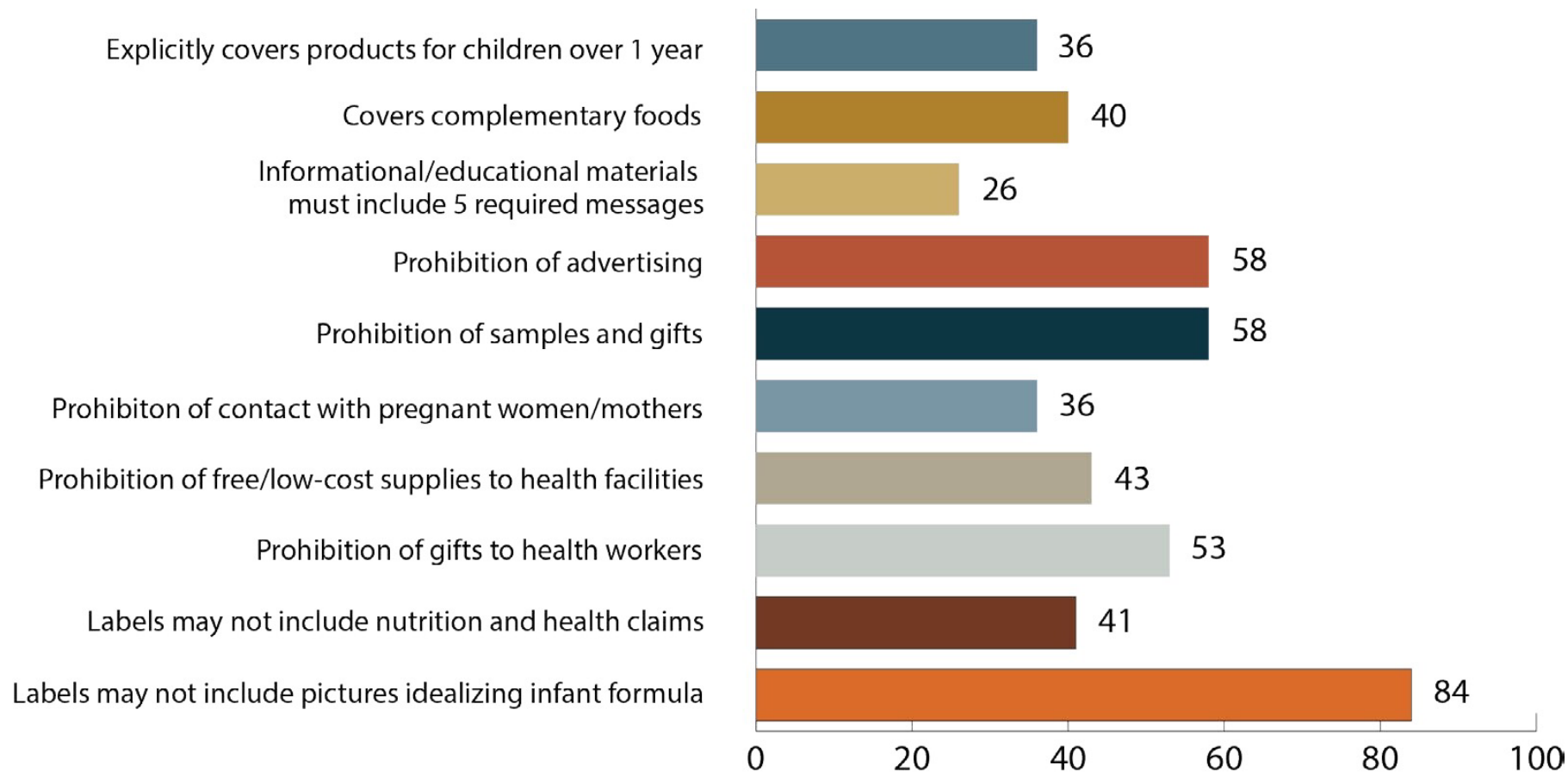


Status of legal measures covering provisions of the Code



135 countries with legal measures ... and only 31 countries with full Code provisions in law

Key provisions in national legal measures in 135 countries



The Code: Health Systems and Health Workers

Article 3

Definitions

Health care system means “governmental, nongovernmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets.”

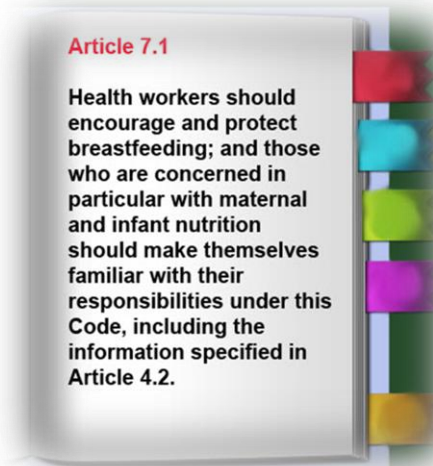
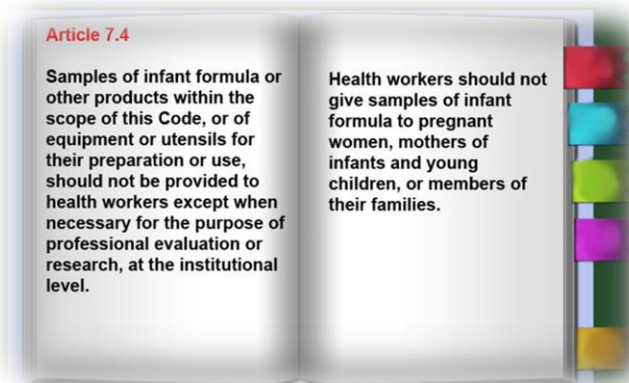
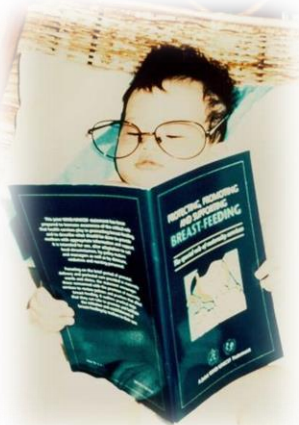
Health worker means “a person working in a component of such a health care system, whether professional or non-professional, including voluntary, unpaid workers.”

Ten Steps and the Code

Have a written breastfeeding policy that is routinely communicated to all health care staff

❑ Policy prohibits:

- ⇒ all promotion of breastmilk substitutes, feeding bottles, and teats
- ⇒ distribution of gift packs with commercial samples and supplies or promotional materials for these products



Train all health care staff in skills necessary to implement this policy

❑ Training covers the Code

Ten Steps and the Code

Give newborn infants no food or drink other than breast milk, unless medically indicated

- ❑ Facility takes care not to display or distribute any materials that recommend feeding breast-milk substitutes, scheduled feeds, or other inappropriate practices
- ❑ Facility has adequate space and the necessary equipment and supplies for giving demonstrations of how to prepare formula and other feeding options away from breastfeeding mothers

Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants

- ❑ Breastfeeding babies being cared for without any bottle feeds
- ❑ Mothers are given information about risks associated with feeding with bottles and teats
- ❑ Breastfeeding babies being cared for without using pacifiers



International Baby Food Action Network,
The Code in Cartoons, 2006

Compliance with the International Code of Marketing of Breast-milk Substitutes Section 4.1

Article 7.5

Manufacturers and distributors of products within the scope of this Code should disclose to the institution to which a recipient health worker is affiliated any contribution, made to him or on his behalf for fellowships, study tours, research grants, attendance at professional conferences, or the like. Similar disclosures should be made by the recipient.

Does the healthcare facility refuse free or low-cost supplies of breast-milk substitutes, purchasing them for the wholesale price or more?

Are employees of manufacturers or distributors of breast-milk substitutes, bottles, teats, or pacifiers prohibited from any contact with pregnant women or mothers?

Article 7.3

No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families nor should these be accepted by health workers or members of their families.

Does the hospital refuse free gifts, non-scientific literature, materials or equipment, money or support for in-service education or events from manufacturers or distributors of products within the scope of the Code?

BFHI covers key aspects of the Code and WHA resolutions

But how to ensure better accountability?

- ❑ Strong legal/regulatory framework as a basis, and which articulates clearly:
 - ❑ restrictions on promotion in health care system
 - ❑ obligations of health personnel ... and entitlements of caregivers
 - ❑ Avenues for accountability (institutional, administrative and legal) ... remedy and redress (considering incapacity and unwillingness)

BFHI covers key aspects of the Code and WHA resolutions

But how to ensure better accountability?

- ❑ Ensure all staff know about the Code and their obligations under Code and national law
- ❑ Clearly state obligations in BF and QoC policies
- ❑ Include BF and Code entitlements in patient rights and child rights charters
- ❑ Ensure confidentiality in accountability procedures for staff and pregnant women and mothers

Thank you!