Overview of the International Code of Marketing of Breast-milk Substitutes

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Commercial Milk Formula Marketing: International Contexts and Tools
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Marketing of Commercial Milk Formulas

- Aggressive and unethical marketing of commercial milk formula undermines efforts to improve breastfeeding. Impacts:
  - Mothers (false equivalency, “benefits” of formula, eroding confidence, trusted sources)
  - Mothers’ social networks
  - Health care providers
  - Employers
  - Legislators

- Global sales of commercial milk formula was $60 billion in 2018, projected to rise to $119 billion by 2025 (10% annual growth)
Code History

• 1981 Code
• Subsequent resolutions
  – Modifications:
    • 1986 (donation of supplies)
    • 1994 (emergencies)
    • 1996 (conflicts of interest, monitoring)
    • 2001 (duration of exclusive breastfeeding)
    • 2005 (nutrition and health claims, risks of powdered infant formula)
    • 2016 (follow-up formulas, health care provisions, cross-promotion)
Marketing during COVID-19
Aim

• Protection and promotion of breastfeeding
• Proper use of breast-milk substitutes when needed, based on adequate information and appropriate marketing and distribution
• Not against breast-milk substitutes
Scope

• Breast-milk substitutes (0-36 months)\(^1\)
• Foods and beverages marketed as suitable for use as a partial or total replacement of breast-milk
• Feeding bottles and teats

1. Clarified in 2016
Informational/educational materials

- Government responsibility
- Required information and warnings
- No pictures or text that idealizes breast-milk substitutes
Promotion to public

• No advertising or other promotion to the general public
• No samples
• No gifts of promotional articles or utensils
• No direct or indirect contact with marketing personnel
Retail

- No promotion devices, incl.
  - special displays
  - discount coupons
  - premiums
  - special sales
  - loss leaders
  - tie-in sales
Health care

• No promotion in health facilities
• Information provided must be restricted to scientific and factual matters
• No inducements to promote products offered to health workers
• No free or subsidized supplies of breastmilk substitutes
• No donation of equipment or services
• No sponsorship of meetings of health professionals and scientific meetings*
• No gifts, coupons or incentives to health care staff or to caregivers through health facilities
• No company contacts with mothers in the health care system
• No use of health facilities to host events, contests or campaigns
Labels

• Required information
• No pictures or text that idealizes breast-milk substitutes
• No nutrition and health claims
Who are the actors?

• Manufacturers and distributors of breast-milk substitutes
• Health workers and health systems
• National governments
• United Nations agencies
• Non-governmental organizations, professional groups, consumer organizations
• (Media & creative industries)
Current WHO research activities

- Experiences with marketing
  - Bangladesh, China, Morocco, Mexico, Nigeria, South Africa, the UK, and Vietnam
  - Mixed methods w/ women, family/friends, health workers

- Extent and type of digital marketing
  - Social media “big data” analysis
  - Phone ad monitoring

- Human rights and breastfeeding

- Packaging and health claims
  - Evidence behind claims
  - Analysis of tobacco plain packaging

- Legislative analysis
Advocacy timeline

2021
- Q2: Multi-country marketing report
- Q4: Analysis of human rights law & breastfeeding

2022
- Q1: Digital Marketing Report
- Q2: Code Status Report
- Q3: Publications on packaging & health claims
- Q4: Lancet breastfeeding series
What can you do?

• Educate yourself & others
What can you do?

• Document the problem and publicize it

Study protocol

Anecdotal monitoring
What can you do?

- Advocate for restrictions on CMF marketing in the US and abroad
The US context—legal status

• US did not “endorse” Code, but has joined consensus in urging countries to implement it (e.g. WHA 71.9)
• First amendment – commercial speech included
• Public health can sometimes override (e.g. tobacco, alcohol)
• Ethical procurement standards (e.g. WIC) ???
• Long-term strategy
The US context – voluntary action

- Healthcare providers/associations
  - Directly responsible under the Code
  - Address conflicts of interest
  - Build upon pharmaceutical discussions

- Retailers
  - Own promotions or manufacturer promotions
  - Better placement for more “ethical” actors

- Advertisers
  - Ethical standards

- Commercial milk formula manufacturers
  - Name and shame
  - Consumer pressure
  - Investor pressure (e.g. ATNI index, B-corp)
The US context -- strategy

• Incremental approach
  – Healthcare standards
  – Free samples
  – Focus only on infant formula
The international context

- World Health Assembly
- Human rights bodies
- Codex Committee on Nutrition and Foods for Special Dietary Uses
- World Trade Organization
- UN Food Systems Summit & Global Nutrition Summit, 2021
Thank you