In October 2004, the International Baby Food Action Network (IBFAN) celebrated its 25th anniversary. From a tiny group it has grown to an impressive network of 200 affiliates in 90 countries. But more important than numbers are the dedication and efficiency that characterise the high-quality work of its members. They continuously monitor the ability and willingness of governments and companies to comply with the substance of the International Code of Marketing of Breast Milk Substitutes, adopted by the World Health Assembly in May 1981. Some may think it naïve to believe that resolutions and agreements adopted in international fora should be respected and kept, but for those of us who hold that view, IBFAN provides a splendid example.

The present contribution to Development Dialogue expands on Annelies Allain’s article ‘IBFAN: On the Cutting Edge’, published in the 1989 edition of this journal, and adds 15 years of activity and experience. She gives us her reflections on the unique struggle by IBFAN to uphold international agreements. Her story is a tribute to not just the survival, but the flourishing of a people’s network over the past 25 years. Despite the failures in persuading governments to live up to their commitments and the difficulty of forcing giant corporations to abide by their promises, Annelies still believes in the Third System – the combined strength of ordinary citizens, organised in groups and networks, supporting a common cause.

That cause is simple and straightforward: to protect breastfeeding! It can save millions of innocent lives. Two and a half decades of IBFAN action shows that while manufacturers of baby foods no longer openly dispute the benefits of breastfeeding, they continue to compete with it so as to expand their markets and increase their profits. ‘Our monitoring reports show that today’s well-publicised corporate social responsibility is most often a sham, mere lip service’, notes Annelies Allain. She gives vivid descriptions of the network’s struggles locally, nationally and internationally and insights into the obstacles encountered while trying to move an apathetic international bureaucracy to uphold the spirit of decisions made by its own governing body in the face of persistent corporate lobbying.

The example of IBFAN invites reflections on what NGOs are capable of doing and what governments and international organisations apparently are not capable of, or interested in, doing. What inspires a small number of people around the world to devote their skills, creativity, efforts, knowledge and courage to manage and sustain a movement over a long time with very limited resources? How is it possible for an organisation such as IBFAN to build up a monitoring methodology and rally groups who collect and analyse the data needed and present it in a persuasive form for politicians and health authorities? And why, in international fora, are NGOs such as IBFAN usually allowed to make their statements only at the very end of long days of debate, frequently in the last hours of a meeting. Is the message less important when it comes from an NGO? Or is it more threatening because of the openness and directness that characterises many NGOs?

The role of NGOs has been thoroughly discussed in several recent books and reports and new ideas have emerged. However, the prevailing conventional picture is that NGOs should
be part of international negotiations to secure a broad participation but should not be directly involved in decision-making. Thus, NGOs may become hostages rather than full members of the international processes. On this theme Pat Roy Mooney of the ETC Group (Action Group on Erosion, Technology and Concentration), Canada, has written an interesting essay, ‘The Stockholm Syndrome’. It argues that it is time for NGOs not to follow in the footsteps of governments any longer, but to choose independently and boldly their own areas of work where governments for various reasons are not active, and to develop these issues as equal and autonomous partners in development.

It is time to acknowledge fully the work of organisations and networks such as IBFAN, the ETC Group or the PCIJ (Philippine Center for Investigative Journalism) – to mention a few examples – and to realise their unique contribution over the past 25 years. It is time to give organisations such as IBFAN the right and the opportunities to make their voices heard in national and international conferences, but just as important to listen to them in their own contexts, whether it be the World Social Forum or the People’s Health Assembly or other fora of that kind. Surely they have unique experiences of the world and its people that governments and corporations are not aware of.

Every two or three years IBFAN publishes a summary of how the Code has been implemented by countries and by companies. The latest edition (2004) shows that out of 192 countries, 24 have acted thoroughly on the Code and made it into strong national legislation; 31 have enacted many but not all of the provisions; another 30 have draft laws, while others are still ‘studying’ the Code or have done nothing at all. The company chart examines how 16 corporations have not complied with more than a few of the Code’s provisions, although they claim full compliance. Nestlé is, not unexpectedly, shown to violate almost all Code provisions. These are facts revealed by careful monitoring in all member countries of WHO and cannot be ignored as irrelevant. It seems almost unbelievable that both governments and companies are prepared to compromise on the health of babies, the future of humankind. Yet, change for the better remains painfully slow and difficult to obtain.

The Dag Hammarskjöld Foundation has followed this issue almost as long as IBFAN, albeit at a more modest level. The 1980:1 issue of Development Dialogue contained the documents that a year later were transformed into the Code, as well as a discussion of what should characterise true cooperation between UN agencies on the one hand and NGOs on the other. Development Dialogue 1989:2 presented Annelies Allain’s article entitled ‘IBFAN: On the Cutting Edge’, mentioned above. Now, 15 years later, new experiences and wisdom have been gathered, but the world has become only marginally better.

Thus, the struggle continues. While the outcome is not at all clear, IBFAN provides an excellent example of what an NGO can do and offers hope for the future. Let it be an inspiration for people’s organisations around the world battling for justice and solutions to long-standing problems.

Olle Nordberg
Foreword

By Halfdan Mahler

During my 15 years as Director General at the World Health Organization, its Member States set into motion many strategies and programmes, sometimes prompted by the Organization’s Secretariat, sometimes by outside sources. When Senator Edward Kennedy suggested that WHO look into an international solution of the infant feeding scandal, I was happy to do so and asked UNICEF to join in. Little did we suspect that this first step would lead to a long battle. What we did know was that all parties should be involved in the process for any outcome to be viable.

Our background study indicated that there was ‘excessive and inappropriate’ use of artificial infant feeding products and that without intervention ‘even larger numbers of infants and young children would be placed at risk of infection, malnutrition and death’. We needed to hear all the voices and invited all to the October 1979 Meeting on Infant and Young Child Feeding: governments, scientists, the baby food industry and the NGOs who had been campaigning for breastfeeding. Taking action in order to reduce infant mortality and morbidity was a logical follow-up to the commitment to ‘Health for All’ enshrined at Alma Ata the year before. At the end of the October Meeting it was very clear that ‘normal’ marketing practices could not continue and that it was necessary to regulate those practices through an international code applicable to all manufacturers.

I applaud the way Annelies Allain has written up the continuation of the battle. Indeed, even to get started on this issue was a battle. Companies jumped on me for having invited the NGOs in the first place, but I told them it was quid pro quo. The drafting was another set of hurdles; there were threats that I had overstepped my mandate, defections from within the staff, last-minute amendments and endless pressure from the baby food industry. It is true that ‘without the NGOs, without their constant lobbying, reminding us of our duty as public health officers, even harassing us for months on end, without all that, there would have never been a Code. WHO would simply not have had the courage to get on with it.’
One of the most helpful things the NGOs did was to constantly provide us with up-to-date samples of current labels, booklets, calendars and lots of other promotional items from different countries and particularly from developing countries. Without this ammunition, the Code would never have had the amount of clout and detail it had in the drafts. It still became a negotiated compromise. Many in public health circles would have liked to see it stronger but in the consultation process, producer countries had substantial impact on the final wording and on the final legal status of the Code.

The monitoring that Annelies describes in her article is still necessary. These practices should have disappeared 20 years ago but without the NGOs highlighting and advocating them, then and now, WHO would be blindfolded. Her awareness of the bigger political picture is extremely useful and deserves to be recorded as such. You might not believe the kind of pressures we were under at WHO in the 1980s, and it is perhaps worse now.

The way an infant is fed can be a matter of life and death. Breastfeeding can save millions of lives. Breastfeeding seems such an innocent, peaceful matter that all of us should support and fight for its protection and promotion. But, believe me, it is not at all simple. There are raw economic and political nerves behind an apparently peaceful picture.

IBFAN has been a key player in the movement for greater – and more transparent – corporate responsibility and accountability, by continuing to keep the Code alive, by pushing WHO to keep it visible on its agenda. The Code is a reasonably sensitive and specific instrument to regulate a particular sector of industry, which has ‘survived’ the clarion call for putting Health First in the late 1970s and early 1980s. I believe that the only reason it did not wither away like many other splendid ideas of those days, is that it was adopted by IBFAN and nursed by them ever since. I am convinced that millions of babies have been saved by IBFAN’s efforts to keep a watchful eye on corporate promotion. The threat of exposure as baby killers did cause some restraint in marketing practices and it did lead to greater awareness of the value of breastfeeding.

In the complexity of today’s globalised inequities, we need to hear about IBFAN’s energy, the moral energy of public interest NGOs. You
do have power! Don’t get discouraged. The notion that corporations need to be regulated flies in the face of neo-liberal thinking that sees TNCs as creators of wealth that can, through their own codes of conduct, nicely ‘regulate’ their own practices. This major contribution by Annelies should help to dispel such illusions.

I heartily recommend this reading in the spirit of a ‘Grook’ by Piet Hein:

‘We who are fighting
To realize dreams
Ask for the task
Of uniting
Extremes.’
Annelies Allain was one of the founders of IBFAN in 1979 and started the Geneva office of the network. In 1990, a Dutch foundation, the International Code Documentation Centre (ICDC) was set up with a project office in Penang, Malaysia. ICDC, coordinated by Annelies, leads the network’s activities toward full implementation of the International Code of Marketing of Breastmilk Substitutes, adopted by the World Health Assembly in 1981. ICDC has organised many training courses on Code Implementation for government officials and NGOs in all parts of the world and acts as a reference centre on legislation and regulation of baby food marketing.

Annelies Allain, who is Dutch, graduated in languages and development studies from Universities in the USA and Switzerland, and, after working in Africa for four years, devoted her energies to public advocacy for fair trade and sustainable development. Her experience with the UN and her knowledge of languages were useful skills for the start of IBFAN. She may not have anticipated that her work with IBFAN would last a generation. Celebrating IBFAN’s 25th anniversary, she is still passionate about the network’s ability to constantly monitor, lobby, and cajole for the ultimate wellbeing of babies and their mothers.

In this contribution to Development Dialogue Annelies Allain looks back over 25 years of campaigning, at the achievements and defeats, the challenges ahead and the lessons to be learnt and shared. Her impressive work may be summarised in her own words, ‘with minimal structure and optimal reliance on the strength of diversity, we have built a movement, not an empire! And movements don’t die, they live as long as they have to.’
Wait a minute! Weren’t they supposed to have stopped such advertising? Wasn’t it banned by the WHO Code? Isn’t somebody checking on these things? Has anything changed since the noisy adoption in 1981 of that Code on Marketing? Is the market just bigger? Hasn’t the Code made any difference? What are the new challenges?

Fifteen years ago, the Dag Hammarskjöld Foundation published ‘IBFAN on the Cutting Edge’, a 35-page reflection in Development Dialogue (1989:2) on the way people’s organisations tackled the business of making money out of infant feeding.

Ten years earlier, Development Dialogue had looked into the landmark 1979 WHO/UNICEF Meeting where, for the first time ever at the United Nations, NGOs (non-governmental organisations) participated along with representatives of government and industry. Together, they worked out an outline for the Code of Marketing to stop commercial promotion of breast-milk substitutes. The manufacturers resisted but, taken by surprise, they had to agree to a compromise document.

What has happened since then? Specifically:

• Is the world a better place for babies born in 2005?
• Has the network of people’s organisations – the International Baby Food Action Network (IBFAN) – used its monitoring experience to advantage?
• Have governments followed through on their international pledges?
• Is there less or more imbalance in the power relations between government, business and people?
• What if there had been no IBFAN? No independent monitoring of Code compliance?

The International Baby Food Action Network (IBFAN) is the first ‘single focus’ coalition of people’s organisations working to protect breastfeeding. Its impact at local, national and international levels is fascinating. It grew from just six groups to some 200, from making brief reports to drafting national regulations, from guiding mothers to teaching governments. It has proved its resilience for more than 25 years and is still growing. Its expansion is a necessary, albeit insufficient, alternative in a world where the corporate sector is gaining power at break-neck speed, where governments are recklessly handing over basic services – such as provision of water, power and public transport – to be privatised, and where the UN is not only endorsing all of this but actually promoting it by involving corporations in its policy processes!

How marketing has affected breastfeeding

Over the past century breastfeeding declined constantly, due to various social, economic and cultural causes. In the 1940s and ’50s Western medical and nutritional advice to mothers portrayed bottle feeding as equal to or even better than breastfeeding. This created beliefs and attitudes that spread to the rest of the world. The greatest avoidable influence in this major change in feeding patterns was that of the baby food industry, which used advertising and other forms of promotion to sell its products to a growing consumer market.

Feeding a baby with an artificial substitute for mother’s milk – a substitute that is inferior in nutritional value and quality – deprives the baby of a whole range of benefits (see box on ‘The manifold advantages of breastfeeding’). This is true for babies in rich, middle-income and poor communities alike. The spread of bottle feeding to poor people compounded the inferiority of artificial breastmilk substitutes with the problems of poverty: lack of clean water, unhygienic living conditions, low or no income, illiteracy, widespread illness, weak health care and nutrition services. Depriving babies under those conditions of the immunological protection and the exceptional nutrition provided by breastmilk exposed them to a much higher risk of illness, morbidity and death.
Former Executive Director of UNICEF, James Grant, put it poignantly: 

Exclusive breastfeeding goes a long way toward cancelling out the health difference between being born into poverty and being born into affluence…. It is almost as if breastfeeding takes the infant out of poverty for those first months in order to give the child a fairer start in life and compensate for the injustice of the world into which it was born.

Despite these facts, manufacturers of artificial milks and baby foods have knowingly persisted in the promotion of breastmilk substitutes, especially in maternity wards and hospitals, where unwitting mothers are hooked onto their products and made dependent. That is why it was necessary to act in order to curb those marketing practices. This is what gave rise to the movement of protest against unethical marketing of breastmilk substitutes, which eventually led to the adoption of the Code.

Babies have a right to survive and thrive

Feeding babies seems such a simple matter. No-one can disagree that breastmilk provides all the nutrition an infant needs, that breastfeeding is an unparalleled way for a mother to bond with her child and that no formulated animal milk can ever be an adequate substitute.

So why was the matter not resolved easily and speedily by the powers that be? Why couldn’t WHO and UNICEF have explained once and for all that there should be no competition with mother’s milk as any alternative is nutritionally senseless, economically unsound, politically suicidal, an affront to human rights and ethically unjustifiable?

The manifold advantages of breastfeeding

- low cost, high quality food for children
- improved health, more than four-fold increase in infant survival
- improved maternal recovery and fewer cancers
- lower family expenditure on food and health care
- improved micronutrient, protein/energy status
- contribution to fertility reduction
- safe feeding in emergency and disaster situations
- support for the environment through reduction in fuel use and plastic, tin and dairy industry waste
- fewer absences from the workplace because of less family illness
Breastfeeding can save millions of lives every year. In a 1997 press release, UNICEF stated: ‘Marketing practices that undermine breastfeeding are potentially hazardous wherever they are pursued. In the developing world, WHO estimates that some 1.5 million children die each year because they are not adequately breastfed. These facts are not in dispute.’¹ No-one knows how many millions of other little bodies suffer respiratory illness, ear infections, bouts of diarrhoea and allergies which could have been prevented by breastfeeding.

These deaths and illnesses are avoidable. WHO agrees that 98 per cent of mothers have all it takes to breastfeed their infants. What they need is confidence, encouragement and a supportive environment. What they don’t need is interference from commercial messages that deliberately undermine their confidence.

Why was promotion of bottle feeding not stopped earlier? Why has it still not stopped?

To deal with such questions, let’s take a closer look at the players in this macabre nutrition game: Whose economics are we talking about when we say bottle feeding is economically unsound? Whose politics? Whose power is at stake?

Following an overview of what has happened during the past 25 years, of changes in the world, directly affecting the struggle to protect breastfeeding, the following questions are pertinent:

• What are the chances of reversing the trends in this ongoing scandal?
• What more can the citizens’ organisations like IBFAN do, and how might they do it better – together?
• What obstacles have they faced?
• Why don’t governments and international organisations play a more active role?

The answers to these questions are largely political and have to do with power relations in the world.

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How the Code became a ‘hot potato’

The International Code of Marketing of Breastmilk Substitutes was adopted in a historic vote at the World Health Assembly in May 1981. One hundred and eighteen nations voted in favour, three abstained and one voted against. With hindsight, we can call it an amazing achievement. It could
probably never happen again. Nowadays, the USA (the only one to vote against) would not even allow the issue to come to a vote. It would put infinitely greater pressure on dependent nations to cast a negative vote too, so it would not be isolated, the way it was in 1981.

Conservative elements within the World Trade Organization (WTO) probably would have rubbished the document long before it got anywhere near adoption. Corporate power has increased to such an extent that its veto would be heard through well-prepared government delegations at international fora. Back in 1980, here were WHO and UNICEF facilitating a long process of genuine consultation not just with the Member States but with NGOs, experts and industry, all on an equal footing. Four drafts were circulated, torn apart, commented on and lobbied over, and the final version voted on. All within 18 hectic months.

As Halfdan Mahler, then Director General of WHO, has frequently said:
‘... without the NGOs, without your constant lobbying, reminding us of our duty as public health officers, even harassing us for months on end, without all that, there would have never been a Code. WHO would simply not have had the courage to get on with it.’

A similar compliment can be paid to him and to James Grant, then Executive Director of UNICEF, for tolerating and even inviting the active participation of NGOs from the very first meeting in 1979 to the dramatic vote in 1981. There was politicking, there were threats, but on the whole, truth, science and a sense of justice prevailed.

Mahler said he would meet with everybody and anybody as long as it would contribute to better health for infants. And he did. He would have long meetings with the infant food manufacturers, reply to all their grievances and then call the NGOs to seek their views. He was an early morning person and liked to call meetings at 7 a.m.

How we, IBFANers, hated those early morning meetings, where we had to be dressed in our best WHO outfits and be wide awake and ready with arguments for this tall, stern Danish Director General who did not like to waste time. He did listen to us. An hour later, we would troop off to the cafeteria to finally have coffee and assess how well we had done and what
had to be done next. Göran Sterky, Chief, Maternal and Child Health at WHO, would sometimes join us there, giving his interpretation of the situation.

Sometimes, we had access to secret memos from the US State Department, showing the pressure put on Mahler from across the Atlantic. Although the USA was already not paying its full dues to WHO, the threat to kill the organisation’s budget by withholding more payments or delaying payment was a powerful tool. Such an effective tool, that it is still being used today whenever American interests appear to be threatened. Even within the organisation, and even nowadays, there are stories of some US employees in WHO reminding their colleagues about which country pays a quarter of their salaries.

So what threat did saving babies pose? What was this Code all about? The actual contents of the Code – no more advertising, no more samples, no promotion in health care facilities, better labelling, only factual information to health professionals, etc. – none of that was really objectionable. What made Washington nervous was that WHO, part of the UN system, was embarking on a possible process of regulating industry. Allowing that to happen would mean setting a precedent and the agency or other UN agencies, such as the UN Centre on Transnational Corporations (UNCTC), might be tempted to do the same with – perish the thought – the pharmaceutical industry or the tobacco giants, food and agricultural companies, oil companies, anything! The panic at the prospect was pervasive. The baby food companies did all they could to fan the flames.

And thus, the innocent baby food issue became a hot potato in international politics. It was very much of an ‘either/or’ situation. Either people felt that action on the issue was needed, that it was the right thing to save innocent young lives, or they thought the whole idea of regulation was an intrusion into national sovereignty and an attack on commercial freedom of expression. Now, more than 20 years later, we can add ‘free trade’, backed by the WTO, to that so-called corporate right of free speech.

Power relations have shifted, and are still shifting. It is in this context that we shall try to assess the chances of tiny people’s organisations making headway against some of the wealthy corporate heavyweights, unfortunately often supported by governments and international organisations.
There were just six organisations that came together at a UN meeting in 1979 and realised that, without follow-up, such meetings would not solve the problem. They pooled some resources and, more importantly, their convictions and visions, and created IBFAN, a very loose and disparate network of activists from different backgrounds and with differing experience. IBFAN became the first international single-issue network. Networking only became a buzzword in the late 1980s and by then the term had lost some of that original energy that came with the concept of everyone pitching in voluntarily with what they could do best in pursuit of a common goal. As described in ‘IBFAN on the Cutting Edge’, no one, not even within IBFAN, expected the network to last more than a few years.

By 1989, when it celebrated its tenth anniversary with 140 groups in some 70 countries, IBFAN knew it had to survive and grow even wider because it had realised the strength of community organising, shown its muscle and achieved some successes, but the problem had not disappeared. It would take a generation or more to effect a change of practice. Fewer babies were being breastfed, not more. The impact of commercial promotion lasts far beyond the initial advertising campaigns. Subtle new marketing techniques were tried out and new products launched, and somehow it seemed as if the baby food industry was sure that the IBFAN watchdogs would lose stamina, interest or funding, or all of those, and go away. It was simply a matter of time for the companies. They could wait it out and then it would be business as usual again. They are still waiting. They are also flexing bigger muscles.

IBFAN is now 25 years old. It has 200 affiliates in 90 countries. It has not changed its structure because the flat, flexible and non-hierarchical system serves it well. There is no head office and no boss, no central funding pot, no trickle-down of orders. But there is solidarity and common purpose and these are the lubricants for the links between the many different parts of the network. The links, in fact, are the most important parts of the network’s ‘structure’. Its members have grown in numbers; its outreach has grown; and its power has grown.

Brazil is a good example of the network’s growth. IBFAN Brazil now has 72 member organisations in 18 states and 39 cities. To be recognised as a member, the group has to be recommended by two other IBFAN groups; it has to have been trained in the Code and national legislation; and it has to sign an undertaking that it will not accept funding from baby food, pharmaceutical, alcohol or tobacco manufacturers. IBFAN Brazil monitors its national law every year and industry has a genuine fear of the results of this
monitoring. Once trained in monitoring, says Josy Pereira, the current co-
ordinator of IBFAN Brazil, one develops ‘um olho vivo’, literally a ‘live’
or sharp eye, an ability to smell out Code violations even in difficult cir-
cumstances. Josy trains lots of ‘olhos vivos’, including many health in-
spectors who have the official power to confiscate products that violate na-
tional laws. Brazil has recently revised its laws in the light of monitoring
findings and is now probably the country with the strongest regulations.
Monitoring can also show good results in terms of increased initiation and
duration rates for breastfeeding.

Another area where the numbers of IBFAN supporters have grown enor-
mously is Central and Eastern Europe. Another 22 groups from as many
countries have joined IBFAN since the early 1990s. One big advantage is
that most IBFANers in that part of the world are health professionals, so
they know exactly what is happening in the hospitals in terms of promo-
tion. They are keen to implement the Code and the Baby Friendly Hospital
Initiative. A challenge for this region is that many of the governments in
their quest to become members of the European Union were made to be-
lieve that any strong legislation based on the International Code and its
subsequent Resolutions would adversely affect their membership bid. In
other words, they were led to believe that the necessary harmonisation
rules preclude strong legislation. Companies actively distributed and pro-
moted the EU Directive, which is weaker than the Code. Recently, for ex-
ample, Lithuania, which had adopted a policy of encouraging exclusive
breastfeeding for six months went back to a ‘4 to 6 months’ policy follow-
ing a false but deliberate rumour that harmonisation required it to stay
within the EU Directive.
Because of its staying power and advocacy successes IBFAN has won considerable respect. Not many NGOs have a track record of more than 20 years of resisting corporate public relations, keeping track of company compliance with the agreed principles of the Code and building confidence among governments to draft laws. Yet, monitoring has also taught IBFAN that Code violations continue, that the increasing power of the large companies makes them more aggressive, and more likely to put pressure on both governments and the UN.

The Third System

‘Words are never innocent’, wrote Marc Nerfin in 1987. ‘The phrase “non-governmental organisations” (NGOs) is politically unacceptable because it implies that government is the centre of society, and people its periphery.’

Similarly, one could argue that if people and their organisations are at the centre, governments could be called ‘non-people’s organisations’, or NPOs. They would not be very happy with that, would they? Still, IBFAN prefers the familiar ‘NGO’ label to the most recent invention: CSO, or civil society organisation. Not so much because that term implies the incivility of government but because ‘civil society' is a term used in international parlance to also cover the entire private sector, thus referring to both NGO public interest organisations, as well as to the corporate sector, whose profit motivations have very little in common with the aspirations and concerns of the majority of the people.

Lumping people’s organisations and the private sector together as ‘civil society’ for convenience or for politics is, in my view, an error that will result in endless questioning and a backlash of protest. Several UN agencies, in particular WHO, have been struggling to deal with the problem by differentiating between Public Interest NGOs (PINGOs) and Business Interest NGOs (BINGOs). This is particularly important in obtaining accreditation so as to attend UN meetings and thereby have a voice in setting policy. Consumer organisations have long been accredited but have increasingly found themselves in the company of BINGOs and groups that receive much or most of their funding and their instructions from corporations. Of course, this makes it difficult to reach agreement on policies and strategies. It also makes it hard for government delegates to distinguish between groups that have the public interest at heart and those wearing the same colour identity labels but working for tobacco or baby food or other manufacturers.
People power

Nothing better explains the power of people, once organised in some form, than the way Marc Nerfin defines the Third System:

Contrasting with governmental power and economic power – the power of the Prince and the Merchant – there is an immediate and autonomous power, sometimes evident, sometimes latent: people’s power. Some people develop an awareness of this, associate and act with others and thus become citizens. Citizens and their associations, when they do not seek either governmental or economic power, constitute the ‘third system’. Helping to bring what is latent into the open, the third system is one expression of the autonomous power of the people.\(^6\)

IBFAN does exactly that. It gives individuals and small organisations the possibility of expressing their innate urge to bring about change, of channelling local energies into a stream of global consciousness, of making small groups feel they are part of a larger body fighting for the same ideals.

Networking has a political value in that it can unite people, harness their ideas and energies and mobilise them for activities such as monitoring. It also provides an information channel that can assist local groups and individuals in sharing new findings and options with the community. Networking gives scope for solidarity and can provide the critical mass for effective advocacy. People feel supported in what they do, less lonely and more aware of the value of their collective activities. Here, as in ‘IBFAN on the Cutting Edge’, we shall continue to use Marc Nerfin’s ‘three systems’ terminology.

There are many reasons for choosing to define ourselves. The ‘civil society’ terminology was probably deliberately introduced to blur the lines between non-profit NGOs and the private sector. The timing coincides with all the hype over public-private partnerships and suits the neo-liberal tendency to give companies a comfortable place in international and national policy setting. The ‘three systems’ terminology is useful for describing and analysing the shift in power – from governments and the UN system to undemocratic, unelected business power – that has become more and more apparent in the last ten years.

If the First System, government, is holding a central position in society, one can assume that the Third System – citizens’ or people’s organisations – is meant to have the least power. Often the Third System is tolerated at the fringes only and put down or ignored whenever there is a fear that it can
Annelies Allain: Fighting an old battle in a new world

influence real decision-making. The Second System – business interests – has managed to acquire a much larger space for itself in the decision-making arena.

Using the Three Systems analytically allows us to place individual citizens within a kind of power grid, showing how the systems affect each other at different levels. It can also show graphically the huge increase in the power of the ‘Second System’. The corporate sector, the market place, has made this jump to the detriment of both First and Third Systems. In many Third World countries the financial power of transnational corporations is in multiples of national budgets. In Malaysia, Nestlé dominates the food market and in 2001 its profits exceeded the country’s GDP. Little wonder the former Malaysian Prime Minister writes with concern:

Of the 100 largest economic entities in the world, 51 are global corporations and 49 are countries. The combined sales of the world’s top 200 corporations exceed the combined GDP of the world’s nation states. It is politically very convenient to blur the lines by creating a ‘civil society’ confusion so that this increase is not too blatantly evident.

The Three Systems make One World

Mothers and babies are at the centre of IBFAN’s single-issue campaign to protect breastfeeding. How do her everyday surroundings affect a mother in her decision-making about infant feeding? Not only her background and her family but also health workers have a profound influence. Hence, on the chart, we have placed health workers in a symbiotic relationship to mother and child, and both at the centre. Three systems affect their actions.

Public opinion, local consumer habits, family and social influences are just one segment of the spectrum that shape the mother’s choice. This is the people’s system or citizens’ system. On the business side, the Second System, there is advertising, subtler forms of promotion and hospital practices. Hospitals may have a set number of strict routines; they usually have a long-standing relationship with specialised commercial suppliers; and
many hospitals and clinics, including pediatricians, are of course in the private sector themselves. Pharmacies, shops, direct mail, media appeals and promotions all reach out to the young mother. Health workers are also subject to different pressures, temptations and routines.

The First System produces government policies, which also have their bearing on mothers’ choices. The public health system may be ‘baby friendly’ or may not at all encourage breastfeeding. Medical school curricula in nearly all countries make totally inadequate provisions for training in the proper management of lactation. There may be restrictions on advertising, sometimes even on other forms of promotion, or the government may be committed to ‘free trade’, with no restrictions on the commercial sector.

From the theoretical centre, we now draw concentric circles around our mother and baby, representing the local and the national space.

At the national level, the same influences from these three systems have their impact on the central subjects. These influences include company marketing policies, Ministry of Health directives and the influence (or lack of it) of national IBFAN groups, mothers’ support groups, academic, religious groups and media opinion-makers.

Transnational marketing practices have, of course, a direct bearing on the national sphere but, barring effective legal restrictions, decisions tend to be made in the international sphere at company headquarters. Just as national
companies or subsidiaries may be grouped in national chambers of commerce or trade associations, the baby food companies have their international representative: the Infant Food Manufacturers association (IFM). IFM is in the third concentric circle, the international space.

In one way or another all these players – health workers, consumers, religious leaders, scientists and baby food activists – have their vertical international linking systems; consumer unions, professional associations, baby food networks. The media fall between the cracks of the systems; sometimes they sing the tune of national governments or are owned by a large company that sets editorial policy. In other cases, the media are ferociously independent. But here again, while journalists may have independent judgement, if the advertising department has giant clients to humour, it is a foregone conclusion that certain critical articles will not get published.

The international space harbours not only transnational corporations and people’s networks but also the UN family. Ideally, it is ‘we, the people’
who are represented by the UN system but, in practice, power is exercised through the collective will of national governments, autocratic and democratic alike. That statement needs qualifying, too, because some governments are very much ‘more equal than others’. Companies influence government decisions in many ways, for example in international standard setting in Codex Alimentarius (FAO/WHO Food Standards). In the 60 years of the UN’s existence, international bureaucrats have developed crafty ways of pre-shaping decisions by governments. In other words, the secretariats of the various UN agencies have become actors themselves for better or for worse.

Links, lobbying and leverage

None of the systems in any of the spaces operates in a vacuum. There are innumerable links, pressures and dependencies between them. These vary from system to system, from country to country and from space to space. Political contributions or pledges of investment may reduce a government’s enthusiasm for legislative control. Monitoring results are effective tools in lobbying for policy change. Citizens’ pressure on government may be lessened by promises of grants or by threats of restrictions on their activities. In some cases pressure on companies may result in direct or indirect retaliation against the activist leader or even her family. On the other hand it may lead shareholders to say it is time the company changed its marketing strategy. (It is too complicated to draw all the links on the chart but the reader can imagine how direct and indirect pressure may be exercised via the government, a local institution, the media – or the UN for that matter – on a particular group or an outspoken citizens’ organisation.)

We may not like it but this is what happens in the world of politics, power and people. The analysis of systems and spaces can be applied to all issues, not just baby food. One could easily draw a similar chart for pesticides, or landfills, or medicines. Some people will shy away from it; others will tackle it with gusto. Many still ignore it. For international networks like IBFAN, it is indispensable to analyse the whole picture, to identify allies and build strategies, to seek maximum leverage and help the like-minded to construct their own analysis of how politics affect their own particular vital issue at local, national and international levels.

The increase in the power of the Second System

Corporate accountability in general and holding baby food corporations accountable for Code compliance, as IBFAN has been doing for the past 25 years, is rapidly being relegated to the UN’s back burner; instead, importance is being given to ‘free trade’ and self-regulation, and ‘partnerships’.
At the World Summit on Sustainable Development in Johannesburg in 2002, trade language, some of it directly from WTO texts, mysteriously found its way into the draft negotiating text on environmental protection. According to this scenario, water, health, climate and biodiversity are to be ruled by public-private partnerships and voluntary agreements. From there, it is but a small step to expanding the marketplace into the realm of what used to be called basic human rights such as access to water and health care.
Anything that would inhibit market expansion, such as a ban on product promotion, as required by the Code, is likely to be ignored, rejected or disputed. As size and numbers of corporations have increased so has competition. Which means: more promotion and less compliance with the Code and related Resolutions.

UNCTAD estimates ‘that there are now over 60,000 transnational corporations (TNCs), compared to 37,000 in 1990. These TNCs have around 800,000 foreign affiliates, compared to some 170,000 foreign affiliates in 1990, and millions of suppliers and distributors operating along their value chains.’

The tendency of governments and international organisations to push for more liberalisation, free trade, open markets and privatisation as a means to solve economic and social problems has put a damper on efforts to protect breastfeeding. And yet, the belief that ‘markets’ can help to solve economic and social problems is quite unfounded. ‘The assumption that markets will regulate themselves is contrary to logic or human nature. The market is about maximising profits. It is not a social organisation intended to cure social ills. It is not even about fairness, justice or good governance.’
The International Code*

The International Code aims to promote safe and adequate nutrition for infants, by protecting breastfeeding and ensuring appropriate marketing of breastmilk substitutes. The Code applies to all products marketed as partial or total replacement for breastmilk, such as infant formula, follow-up formula, special formula, cereals, juices, vegetable mixes and baby teas. It also applies to feeding bottles and teats.

The Code:
• Bans all advertising and promotion of these products to the general public.
• Bans samples and gifts to mothers and health workers.
• Requires information materials to advocate for breastfeeding, warn against bottle feeding and NOT to contain pictures of babies or text that idealise the use of breastmilk substitutes.
• Bans the use of the health care system to promote breastmilk substitutes.
• Bans free or low-cost supplies of breastmilk substitutes.
• Allows health professionals to receive samples but only for research purposes.
• Demands that product information be factual and scientific.
• Bans sales incentives for breastmilk substitutes and contact with mothers.
• Requires that labels inform fully about the correct use of infant formula and the risks of misuse.
• Requires labels to NOT discourage breastfeeding.

* The International Code of Marketing of Breastmilk Substitutes is in its entirety available as Appendix 1 on pp. 101–108.
2. Monitoring the Code

Guardians of the Code

Although all IBFAN activities are very important, it is its monitoring work that has for over 25 years provided crucial and verifiable information about companies’ practices and the extent to which they have been violating the Code – the only tool the world has to protect babies (and their families) from commercial pressures.

IBFAN set out to ensure that the International Code was followed. It had to do so because no other party was rising to the occasion. What had been adopted in 1981 in Geneva at the international level, with so much sound and fury, was dispersed to 190 governments all over the world, many of which had few resources and little or no experience of monitoring. Governments had been assigned the responsibility of monitoring the Code individually and collectively through WHO with the collaboration of NGOs.

Back in 1980, a year before the Code was adopted by the World Health Assembly, IBFAN published a little black book, Proposals for Appropriate Control. While many of its recommendations found their way into the Code of Marketing of Breastmilk Substitutes, the ninth chapter did not. This was the chapter on setting up a Monitoring Office:

A Monitoring Office shall be established by an independent, international body such as WHO or UNICEF for the purpose of providing a service to national governments in terms of assisting in the implementation of these proposals and in the development of national legislation consistent with these proposals; to monitor and investigate industry compliance with and infringement of these proposals; to provide a definite interpretation of these proposals; to enforce these proposals, primarily through publication of infringements; and to establish an archival record of documents of relevance to the proposals.

Several paragraphs followed on how the Office would operate. Particular importance was to be given to studies, interpretation, publication of interpretations, reporting, confidentiality, and the setting up of an archive and a timetable for implementation.

Although the Monitoring Office idea did go into the first draft of the Code, it was clearly something very political and quietly disappeared from the next three drafts, including the final one, which was adopted. So while, initially, monitoring of the Code was assigned to WHO, subsequent proposals passed all the Monitoring Office’s functions on to national governments or left them up in the air. Had monitoring become a well-defined task for WHO, things would have looked very different today.
The final adopted text reads as follows: ‘Monitoring the application of this Code lies with governments acting individually and collectively through the World Health Organisation….’ (Code Article 11.2). This is further explained in other articles: ‘governments shall communicate annually to the Director General’ and ‘the Director General shall report in even years on the status of implementation of the Code’ (Articles 11.6 and 11.7). Incidentally, these are the only two paragraphs in the Code where the obligatory ‘shall’ is used but, as we will see later, reporting – even mandatory reporting – has turned out to be very poor with respect to both quality and quantity of information.

The watchdog role of NGOs is described: NGOs ‘should have the responsibility of drawing the attention of manufacturers and distributors to activities which are incompatible with the aim and the principles of this Code, so that appropriate action can be taken’; furthermore, ‘the appropriate governmental authority should also be informed’ (Article 11.4).

Corporations often claim that they are waiting for national directives on what to do and what to stop. But the Code clearly states: ‘Independently of any other measures taken for implementation of this Code, manufacturers 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 for taking steps to ensure that their conduct at every level conforms to them’ (Article 11.3).

The baby food industry is therefore somewhat boxed in: it must follow the Code regardless of what governments do or don’t do. More particularly, all the major companies present at the 1979 WHO/UNICEF Meeting then and there pledged that they would abide by the outcome of that Meeting. Here is a reminder of one of the recommendations they agreed to:

There should be no marketing or availability of infant formula or weaning foods in a country unless marketing practices are in accord with the national code or legislation if these exist, or, in their absence with the spirit of the meeting and the recommendations contained in this report or with any agreed international code.

No marketing or availability!! This means that if a company is caught violating the Code, it should pack up and close down or go home!! Although the Recommendations of the Joint Meeting were adopted ‘in their entirety’ by the World Health Assembly in 1980 and are thus part of the package of advice to Member States, the 1981 Code has been allowed to overshadow these initial strong principles.
Instead of packing up to go home, Nestlé, for one, has been writing its own interpretations of the International Code which run completely counter to the 1979 Recommendations in that it accepts only one of the products as coming within the scope of the Code: infant formula. Other companies have been hiding behind Nestlé and the Infant Food Manufacturers association it dominates. The matter of interpretation therefore became a key issue in future monitoring of the Code.

Monitoring: IBFAN takes on the work

As IBFAN realised that governments were not going to take on monitoring, no-one was going to keep careful track of implementation and the Code might become a dead letter like so many other good UN resolutions, the network had to take on those functions. The first IBFAN monitoring report outlining violations of the International Code was published in May 1982. It was called *Breaking the Rules*, or *BTR* for short. The title was maintained for the many other monitoring reports that followed. Since 1988 IBFAN has also published companion documents recording the changing levels of Code compliance, in the form of two charts: ‘The State of the Code by Company’ and ‘The State of the Code by Country’.

For IBFAN, the function of monitoring is not to play policeman for the companies or to do their work for them (free of charge to boot) but to identify problems in compliance and create awareness that encourages the authorities to decide on long-term solutions such as legislation. IBFAN recognises that its resources are far too thin on the ground to do regular large-scale checks in all countries and that governments and people’s organisations (the Third System) must take on these responsibilities if the problem is to be solved. Directly and via the media, IBFAN’s monitoring publications seek to shame the manufacturers, stop the violations and sensitise everyone to the need to put babies before profits.

In fact, there are hugely varying perceptions of monitoring roles as to what compliance with the Code requires. Many companies seem to think that they can get away with anything that is not reported by IBFAN. One company, which happened to come out fairly ‘clean’ in a recent monitoring report, immediately ordered another seven copies of the report. One can well imagine how their marketing managers used them: ‘See, we’re better than the others!! Even IBFAN says so. No need to worry.’ The fact that IBFAN did not ‘catch them’, however, had less to do with their overall behaviour than with the fact that monitoring that year did not cover countries where that company’s market share and hence its promotional activities were relatively aggressive.
Some IBFANers think that it is the trend now for governments to offload responsibility onto the Third System; that way the authorities can get monitoring services done on the cheap and avoid any blame when things go wrong or when companies turn on the pressure. Those IBFAN groups feel that rather than taking on the whole burden, IBFAN should work in such a way as to make governments, WHO and UNICEF accept their proper responsibilities. That of course is easier said than done, but there are several countries – Brazil, Oman, Macedonia, Malaysia, Albania, Guatemala, Tanzania and Zimbabwe – where gradually the First System has been taking on a serious monitoring role. Zimbabwe has industry representation on the monitoring committee, which is worrying, although it seems to work out because the national law is strong and government representatives are strict.

While UNICEF used to pay for monitoring to be carried out at the national level, there seems to be less enthusiasm today and its field offices no longer monitor the incidence of free donations to health care facilities. WHO has never done any monitoring and hides behind its Member States. Exceptionally, it thanks IBFAN for publishing *Breaking the Rules*: ‘WHO acknowledge with gratitude the contributions of NGOs in fulfilling their responsibility as members of civil society in raising awareness on violations of the Code in support of governments trying to implement and monitor the International Code.’

**WHO reporting: inadequate and ineffectual**

Every even year the World Health Assembly (WHA) receives a report on Code implementation. The WHA receives many reports on other issues from the WHO Secretariat and usually only a few delegates take the floor to express gratitude or offer congratulations. Since 1982, however, the debates on infant feeding and Code implementation have been among the longest and most controversial of the issues on the WHA agenda. On average 50 country delegates speak up and nearly every even year a resolution on infant nutrition is adopted. Over the years, several countries have asked WHO to help with monitoring. For example, in 1983, Bahrain asked the Director General to ‘devise a comprehensive monitoring plan with definite indicators so that the effectiveness of the Code can be objectively evaluated’. WHO cleverly and unjustly omitted to place this official request on record and replied vaguely to several delegates, promising only that ‘the status of compliance with the International Code would be included in the Director General’s regular biennial report so that it can be reviewed by the World Health Assembly’.
And this is how it has been for the past 20 years. Bland but carefully polished reports by the Director General have been based on what member states report to the organisation. Some of the reports have been extremely brief (in 2002, there was just one paragraph), some long and full of unnecessary detail. If there has been a meeting in a particular country to discuss the Code, or even just a circular to promote breastfeeding, the report might show it as ‘implementation of the Code’. Reports are written so as to upset no one, neither governments nor industry. But the very lack of judgement and evaluation is an important signal of WHO’s lack of commitment. The reports have failed to explain which governments have adopted laws, what kind of laws they are and whether all provisions of the Code are included. Do they cover all breastmilk substitutes or just the ones that companies allow? Which companies have complied with the Code, which are violating it, and how? After five years with no clear answers in WHO reports, IBFAN felt it had to start its own Code Documentation Centre (CDC) in 1985.

The Code Documentation Centre organises global monitoring, analyses national laws, decrees, draft laws, voluntary Codes and policies, and produces the ‘State of the Code’ charts. Even the chart recording government measures does not find its way into WHO reports although there are promises that it will, would, should…!

Back in 1986, I was the spokesperson for IBFAN at the World Health Assembly and told the delegates that we had produced two charts: a WHO-blue chart showing progress on Code implementation by country; and a Swiss-red chart listing what the 20 main companies were doing about the Code. I had to add that, unfortunately, we were not allowed to distribute these charts because they were not official documents but would be happy to hand them out on request (which is allowed). While I was still speaking, delegates started lining up behind me to get their request copies. There soon was such a long queue that WHO protocol officers intervened and asked me to stop distribution until after the session. A pity that nobody took pictures of that hilarious scene. It would have been less embarrassing for the organisation if it had simply given permission for the charts to be distributed.

What the episode proved was that Member States wanted an easy-to-read overview of how well or how badly their country was doing compared with others and another one showing which companies were the worst at Code compliance. IBFAN has been urging WHO ever since to provide an up-to-date synopsis of the degree of Code implementation as part of its reporting.
to the Assembly. It would help inactive Member States to think about catching up and would please those who were ahead of others. In its *Progress of Nations* publication in July 1997, UNICEF used a chart that was largely based on the International Code Documentation Centre (ICDC) ‘State of the Code’ research and files. WHO has so far turned a deaf ear to offers of help.

‘It is pathetic that IBFAN has had to do all this work without any substantive input from WHO’, says Göran Sterky, former Chief, Maternal and Child Health, and one of the authors of the Code. ‘Of course, the organisation cannot and should not work like an NGO, but at least, it should have had a serious look at the monitoring reports and passed some judgement on what seem to be systematic violations of the Code. Then one would hope that the manufacturers would have had to sit up and listen.’

*Personal communication, Stockholm, June 2003*

### The Code’s tenth anniversary

In 1991, the Dutch government organised a four-day international technical meeting to celebrate the tenth anniversary of the Code and assess its effectiveness. Fourteen countries had been invited by WHO to present case studies, reviewing and evaluating their national experience in Code implementation. WHO summed up these experiences in a background document. Both WHO and UNICEF sent all their maternal and child health staff, and the Executive Director of UNICEF, James Grant, who had been closely involved in the development and adoption of the Code, gave a stirring keynote address. Both industry and Third Sector were invited: the Infant Food Manufacturers association and IBFAN’s Code Documentation Centre.

The Conclusions and Recommendations of the meeting helped greatly in addressing misconceptions. The document clarified the universality of the Code, stating unambiguously that it ‘applies equally to all countries’; it pointed to the inclusiveness of the scope of the Code, referring to all ‘products perceived and used as breastmilk substitutes … not limited to a particular age’; it showed the negative impact of partial adoption of the Code; finally, it stressed the need for monitoring by both governments and NGOs.

Another recommendation was that documentation ‘should be gathered and disseminated by WHO, UNICEF, the Code Documentation Centre (Pen-
ang), and other appropriate organisations and bodies’. With this official encouragement, IBFAN decided to continue with a specialised legal Code service and CDC subsequently became an international foundation – the International Code Documentation Centre (ICDC).

Despite these conclusions, members of the Infant Food Manufacturers association (IFM) have continued to pretend that the Code applies only to developing countries and only to infant formula. They do so quietly, claiming that they abide by the ‘aim’ of the Code, making pious statements at WHO about the value of breastfeeding and yet denying the Code’s universality, its coverage and the applicability of WHA resolutions. It is outrageous how these corporations continue to deny the facts. They utter fine-sounding words about the issue but in practice they maintain that black is white, that what exists is not really there, that the round earth is really flat.

In the same year – 1991 – and as an indirect result of the meeting in Holland, ICDC started training courses for government officials. Although it started out with some hesitation – after all, it is not common for the Third System to train governments – it soon developed sound expertise in the subject and created a training manual, The Code Handbook, which now exists in five languages: English, French, Spanish, Portuguese and Russian.

ICDC realised how difficult it was for health ministries to draft solid legislation on the basis of an international recommendation. The text of the Code is in non-mandatory language (‘should’ rather than ‘shall’) and has a number of loopholes that ought to be closed in national law. With much support from UNICEF, the reputation of the training programme spread by word of mouth. Governments that wanted to act on the Code were invited to send a team of two: one legal and one medical person. Over the next thirteen years, quietly plugging away, ICDC taught more than 620 government officials from 130 countries to draft legislation based on the Code and on subsequent relevant World Health Assembly resolutions. It also developed model laws, adapted to different legal systems and languages.

When it adopted the Code, the World Health Assembly stressed that adherence to all its provisions is a ‘minimum requirement’ and that compliance with the Code should be monitored (WHA 34.22 and 35.26). Since 1981, most baby food and some bottle and teat makers have vaguely agreed that their practices should, indeed, adhere to the Code. At first, few bureaucrats
or even IBFANers looked behind the words, or at the precise legal meaning of fine-sounding promises. Few realised there was a huge difference between ‘supporting the aim and the principles’ and ‘adhering to all provisions’ of the Code. IFM, which represented 33 companies when it started but had lost 13 members by 1985 and is now down to 14, has been very cagey about explicitly supporting the provisions of the Code and subsequent Resolutions. In 1988 it stated that IFM members accepted ‘the aim of the Code of Marketing of Breastmilk Substitutes as the basis on which the marketing of infant formulas should be carried out’. This is like saying: we agree that breastfeeding should be encouraged but apply the Code to just a part of the products it is intended for. In other words: minimise any interference with daily business.

Some companies had been more honest at the start: Mead Johnson said in August 1981 that ‘the rigid interpretation of … the Code (as adopted) proved to be highly restrictive’ and the company could not support it. Nestlé of course, even while the Code was still being discussed, had re-

Figure 6. ICDC Impact on Code Implementation at the National Level
This chart shows the impact of 27 Code Implementation Training Courses held between 1991 and 2004. Over 620 government officials from 130 countries were trained. The 27 courses had a positive impact on Code implementation in 72 of 130 countries. The type of action taken in these countries is shown in the bar graph.
jected it, calling it ‘too restrictive, irrelevant, unworkable’. Once it was adopted, however, Nestlé as the market leader and main force behind IFM, also became a leader in wording and re-wording legal interpretations and continues to do so to this date. Already in 1982 it released ‘Instructions’ to its employees, subtly condoning many practices banned by the Code. The Nestlé Instructions were re-phrased many times in the years to follow but even the latest are still, more than 20 years later, an inadequate and misleading interpretation of the actual provisions and intent of the Code. Nestlé has been touting its policies around the world for two decades and governments often believe them to be accurately based on the Code. Obviously Nestlé keeps hoping no-one will spot the differences or that complex, boring discussions about interpretation will ensue, offsetting bad publicity and diverting attention from the harm its practices are causing children.

ICDC’s analysis of the Nestlé Instructions points out the various important places where they differ from the Code, but of course ICDC cannot reach the company’s marketing staff or even an equally wide audience. Nestlé’s Code interpretation and counter-publicity have presented a challenge to IBFAN lawyers for two decades. Conversely, Breaking the Rules, summarised in ‘The State of the Code by Company’, have consistently showed Nestlé to be the biggest violator worldwide. IBFAN has had to use different strategies to get the message across.

Nestlé continues to control approximately 40 per cent of the global baby food market, which was estimated by Euromonitor 2001 to be worth nearly USD 17 billion. Consumer anger with the company goes back more than 25 years. In a nutshell: the company’s bad practices led in 1974 to the publication of The Baby Killer, a booklet which was translated into German under the title: ‘Nestlé Kills Babies’. The students who published it were sued for libel by the furious company and a two-year court case attracted much publicity to the detriment of Nestlé, which was told by the judge to change its marketing tactics. Nestlé changed very little and by 1977, people’s organisations in North America decided to start a consumer Boycott of Nestlé, which became a huge grassroots movement and which, albeit indirectly, caused WHO and UNICEF to call for the development of the International Code.

After a seven-year highly publicised and successful Boycott, Nestlé made promises to change … and the Boycott was called off in 1984, only to be started again in 1988, this time coordinated from the UK and spreading to
20 countries. Instead of really changing its marketing and promotion, Nestlé had made several promises and some cosmetic changes. In practice it was business as usual. During the 1980s and '90s the company led the development of PR strategies, which many corporations, in other fields too, were to imitate so as to counter attacks from critical NGOs.21

With Nestlé controlling nearly half the global baby food market, continued promotion by the company was bound to go on having a negative impact on the majority of babies, whereas reducing or ending promotion would have the most immediate positive results on infant health. The company has necessarily a leadership role. Either directly or indirectly, Nestlé can set standards in marketing; its power to force other companies to get in line should not be underestimated. For practical reasons too, it would have been unwise for IBFAN to dilute efforts by boycotting all companies; it makes perfect strategic sense to keep the focus on the leader. Nestlé claims that infant formula accounts for less than two per cent of its total sales. Given the tremendous negative impact the Nestlé Boycott is having on the company’s image, one continues to wonder why it does not just give up that two per cent and focus on less controversial products and practices. Could it be that baby food is among the most profitable products? Or is it just too proud a company to give in?

While Nestlé was one of the first companies to modify most of its labels, it persists in donating baby milk to hospitals around the world. Monitors in the Philippines documented cases in the late 1990s where distributors brought donated formula to doctors’ residences so as to avoid detection at health care facilities. Evidence has also shown that several companies would deliver formula to hospitals with invoices but inform the staff that they did not expect the invoices to be paid. Despite gentle reminders by WHO and UNICEF, Nestlé still refuses to acknowledge the Code’s universality, insisting that it applies only to developing countries; Nestlé also restricts the application of the Code to infant formula and not to other foods, such as cereals, teas and juices for babies under six months.

The IBFAN ‘State of the Code by Company’ reports

The 1986 edition of ‘The State of the Code by Company’ showed ‘a marked discrepancy between the policy and practice of many companies’. The 1988 edition stated that ‘on the basis of close examination of actual marketing practices since 1986’ there was still ‘a substantial lack of achievement’ in implementation of the Code. And so it went on: in 1991 IBFAN reported a net improvement over 1988 but noted that ‘new marketing techniques were being used to make maximum use of the loopholes
and grey areas around the Code’, particularly through the promotion of follow-up milks and other formulae and through new types of promotion in health care facilities.

By 1994, direct advertising in Africa, Asia and Latin America had practically ceased, but only for infant formula. Four large companies were found to have complied substantially with the Code’s labelling requirements while others had replaced baby pictures with cartoon characters, teddy bears and other pictures that also idealise bottle feeding. Free or discount-ed supplies were still found in all 25 countries where monitoring research was carried out and nine companies were found to promote their baby foods and drinks for too early an age group. Each chart on ‘The State of the Code by Company’ was accompanied by graphic evidence in IBFAN’s *Breaking the Rules* publications.

On the eve of the 20th anniversary of the Code, in May 2001, IBFAN launched yet another set of its Code charts, summarising company behaviour and efforts by countries to regulate this commercial competition with breastfeeding. ‘The State of the Code by Company 2001’ reflected practices by 16 transnational baby food companies and 13 major bottle and teat manufacturers. Their marketing tactics were measured not only against the Code requirements but also the subsequent Resolutions clarifying the Code. By 2001, the overall ratings were found to be worse for the bigger companies than ten years earlier. Internet advertising provided a new avenue for unregulated access to mothers and doctors. Baby clubs and the resulting direct marketing (newsletters, free gifts and discounts) also saw expansion. Company-sponsored seminars and conferences for the medical profession are still commonplace despite a 1996 WHA Resolution warning of conflict of interest.

That same resolution (WHA 49.15) also urges governments ‘to ensure that monitoring the application of the International Code and subsequent relevant resolutions is carried out in a transparent, independent manner, free from commercial influence’. Of course, IBFAN did have something to do with that resolution but it was also a brave and energetic new chairperson who pushed it through without any of the amendments that so often maim a text that is clear at the start.

**Company reactions**  
Sometimes the companies reacted strongly to IBFAN’s *Breaking the Rules*, other times they deliberately ignored it. From 1982 to 1991, Nestlé employed an American politician, Senator Muskie, to audit the company’s
compliance with the Code. That function was abruptly ended, however, and the task was passed to the Infant Food Manufacturers association (see page 68). In 1991, J. Ganzevoort, then Secretary General of IFM, took up two of IBFAN’s reports on Code violations and sent them on to member corporations for investigation. It all took more than a year but eventually IBFAN received a stack of replies. Two brave monitors, Maaike Arts and Stephan Meershoek, undertook an analysis of the 116 responses received. It may be interesting to look back at how companies reacted then. The situation is very similar nowadays, which shows it is not worth the time and effort to send Code violations to companies for action.

The analysis of company responses was as follows:

- only four companies admitted to a genuine Code violation;
- 11 said corrective action had been or was going to be taken;
- seven flatly denied that the violation ever happened;

Figure 7. The State of the Code by Country 2004, a summary of how 192 governments have acted on the Code. (See also pp. 40–41.)
Marketing practices of 16 baby food companies and 14 bottle and teat companies were monitored in 89 countries around the world

- Most frequent violators are Nestlé and Nutricia.
- Wyeth, Mead Johnson and Abbott-Ross are more blatant.
- Functional and misleading claims are increasing.
- Most companies have not changed labels of complementary food to ‘6 months.’
- Health facilities and health workers are the main target of company promotion.
- None of the bottle and teat companies are in compliance: Pigeon and Avent are the worst.

Figure 8. The State of the Code by Company 2004, a summary.

- 16 ‘allegations’ were still being investigated;
- four practices ‘alleged’ to be violations were said to be allowed by national codes;
- seven companies admitted that the report did indeed point to a violation of the Code but made no mention of any intended change of practice;
- five said that only the spirit of the International Code had been broken;
- 62 said that the practice mentioned in IBFAN’s report was not a violation in their view.

Here are some substantive examples of ways in which the companies countered the complaints. Many of the complaints had been about samples and supplies and most of the companies absolved themselves on the grounds that samples were supplied ‘on request’. Bristol Myers even attached request forms where the doctor only needed to fill in the number of tins desired. However, the Code does not allow any samples, whether requested or not. Nestlé said it was obliged to give supplies in Peru because the economic situation there was so difficult. Friesland insisted that the mother and baby picture on its delivery vans was not against the Code because it was the corporate logo! Milupa said the advertising found in Mauritius was not against the Code because it was in a French magazine that happened to be sold in Mauritius. Promotional material given to mothers was called ‘factual and scientific’ information for doctors.
**Figure 9:** State of the Code by Company 2004.
This exercise showed that time and again the companies manage somehow to turn matters around to their advantage. Instead of admitting that they have a responsibility to monitor their own practices, they sit back and wait until IBFAN finds the tip of the iceberg and then they have the cheek to deny that a violation has occurred. Very often they use delaying tactics, asking for more details in order to investigate the complaint. In other instances they put pressure on a particular health facility, where a violation has been discovered, to make a statement denying that the malpractice ever occurred. Sometimes they admit to a departure from the Code but then say almost proudly that the form of advertising used was just a one-off and will not happen again. In all cases the actual damage has already been done.

When it was found that IFM had appointed Dr Frank Faulkner, a well-known scientist, as ‘ombudsman’, IBFAN and many other NGOs protested loudly about the clear lack of independence of any ombudsman funded by an industry he is supposed to check. Faulkner’s case was even more blatant because of his explicit former alliance with the baby food industry. He had been a Cow and Gate scholar in paediatrics and acknowledged receiving grants from a US infant food manufacturer to develop growth charts. In *The Lancet*, he had publicly protested against the assertion that there is a conflict of interest when health professionals accept funding from the infant food industry; he freely admitted receiving plenty of industry funding himself, and more besides: ‘Goodness knows how much alcohol and refreshments I have consumed over the happy years attending receptions supported by the industry paediatric meetings.’

Once challenged, he kept very quiet for several years and as far as we know only one group submitted a few violations to him as ombudsman. Faulkner was also editor of *International Child Health*, a magazine supported by WHO and UNICEF. Around 1997, he published a controversial policy on relations between industry and the International Paediatric Association (IPA). WHO and UNICEF withdrew financial support and, embarrassed, IPA renounced the policy. Since then we have heard no more of IFM’s ombudsman.

In fact, the *Breaking the Rules* reports with their evidence of Code violations seem to have been forwarded by IFM directly to individual manufacturers’ headquarters. These often chose to ignore them or would react in individual countries with press releases or complaints to the government. It was by pure coincidence that ICDC received a copy of one such letter to the Dutch Ministry of Health about *Breaking the Rules 2001*. It had been
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**Figure 10:** State of the Code by Country 2004.
sent by the Dutch branch of IFM, which never had the courtesy to refer complaints to ICDC as the publishers of *BTR*. The letter repeated the same vague assertion that ‘most accusations [in the *BTR*] concern products which do not fall under the scope of the WHO Code …’ and that for products for babies aged 4 months and above, companies should be allowed to give ‘adequate information … so that mothers can make a well-informed choice’ (sic).

Dr Andrée Bronner, the current Secretary General of IFM, wrote to ICDC in April 2001, demanding to see the Code violations before they were published. We replied saying we did not know of any rule under the Code requiring us to give advance notice of any information to manufacturers but promised that we would send her printed copies of the reports prior to the World Health Assembly where we launched them. We sent one for each member company found to have been violating the Code and IFM ordered another 55.

**Violations or just clever marketing?**

‘For every baby born, Guigoz plants a tree’ (*Un bébé naît, Guigoz plante un arbre*). This sounds nice and is no doubt meant to come across that way. But why would a baby food company become involved in reforestation? What was behind that great slogan seen all over France in 1990? It is often difficult to identify Code violations and this is an example we use when training monitors. Guigoz is a Nestlé subsidiary and also uses its name as a brand name. Guigoz and babies juxtaposed therefore amount to advertising that is prohibited by the Code. Ahh, many will say, let them plant trees; it’s good for the environment. To plant those trees, however, Guigoz needs a list of babies’ names, birth dates and addresses … a wonderful indirect way to build a database of mothers’ addresses, which is a goldmine for direct mail promotion. Mothers receive Guigoz congratulations on giving birth; after three months there is a mailing with a reminder that babies like juices, teas and ‘beginner’ cereals and some samples are conveniently enclosed. When the baby is five months there is another mailing congratulating the parents and telling them it is time to start giving complementary foods; more samples are enclosed or can be requested. Previously, companies obtained parents’ addresses directly from the maternities. This is now forbidden in several countries and leads to ingenious schemes such as ‘a tree for every newborn’.

Another crafty marketing ploy was described by a monitor in France around 1994. As on motorways in many countries, the famous ‘autoroutes’ crisscrossing France have service areas with petrol stations, restaurants,
toilets and so forth. A place to fill up, stretch legs and take care of the little ones. Nestlé obtained the exclusive right to set up ‘Relais Bébé Nestlé’ (Nestlé Baby Stops; nice rhyme to it in French) in eight of the largest service areas during the summer months when families go on holiday. The ‘Relais’ have a room where mums or dads can change nappies, get complimentary meals for babies aged between three months and two years, and relax … all for free! A huge success, said a Nestlé rep: the average stop is a good 30 minutes, the staff in the Relais have the mother’s undivided attention, she is happy to be given food, brochures, samples, get questions answered – it’s quality marketing time. She’ll be looking at her pouch with literature and samples all the way to the next stop. Yes, but…. Article 5 of the Code says that ‘marketing personnel … should not seek direct or indirect contact of any kind with pregnant women or mothers of infants and young children’ and should not give samples or gifts or other promotional items. The ‘Relais Bébé Nestlé’ were still operating in 2004. They are just very careful not to hand out any milk or cereal for babies less than four months old.

**Smoking guns in Pakistan**

Companies occasionally tell on each other. At a paediatric meeting in Singapore some 15 years ago, a Nestlé rep gave me a nice holder with Milupa prescription pads and we started talking about promotion. Go to Pakistan, he urged me; there is cut-throat competition there. But Pakistan is such a poor country, I countered. Yes, people are poor, he agreed, but look at the numbers! Look at how many babies are born each day … all the companies are there, everyone wants a piece of the pie. IBFAN went to Pakistan and found alarming promotion….26

When the Australian television company ABC wanted documentary evidence on the bottle baby scandal we proposed Pakistan. The following comes from the transcript of the commentary for the powerful film they made:

> In the urban slums of Karachi, where most of the city’s 10 million people live virtually on top of one another, the instructions on a formula milk tin become a parody of themselves. They call for the water to be boiled, the bottle to be sterilised. But in areas like this, human and industrial waste mingle in open drains and spill into the streets. Water, a scarce resource, must be brought from tankers, and even then it’s not fit to drink. The fuel for boiling that water is limited. Only a tiny minority of the people here can
read, and for those who do, words like bacteria and virus are not understood anyway. This is the real market place of the multinational companies. These conditions, and worse, are what most children are born into. But they are being born at an unprecedented rate and the milk market is growing along with it.

Excerpt from the commentary for Formula Fix, Four Corners documentary, ABC Television, Sydney, Australia, 1989

Syed Aamar Raza, a young Pakistani, joined Nestlé Milpak Ltd on 3 December 1994 as a ‘medical delegate’. He was picked from about 50 applicants for the job, an envied and promising position. On 30 April 1997, he resigned. He blew the whistle on his former employer and landed himself in exile, far away from his family and in fear for his life.

When Aamar first approached IBFAN, we were suspicious and showed his evidence to a lawyer, who studied the material, spoke with Aamar and then simply said: ‘The smoking gun!’ For the first time IBFAN was given an insider’s view of the hidden but common sales practices within a big multinational baby food company. As a medical delegate, Aamar had been trained to visit doctors and persuade them to promote breastmilk substitutes rather than breastmilk. To help with the persuasion, and to ‘keep the customer happy’, medical delegates are given a budget for gifts, equipment, services and financial inducements. Doctors are systematically classified into four categories: the higher they rank in importance to the company, the more generous the company is.27

Support for meetings, luncheons, baby shows, PR, excursions: all is possible and even encouraged by the supervisors of the medical delegates. Donated formula for hospitals, samples for mothers, hampers for prizes … no problem! Sales targets are calculated against birth rates in a particular area (in other words, sales must go up as more babies are born) and the medical delegates are put under unrelenting pressure to meet or exceed those targets. Aamar was doing well in his small town and received cash incentives. So why did he resign?

During a routine visit to a hospital, he witnessed the death of a baby aged four months. He had watched the frantic efforts of the doctor to re-hydrate the child but it was too late. When he asked the doctor why it had happened, the latter, still frustrated, shouted at him: ‘It’s because of people like you!’ The baby had been breastfed for the first month but a doctor had told the mother to switch to formula because her milk was ‘not suitable’. Over
the next two months, the baby suffered constant bouts of diarrhoea, the last of which was fatal. Shocked, Aamar withdrew, but shortly afterwards went back to the doctor to learn about breastfeeding. His wife was expecting their second child and he wanted to know more. In the process, he learnt about the existence of the Code and that nearly everything in his present job was against the Code’s rules: ‘I understood the role I was playing in this crime, and decided to leave my job.’

Aamar has told his story to many people in several countries. He has been offered bribes to keep quiet, but has refused. Nestlé company managers issued threats, warning of ‘lots of gangsters in Karachi and Lahore ready to kill for money’. Today, Aamar lives in exile in Canada. Nestlé has refuted his story, claims he is a blackmailer and has refused interviews with local managers and doctors implicated in the case. The company has stopped a German TV company from showing its film about Aamar. It has taken a host of other damage-limitation measures and has generally dug its head in the sand. Sometimes whistle blowers have to wait a long time to see justice done.

‘Laws are like spider webs, they catch the flies and let the hawks go through.’

Anwar Fazal

**Competition in monitoring**

IBFAN does not only monitor the International Code and subsequent relevant Resolutions (which clarify the Code and have the same legal standing); it also has to keep its eyes and ears open about others wanting to do this. Any well-intentioned monitoring done with a sound understanding of the Code is a positive contribution. For example, the Church of England commissioned a coalition of NGOs to carry out independent studies in four countries; and the charity, Save the Children, has done surveys in some of the countries where it has projects. All of these add to greater awareness and action. Sometimes, however, the intentions of those who want to undertake monitoring are questionable. To put it bluntly, we ‘smell a rat’. In those cases, IBFAN needs to find out as much as possible and as fast as possible about who might be behind the monitoring effort and why. Here is one such case.

On 13 February 1996, the president of the Infant Food Manufacturers association (IFM), Dr P Borasio, wrote a letter to Professor C. Garza of Cor-
nell University about the ‘UN University/International Union of Nutritional Sciences (IUNS) Initiative’. The letter thanked him for the Initiative and suggested that his Swedish colleague, Professor Y. Hofvander, meet with the IFM the following month to discuss it further. Both professors were well-known scientists and in that sense it was not surprising that they were discussing a proposal with the baby food industry. What was surprising, indeed alarming, was the proposal itself: it was to ‘determine legislation, implementation and compliance with the WHO Code for the marketing of infant formulas at the level of individual countries’.

Professor Garza had gone to IBFAN Geneva to explain the proposal, which aimed to ‘end the controversy in infant feeding’. (The proposal actually speaks of ‘confusion, anger and stalemate among all stakeholders’ and Professor Garza told IBFAN that it could clear industry’s good name.) A Steering Committee of four would carry out ‘scientific monitoring’ in just six countries. Up to 49 per cent of the USD 1.8 million funding was to come from industry. Professor Hofvander would first review the Code to determine ‘which parts were important’ (sic) and ultimately the exercise could lead to recommendations for changes in the Code.

It was incredible that this small self-appointed group could allocate to just one person the right to decide which parts of an internationally agreed document were relevant. Moreover, with about half of the funding coming from the very corporations the Code was to regulate, how could the project possibly be objective?

Naturally, IBFAN colleagues were more than a little dismayed. This type of monitoring would play right into the hands of the baby food companies, if it had not already been orchestrated by them. The proposal confined itself to infant formula, the way Nestlé had always wanted it. Garza was travelling around at Nestlé’s expense. He had just come from WHO and Nestlé. His next stop was UNICEF. At least one other member of the Committee, Professor Joseph Hautvast, had been on the Nestlé Foundation Nutrition Council for 10 years or more. Many members of the Advisory Board were good people who had not been consulted. Their names were on a document they had not seen or heard of, or had the chance to endorse or reject. Garza was travelling around informing some of them. One was an IBFAN colleague who immediately withdrew from the so-called Advisory Board.

IBFAN swung into action, sending a flurry of messages to inform people who were to decide on the flawed proposal at the next IUNS (International
Union of Nutritional Sciences) meeting in Accra, Ghana. To make a long story short, when Professor Scrimshaw (one of the four) was asked to publicly share the proposal with the meeting, hostility to it was so evident and critics so ready to pounce that he just called it off. The Initiative, if approved, could have made a mockery of the Code and caused more years of wrangling over definitions and the Code’s scope. Most likely, the purpose behind all of this was to prove to the world that IBFAN’s monitoring is biased and unscientific. Although this attempt to use academics to discredit IBFAN failed, the industry has not given up. There have been other intermittent initiatives to disqualify IBFAN and the work it does on the Code.

**Bribing hospitals?**

One of the grey areas in the Code is the donation of money to health care facilities in exchange for sole brand rights. In North America, quite a number of hospitals have contracts with a particular company giving them free formula for all babies as well as a considerable lump sum. It is hard to resist cash, as companies know very well. When the Toronto Women’s College Hospital accepted 1 million Canadian dollars from Mead Johnson, the hospital president implied that the money was helping to improve breastfeeding rates. Dr Jack Newman, an advisor to IBFAN Canada wrote angrily: ‘This contract is comparable to the hospital’s accepting money from a tobacco company in exchange for the hospital making available free cigarettes (and only that company’s brand) to their patients. To justify such a deal by saying the money would be put to good use is stupefyingly ridiculous.’

‘Careful, when playing with words; they may blow up into your face.’
Monitors in France noted back in 1994 that nearly all hospitals received free formula. Not surprisingly, says their report, more than 50 per cent of mothers had given up breastfeeding by the time their infant was eight days old. Hospitals in France practise what they call ‘tours de lait’, a rotation of brands month by month, so as to keep all suppliers happy but preventing an inundation of promotional material all at once. The companies keep the hospital administrators happy as well: at the time they paid a bonus of between 200 and 500 French Francs (USD 28 to 70) per birth for the privilege of having their formula freely available and implicitly, medically endorsed. The discovery led to angry articles, a parliamentary debate, urging an investigation and then when the storm had subsided … nothing … silence.

Occasionally we find proof easily: often it is hard to find the evidence but we know that these deals are still going on. In 2002 Mead Johnson was paying a Canadian hospital CAD 45 for every baby fed on the free formula provided. This is like the situation in Taiwan where some hospitals ‘earn’
USD30 for each baby fed on a particular brand of formula. One of IBFAN’s
doctor-monitors in the Middle East checked a company’s ethical guidelines
by actually requesting free formula supplies without giving any justifica-
tion for doing so. Ninety-six bottles of ready-to-feed Nan formula were
promptly delivered with no questions asked, and more were offered despite
the company’s public record of not supplying formula except in cases of
‘social welfare’ need such as cases of multiple births or when a mother has
died.34 The doctor did not want to use the supplies for babies; nor did she
want to waste it, so she found herself baking lots of chocolate cakes with it!

Industry often claims that its free formula is charity for parents who need
it but cannot afford to buy it. Doing monitoring in different countries, how-
ever, it is easy to observe that charity applies to the rich, but not to the poor.
In Italy, 14 out of 15 hospitals monitored in 1994, received donated for-
mula; in the United States samples are full-size tins. But in Cambodia, in
2001, Dumex was found to be distributing plastic sachets with a very small
quantity of formula, no labels, no warnings, no instructions on how to pre-
pare the formula … but on each sachet was a sticker with the Dumex name
so that mothers would know which brand to buy when their samples were
finished. In Burkina Faso, no samples are given at all. It is not worth it:
mothers there are too poor to become good customers.

In Malaysia, a private doctor’s office was asked to sign for a routine deliv-
ery of a box of standard size tins of Dumex infant formula; a ridiculously
low price (1 Malaysian ringgit, or about 30 US cents) was charged. Nor-
mally, the driver of the delivery van takes no money but wants the signed
paper and leaves no copy for the clinic. The doctor on duty, however, had
the presence of mind to write on the delivery order that he had not ordered
the formula, did not accept the donation and objected to the practice; he
made several photocopies: one for the Ministry, one for IBFAN and one for
the delivery man whom he asked to sign for accepting the returned ‘order’.
If more doctors were equally diligent, donations might cease. But this doc-
tor was an exception and IBFAN knows that these violations are the tip of
the iceberg.

Creating markets

As soon as Albania’s mountainous borders opened around 1990, humani-
tarian aid flowed in and part of it consisted of infant formula. Albania had
been locked away from international trade for decades and this was the
long-secluded country’s first real contact with the product. The authorities
did not even know what to do with it all and some was sent to schools. The
companies came in hard and fast soon after the humanitarian donations.
They started bombarding an unsuspecting public with advertising, gifts and samples, and sent hospitals free formula, calendars, clocks and posters. The commercial onslaught caused a dependency in health facilities and made bottle feeding fashionable.

By 1998, IBFAN Albania’s monitoring showed that the small country had distributors for all the major multinationals: Hipp, Nestlé, Nutricia, Wyeth, Danone, Bledina, Milupa, Humana, Dieterba, Plasmon and others. Hipp not only gave free formula but advertised on state television and also advised parents to give baby tea from the first week, fruit juice from the ninth week, vegetable and cereal purees from the third month and meat purees after four months. All products show brand names and are illustrated with pictures of healthy babies. All of this violates the International Code and runs counter to the latest international nutrition recommendations. Imagine the impact on mothers and health workers in a country that is racing to catch up with the outside world. Formula costs 50–70 per cent of the average monthly wage but parents make sacrifices to buy it because they are misled by all the promotion from the West. This is precisely the kind of situation the Code was meant to counteract. (And Albania is not alone, the same happens in China; but that is another story.)

‘Oh, now I understand!’, exclaimed an Albanian doctor who came for training on Code implementation at an IBFAN course in 1993. He had been studying the immunological properties of breastmilk when he startled all participants with his sudden insight. He explained that the roof of his nursery in the maternity hospital had collapsed, forcing the staff to put babies together with their mothers until it was repaired. During that time, mysteriously, infection rates went down dramatically and no one could figure out why this was so. He only realised what had occurred when he heard about the magic of IgA’s, lysozymes, macrophages, enzymes and a host of other substances contained in breastmilk but not in formula. Like so many doctors, his medical training had taught him about infant formula but not about breastmilk and lactation management. Uniting mothers and babies during the reconstruction facilitated breastfeeding on demand, giving the infants a great deal more immune protection and thus reducing the rate at which babies in a nursery pass on infections to one another.

**The value of breastfeeding**

This story also points to a remarkable change in awareness during the 1990s. Independent studies finally started showing the problems caused by lack of breastfeeding. During the first ten years of the Code, the overwhelming view was that breastfeeding was necessary in the Third World
because of contaminated water, illiteracy, poor hygiene and poverty. In rich countries, artificial feeding was perceived as almost equivalent to breastfeeding. Why bother to breastfeed if babies do just as well on formula? Cultural barriers compounded the commercial pressure and it has been extremely difficult to make a dent in the popular belief that it is mostly African and Asian babies who die because they have been fed a diluted, contaminated mixture in a dirty bottle. Industry has sought to keep alive the myth of the pristine value of carefully prepared, specially formulated milks without ever hinting that the base is actually just a fairly cheap by-product of ordinary cow’s milk with none of the protective substances of breastmilk.

Over the past ten years, ever so slowly, people have started learning more about the extraordinary properties of breastmilk and the need for all infants to benefit from it. They are still slow in taking the next step, which is the need for all countries to seriously implement the Code. Even though the Code will not automatically cause more mothers to breastfeed, commercial promotion is a totally unnecessary and misleading influence.

Well-educated, professional women in industrialised countries practise breastfeeding because they are informed and not easily swayed by promotion. In countries with well-trained health workers, such as Sweden, nearly all mothers nurse their infants. But worldwide it will take a long time before this becomes mainstream accepted knowledge and reaches middle and lower income women.

In November 2000 three Australian breastfeeding organisations published a courageous leaflet entitled Breast or Bottle: What will you choose? Courageous, because for many years, there were fears about making mothers feel guilty about not breastfeeding. This leaflet bluntly lists the disadvantages of artificial feeding in a wealthy, industrialised country. It is timely information countering the claims of baby food manufacturers.

About half of all the formula used in the United States is purchased through the federal Women, Infants and Children (WIC) programme for poor women. (Yes, there are poor mothers in the US and some inner city areas such as those in Washington DC have infant mortality rates as high as some of the poorest countries in Africa.) The easy availability of formula products and the lack of restriction on promotion in the US makes it hard to encourage breastfeeding.

In 1998 WIC bought almost USD 2 billion worth of formula although it
pays less because of a complicated rebate system. The formula is given to mothers as food aid. The result is a paradoxical situation where the richest country in the world refuses to restrict commercial promotion and ends up paying heavily for artificial feeding products as well as for the medical consequences of mothers not breastfeeding. Few babies actually die in the US but many fall sick and need to be hospitalised or medicated. On average, a formula-fed infant costs USD 331–475 more in health care than a baby exclusively breastfed for three months. And that is just for three common childhood medical problems: ear infections, gastrointestinitis and lower respiratory infections. WIC is now trying to promote breastfeeding, but without marketing restrictions, it is bound to be an uphill struggle and many poor mothers will go on bottle-feeding.

The paradox does not end here; the US has also been trying for the past 20 years to protect the baby food companies in their operations outside its territory. By forcing the Code to be adopted as a Recommendation rather than

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**Breastfeeding vs infant formula**

Many health professionals have believed infant formula to be a completely safe choice. But now, there is evidence that all babies who do not receive breastmilk are at greater risk of many diseases, some become very ill, and a few die. There is growing scientific evidence that infant feeding affects the immune system for life, and affects subsequent generations. As well, mothers who don’t breastfeed are at greater risk of some serious diseases, and perhaps mood disorders.

By comparison with babies fully breastfed for three to four months, artificially-fed babies are:
- Five times more likely to go into hospital with diarrhoea;
- Twice as likely to go into hospital with a chest infection;
- Twice as likely to suffer from a middle-ear infection;
- Five times more likely to have an infection in their bladder or kidneys;
- Twice as likely to develop eczema or a wheeze if they come from a family with a history of allergies;
- More likely to get diabetes as a child;
- More likely to have orthodontic problems;
- Premature babies are up to 20 times more likely to suffer a rare but potentially fatal condition called necrotizing enterocolitis.

**Brest or Bottle: What will you choose?**
a more binding Regulation in 1981, then by voting against it and trying to weaken each and every subsequent WHA Resolution, the US has done much harm to mothers and babies around the world. Monitoring by IBFAN in the US has brought out part of the problem. Artificial feeding is not just a Third World problem. Breastfeeding is the golden standard for feeding infants anywhere and mothers need support to do so exclusively for the first six months and to continue breastfeeding for two years or more. Implementing the Code and subsequent Resolutions is one way to remove unnecessary barriers that undermine breastfeeding. Those countries that have initiated legislation despite considerable political pressures not to do so are to be congratulated.
Breastfeeding is a human right

By definition, human rights are universal. Article 24 of the Convention on the Rights of the Child (CRC 1990) ‘recognises the right of the child to the enjoyment of the highest attainable standard of health’. Therefore, the governments that have signed up to the Convention (which is all but two: the USA and Somalia), must take appropriate measures to ‘diminish infant and child mortality and combat disease and malnutrition’, among other things. There is ample scientific evidence that breastfeeding will contribute greatly to the achievement of these goals. But more specifically, Article 24 recognises the important role that breastfeeding has in fulfilling the child’s right to health and requires states ‘to ensure that all segments of society, in particular parents, have information and education … on the benefits of breastfeeding’.

This is precisely what the International Code of Marketing of Breastmilk Substitutes sets out to do. Its primary objective is to protect parents from misinformation on infant feeding and to promote the advantages of breastfeeding. As an international Code it goes some way towards ensuring that ‘all segments of society’ receive unbiased information. But what exactly is meant by the term ‘all segments of society’?

If we go back to our circles discussed in Chapter 1 and look at the local and national space, we can see that apart from the mother and baby, many others have an interest in the way infants are fed and can exert a positive or negative influence on mothers’ choices. Among these are: the father, other children, the extended family (in Asia, particularly the mother-in-law), friends and neighbours; midwives, doctors, nurses and other health professionals; employers; local government, if the birth takes place in a public hospital; commerce, in the shape of pharmacies, shops, private clinics and hospitals and the ‘medical representatives’ who visit all these places; mothers’ support groups such as the La Leche League; IBFAN groups; and national governments, with their policies on infant feeding.

All these have a smaller or greater impact on the mother’s decision and on the health of the baby. According to the CRC, all of them need to be educated on the benefits of breastfeeding and protected from misinformation and commercial promotion in favour of artificial feeding. That breastfeeding is a human right is generally accepted by most people, but there have been some interesting and rather inconclusive debates about what exactly this right means. For every right there is an obligation…. Is breastfeeding the baby’s right and therefore the mother’s obligation? How long should breastfeeding last: as long as the baby wants or as long as the mother is willing? What about the mother’s freedom of choice?
Some will argue that since lactation is the continuum of pregnancy and birth, and since breastmilk is produced following each birth, the baby’s right seems undeniable. Most people, however, will say that infant feeding is not simply a matter of physical transmission of nutrients but that the infant’s well-being depends to a great extent on the loving care, the closeness and skin-to-skin contact that a mother can ideally give during breastfeeding. Fathers can also give a good part of this loving care and many fathers are learning how to do this.

Every woman, however, has the right to control the use of her own body, and luckily nature helps her in this: no one can make a mother breastfeed; if she does not really want to do so, the milk will simply not flow. Baby milk companies know this very well and use their knowledge when promoting breastmilk substitute materials to mothers. Stephen Lewis aptly makes the connection between infant malnutrition and denial of human rights:

Those who, for instance, make claims about infant formula that intentionally undermine women’s confidence in breastfeeding are not to be regarded as clever entrepreneurs just doing their job, but as human rights violators of the worst kind.\textsuperscript{40}

This is why commercial promotion needs to be regulated through application of the Code and subsequent relevant Resolutions.

\textbf{Figure 12.} A wide range of people have an interest in how babies are fed. From mothers-in-law to national baby food companies (such as Amul and Sari Husada) to private hospitals and ministries of health.
Most groups within IBFAN endorse the practical view that breastfeeding is the human right of both mothers and infants. IBFAN groups work to empower mothers in their right to breastfeed and to eliminate all obstacles to breastfeeding. Obstacles are often commercial; but they can also be social, and even legal. In the US, for example, some states consider breastfeeding in public to be immodest exposure – and therefore illegal; some HIV-positive mothers in the US have also been forcibly prevented from breast-feeding; this is another area where the conjunction of human rights and the International Code becomes relevant.

‘Nutrition and human rights serve as sharp reminders that people count – and that outcomes must be judged in terms of their impact on people. If the outcome of the free market is that children or women, or anyone else is left malnourished, something is seriously wrong.’

Statement by Richard Jolly, 12 April 1999

The impact on people is indeed central. When it became clear that breastfeeding could transmit HIV, many jumped to the conclusion that artificial feeding would be the solution. In terms of health outcomes, however, that has been proved wrong.

Breastfeeding, the Code and HIV

A relatively small number of infants will contract the human immuno-deficiency virus (HIV) through breastfeeding. In a community with 20 per cent HIV prevalence among pregnant women, three babies out of 100 will be infected through breastmilk; this also means that 97 out of those 100 infants will benefit from their mother’s milk. Exclusive breastfeeding is known to result in no higher a rate of transmission than exclusive formula feeding. But as yet, few mothers practise exclusive breastfeeding. Many also give their babies some water or juice, and even small quantities of either will alter the gut flora and make the baby more susceptible to infection. Studies to establish the difference in risk of transmission between exclusive and partial breastfeeding are still ongoing, as are studies on the use of (costly) antiretroviral treatment.

Mothers should make their own informed decisions after being counselled about the relative risks of the different feeding options. In addition to exclusive breastfeeding or formula feeding, as ‘extremes’, the other options are wet-nursing or feeding with home-prepared formula, pasteurised or...
heat-treated breastmilk, or breastmilk from milk banks. As IBFAN feared, however, some formula companies were quick to start undermining breastfeeding for HIV-positive mothers. Nestlé, for example, told UK school children in 1989 that up to 50 per cent of mothers in Africa should not breastfeed because they were infected with HIV. To convey the issue as ‘breastfeeding versus formula feeding’ is dangerously simplistic.

Addressing the Infant Food Manufacturers association (IFM), on 20 November 1998, Dr Gro Harlem Brundtland, Director General of WHO, explicitly asked the baby food industry not to exploit the HIV crisis: ‘…where HIV and infant feeding are concerned, the choice of a substitute feeding method and product should not be influenced by commercial pressures’. But the media often pushed for formula donations and in several countries there was pressure to reverse policies or even laws forbidding free formula – on the pretext that mothers should not be allowed to breastfeed if they had tested positive for HIV. Many mothers don’t know their status and might switch to bottle feeding in panic or ‘just in case’ (the so-called spill-over effect) or just because the formula was ‘free’. When visiting a hospital in Botswana, Code monitors were shocked to see a tin of the same brand of formula by nearly every new mother’s bedside.43 Obviously there had been a big donation affecting HIV-negative mothers as well.

Full implementation of the International Code is more necessary than ever in areas of high HIV prevalence. It protects all mothers and health workers from commercial promotion of artificial feeding and helps them make informed decisions about the choices they have. Once the Code is fully applied, the products will still be available but their labels will have the necessary warnings and instructions for safe preparation and use; there will be no advertising, no samples and no free donations to hospitals and clinics. The baby food industry is most upset about not being able to give free formula since that is the most effective way to ‘hook’ new consumers and build up the market. Faced with the ban on donations under the Code, Wyeth, one of the main US formula companies, asked its lawyer, Daniel Spiegel, former US Ambassador to the UN in Geneva, to seek an exemption for HIV-positive mothers in Africa.44

Spiegel spent months trying to convince top officials in UNAIDS that there was a clause in the Code allowing for donations for ‘babies who have to be fed on breastmilk substitutes’. UNAIDS was sympathetic but careful and passed the offer of the ‘donation’ on to UNICEF. There were further negotiations in March 1999 about the need for such measures as generic labeling, and it seemed almost as if UNICEF was ready to accept tons of free
formula for its pilot projects in Africa. (Nestlé, not wanting to be left out, was carefully watching Wyeth’s moves and was said to be ready to make similar offers.) But the devil is always in the detail. Wyeth wanted a ‘thank you’ letter from UNICEF, ‘a jointly issued press release and a photo opportunity with Ms Bellamy and Wyeth executives’.\(^{45}\) Realising it would be taken for a PR ride, UNICEF finally rejected Wyeth’s offer and bought its own supplies from a company not known for having violated the Code.

While UNICEF decided not to sell its soul, other organisations do not have the same insights and concerns. Many meetings for health professionals are routinely funded through sponsorship from the baby food industry. The Code does not prohibit this although there is a WHA Resolution (1996) warning of conflicts of interest. Here is just one example where IBFAN feels angry but helpless. In May 2001, we received ‘un cri d’alarme’ from Gabon about a two-day meeting on AIDS and mother and child health, organised by the Association des Pédiatres d’Afrique Noire. As so often happens, Nestlé had sponsored most of the participants. The scientific discussions focused on the complex question of HIV transmission. What transpired in the local media was the simplistic message that ‘breastfeeding transmits AIDS and AIDS kills babies’. Our national networkers felt desperate: there now is a real psychosis about HIV/AIDS, 20 years of effort to promote breastfeeding are gone down the drain, more mothers will turn to the bottle, there will be more diarrhoea, more respiratory infection, more babies will die …’.\(^{46}\) But there was nothing we could do.

‘Pregnant women who learn that they are HIV positive have very difficult choices to make: Should they breastfeed their newborn and risk transmission of HIV, or should they accept the very large risks of not breastfeeding? Infants in poor households have at least a fivefold added risk of death from infections in the first two months of life; higher disease incidence with added costs to the parents … the risks of not breastfeeding are much greater than the risks of HIV infection through breastfeeding.’\(^{47}\)

\[\text{Dr Michael Latham of Cornell University}\]

HIV/AIDS has caused a real setback in campaigns to promote breastfeeding. It has been hard to keep on top of the volumes of research, some of it contradictory. Hard also to point out that technological fixes are in practice not going to help those who need it most. And hard to keep up the momentum in Code implementation.
IBFAN: fast, flexible and furious

IBFAN is said to be biased – and so it is. But it is biased in favour of the protection, promotion and support of breastfeeding as called for by UNICEF and WHO. If companies use different tactics or invent new products to get around the Code, IBFAN denounces these. And if a government wants help to draft a law that will protect breastfeeding now and in the future, IBFAN will try its utmost to make sure that the law is sound and covers all products that undermine breastfeeding. But meanwhile, in its monitoring work, IBFAN’s Code Documentation Centre makes absolutely sure that all the violations it publicises relate to the actual provisions of the Code or subsequent Resolutions.

The Network has survived 25 years of hard work with little money. Although understaffed, overworked and having to deal with a huge number of sub-issues, IBFAN has actually come out stronger than ever before. IBFANers have been called all kinds of names: Nestlé-bashers, Code-pushers, fanatics, breastfeeding ideologists, even Marxists, but on the whole, the Network’s credibility has never been higher and the people working in IBFAN have shown that unity in diversity is possible and practicable. In both the North and the South, groups have become skilled at tracking down Code violations and advocating for strong and legally binding measures. For more than 20 years, the Network has pushed WHO and UNICEF to keep the Code alive and on their agendas, and to remember there is an active movement for greater corporate accountability.
Decentralisation, democracy and sharing are the basis for IBFAN’s expansion. There are no fees or membership criteria other than agreement to seven principles, all aimed at better child health all over the world. Groups nowadays are asked to sign a pledge that they will not take money or any kind of sponsorship from infant food and related industries. Despite pressures from within and from the outside to change its structure, IBFAN has maintained a ‘flat’ structure, like a fishing net, without ‘head’ or toe.

At every planning meeting there are suggestions that we start having a central office, that we change in order to get into consultative status with some UN body or other, and every time IBFAN ends up sticking to the fishing net as the best structure for what we need to do. If the UN wants IBFAN to join, it had better change its rules to allow for networks. The existing rules are rigidly drafted to allow only for ‘organisations’ with a bureaucratic hierarchy at one single address.48

This won’t work for IBFAN. At most we can give five or six addresses for the regional offices and even they change from time to time. The more active affiliates are, the more involved they become in running the network.

Flexible networking structures have the advantage of allowing many groups, organisations and even individuals to join in activities, each in their own way, and to a greater or lesser degree. Modern communication technology allows for fast email networking. Knowing what we know about breastfeeding and its contribution to child health, company practices that undermine it need to be increasingly seen as human rights abuses. That these abuses still continue makes all IBFANers at least a little bit furious. That fury may well be one of the most important things that keeps IBFAN together without any strong framework.
The Right Livelihood Award (RLA) is seen by many as one of the world’s most prestigious prizes. It is widely nicknamed the ‘alternative Nobel prize’ and is conferred at the Swedish Parliament. On 9 December 1998, IBFAN was presented with the Right Livelihood Award. This was the first time the Award went to a network rather than to individuals. The RLA Jury chose to honour IBFAN ‘for its committed and effective campaigning over nearly twenty years for the rights of mothers to choose to breastfeed their babies, in full knowledge of the health benefits of breastmilk, and free from the commercial pressures with which companies promote breastmilk substitutes’.

If you think you are too small to make a difference, try sleeping with a mosquito….

*African proverb*

The RLA citation also called on ‘governments everywhere to legislate according to the International Code of Marketing of Breastmilk Substitutes’ and challenged the companies that continue to break and bend the Code ‘to put the health and lives of babies before their profits’. IBFAN shared the 1998 prize of some USD 230,000 with two peace workers from Croatia, a Chilean and an American activist. The four had been chosen from over 100 candidates by an international jury. In addition to giving recognition and financial support to the recipients, the Award is meant to stimulate debate about their work and their values.

Needless to say, IBFAN worldwide was excited and delighted. Everybody wanted to be in Sweden at the ceremony and celebrate. It took weeks to decide democratically who would go (the process was wonderfully coordinated by IBFAN Geneva) and even then the RLA Foundation was quite overwhelmed by the numbers. The acceptance speech, written collectively and read by Ira Puspadewi of IBFAN Indonesia, emphasised IBFAN’s commitment to one of the RLA’s principal aims: that of ‘uplifting humanity’.

Every child is our future, every happy, healthy baby makes a better future for us all. By placing the well-being of the smallest and most vulnerable members of society at the centre of our work, we are preparing the way for healthy, responsible adults. By placing every mother at the centre of our concerns, by supporting her and ensuring she can choose how best to feed her baby free from commercial pres-
sure, we are increasing the dignity of women. … Lifting barriers, removing obstacles – this is IBFAN’s work. … The Right Livelihood Award increases the resolve and determination of all IBFAN members. Often women and children have no say, but they have a right to be heard. IBFAN will continue to use its voice to make their voices heard, by policy makers, by multinational companies, by employers and by the medical profession. This Award will help us to be heard more loudly and more clearly.

More awards

Earlier that same year, in April, I had been invited as director of ICDC to a luncheon meeting allegedly to discuss funding. Arriving at the venue (a bit late as I had to finish a funding report), I was totally surprised to find some 20 impatient guests waiting for me … and even more astonished to hear I had been awarded the ‘Order of Oranje Nassau’ by Queen Beatrix of the Netherlands. The prestigious award was presented in recognition of my work ‘in building countervailing power’ and giving an active voice to the consumer. Colleagues in the Netherlands had proposed me and kept it secret. A representative from the Dutch Embassy had organised the fancy luncheon and invited officials, IBFAN friends and partners (all of whom had kept the secret). The distinction was similar to that of the RLA and covered my work on baby food but also my writing on trade and development and my earlier advocacy years in Africa.

Barely a year after the RLA, on 6 June 2000, Patti Rundall, Policy Director of Baby Milk Action, the UK member of IBFAN, was awarded the Order
of the British Empire (OBE) by Queen Elizabeth. The OBE was presented to her in Buckingham Palace for ‘services to infant nutrition’. Patti has been campaigning for legislation in the UK and worldwide and is in charge of the Nestlé Boycott, all in an effort to stop the unethical practices of the baby food industry. Baby Milk Action works to protect breastfeeding and infant health. It was extraordinarily apt that Patti be recognised for her tireless work over 20 years.

Monitoring leads the way

Over the years there have been endless questions about the intention of the Code, with various interpretations of various Articles by different companies and governments, occasionally by UNICEF and even (though rarely) by WHO. How does the Code apply to new marketing practices, to new products? Monitoring reports bring a wealth of new facts and insights not only to governments, companies and media but to policymakers in the Health Assembly. The interpretation and clarification of Article 6, on the question of donations to hospitals (also called ‘supplies’), took three years of preparation; there were then two years of following up on the outcome of the WHO expert meeting. The Assembly devoted three Resolutions to the issue, eventually banning all supplies from the entire health care system. We did not know how important supplies were as a marketing tool for the industry until we started fighting for the ban. – And we have since seen how companies are using HIV as a means of trying to get round the prohibition.

In the 1990s another battle began over interpretation of ‘exclusive breastfeeding and timely complementary feeding’. It took seven years before that issue was officially cleared up. There were several studies and publications on the subject but WHO insisted that any decision had to be ‘evidence-based’. Some 3000 studies were reviewed by Cochrane University and waiting for the results was like anticipating the end of a science fiction novel with a good plot…. The end result, however, was no different from what IBFAN understood scientific opinion to be at the start. We suspect that an important reason for the long delays was again financial. There had been endless lobbying by companies and behind-the-scenes manoeuvring by WHO. The implication was clear: concluding that the optimal duration of exclusive breastfeeding was a clear six months would mean a significant blow to the potential income that industry could expect from being allowed to promote complementary feeding as of four months. The mere recommendation that mothers ideally breastfeeding for two more months had become a multi-million dollar question rather than a purely nutritional matter.
Fortunately IBFAN’s Code Handbook did not have to be revised immediately. Although it was printed in 1997 and the decision on exclusive breastfeeding came in 2001, IBFAN had always read the Code to mean ‘six months’ or ‘about six months’. It was a common sense conclusion. There were only two references to ‘4 to 6 months’ in the Code: a vague passage in the preamble and another in the definition of infant formula, which was irrelevant. There was much evidence pointing to the harm done by introducing solids at too early an age. Monitoring showed that promotion of complementary foods at three, four or five months had mushroomed and had to be curtailed. The 1994 and 1996 Resolutions led the way, but only in 2001 was the recommended duration of six months spelled out. Thus, it was by default that IBFAN had recorded the most recent interpretations of the Code. Actually, IBFAN did not ever singlehandedly re-interpret the Code as the industry accuses it of doing.

IBFAN, through its monitoring, mainly pointed to new products and practices based on misinterpretations, and its reports then led to clarifying decisions by the relevant authorities. Since the Code was adopted by WHA Resolution, the only equal way to explain the intention of the Code is through another Resolution. Therefore the Code must always be read in conjunction with subsequent relevant WHA Resolutions. A selection of important resolutions is available in Appendix 2.

**Footsie for good**

Another exciting development is the use of IBFAN monitoring reports by ethical investment companies. Several of these already exclude violators of the Code and Resolutions from their portfolios. Since pension funds in the UK are now required by law to disclose to what extent ‘social, environmental and ethical considerations are taken into account in the selection, retention and realisation of investments’, more lists have started. The *Financial Times* began indices for ‘socially responsible investment’ called FTSE4Good (footsie for good) in July 2001. At least eight top companies from IBFAN’s *Breaking the Rules* report are not listed. One of the criteria states: ‘Companies must not have breached the … International Code of Marketing of Breastmilk Substitutes according to the International Baby Food Action Network (IBFAN)’. In other words, if they do violate the Code, they are excluded from the list of ‘good’ companies for ethical investment. There are FTSE4good indices for the UK, Europe, the US and also one for the whole world. Companies must feel that extra pressure of being excluded and be furious. The solution is simple: comply with all of the Code, in all countries.
'As a responsible food company, I don’t like to have an image that I am unethically behaving’ said Nestlé’s Chief Executive Officer, Peter Brabeck, quoted in an article in *Time* magazine in February 2003. He had just been denounced by Oxfam for demanding USD 6 million from impoverished Ethiopia for a business that had been nationalised 27 years earlier. He quickly gave up on that one, promising to put any proceeds into famine relief.\(^5^2\) With regard to the Code, the *Time* article reported: ‘Nestlé says it has stopped promoting formula (sic) in developing countries (sic) and conducts regular audits, with Brabeck himself reviewing each violation to decide on appropriate action.’\(^5^3\) How come IBFAN never hears from him? And how come he still refuses to accept the universality and total product range of the Code?

Another criterion in FTSE4good is that companies should have an independent auditing system that allows for assessment by an external rapporteur. In March 2003 a Swiss shareholders’ group (ACTARES) assessed six very large Swiss companies according to the Global Reporting Initiative guidelines on environmental and social responsibility reporting; Nestlé came out as one of the two worst, precisely because its audits were found to be internal and rather secretive.

**Divide-and-rule tactics**

Looking back over the baby food campaign, one can see a pattern in the response by Nestlé, the largest baby food company in the world. While it has made some real – but many more cosmetic – changes in its marketing practices, it still tries to bypass most of the provisions of the Code and subsequent WHA Resolutions. Simply denying the evidence has never really worked, so, for the past quarter-century it has used a different set of tactics based on the principle that if you don’t like the message, kill the messenger! Nestlé has accumulated a dubious record of ways to fight its critics, seeking to separate them from institutional and wider public support and funding by undermining their credibility and objecting to their mandate to monitor. It is interesting to review these divide-and-rule tactics and to observe that they focus on eliminating support for the Nestlé Boycott and not at all on efforts to improve infant feeding.

Nestlé has been using the most prestigious public relations companies and influential politicians in desperate attempts to rebuild its image by discrediting its critics, winning a battle here and there but never succeeding in putting an end to the war. Although the company still spends a huge amount of executive time and money on seeking to undermine it, the
Nestlé Boycott has not gone away, the company’s image is still tarnished and somehow, IBFAN resurfaces unscathed time and again. How can a huge corporation like Nestlé still not get it right?

Maybe the simple answer is that Nestlé is wrong to start with but refuses to learn its lessons. A more cynical answer is that market expansion counts above everything else. Had Nestlé changed its marketing practices, the Boycott would have ended and the activists would be able to focus on other companies. Here are some of examples of Nestlé’s tactics, starting well before the Code.

- Initial warnings about deaths and malnutrition resulting from bottle feeding came from individual doctors and alerted manufacturers, as far back as the early 1970s, that they needed to change. By and large those warnings were ignored.
- The libel suit against the student publishers of ‘Nestlé kills babies’ was one of the first attempts to isolate and taint its critics; it backfired as it led to international indignation.
- With the Nestlé Boycott spreading like wildfire in the USA, Nestlé hired Hill and Knowlton, one of the largest PR firms in the world, to stop churches from joining the Boycott. Its glossy brochures had the reverse effect.
- Possibly the best-known blunder by the company was a testimony at the US Senate in 1978 when the Brazilian Nestlé president, Oswaldo Ballarin, accused the Boycott of being ‘an indirect attack on the free world’s economic system’. He was practically laughed out of the room.
- Next came a new strategy to use ‘third party rebuttals of the activists’ case’ so that the company would not be implicated. An article in Fortune magazine in 1980, entitled ‘The corporation haters’, was slated for massive reproduction but the plans were leaked and Nestlé’s top managers were shamed in major newspapers.54

The Washington Post, which had received leaked internal memos from a ‘mole’ within Nestlé, caused an uproar with an article entitled ‘Infant formula maker battles boycotters by painting them red’. The author, Morton Mintz, revealed how Nestlé was determined to discredit the Boycott organisers and separate them from wide church support, notably by arguing that the critics were ‘Marxists, Marching under the Banner of Christ’. The Mintz article was published on 4 January 1981, just in time for the annual meeting of WHO’s Executive Board, which was due to examine the draft Code and forward it to the May Assembly for adoption.
Development Dialogue

Director-General, Halfdan Mahler, referring to this and other press coverage, said with his usual irony that freedom of expression seemed to involve the right to be as far from the truth as possible and also to harm children’s health….\(^55\)

Once the Code was adopted, Nestlé employed a different tack. It hired PR specialist, Raphael Pagan, as President of the Nestlé Coordination Centre for Nutrition in Washington.\(^56\) In 1982, Pagan almost got the strategy right by organising a big press conference around the first Nestlé Instructions to its staff about how to apply the International Code. The press release for this was entitled ‘Nestlé completes WHO Code implementation process’.\(^57\) As explained earlier in this article, all of Nestlé’s Instructions – and there have been several versions – fall well short of the Code. But it was difficult for IBFAN to make its analysis of the Instructions newsworthy: fine points about legal loopholes are not very ‘sexy’.

Moving the goal posts?

The first Nestlé Boycott, predating the Code, was about infant formula and so were the Nestlé Instructions. The Code, on the other hand, is about all breastmilk substitutes. The first Boycott was about babies in the Third World and, similarly, Nestlé’s Instructions were to apply only in developing countries; but the Code applies to all countries. Suddenly IBFAN was being accused of moving the goal posts, of making unfair changes in demands, which did not allow the poor company to catch up…. But Nestlé was pretending that it was applying the Code, not just meeting the Boycott demands. There was no ambiguity, as WHO and UNICEF pointed out repeatedly, about the Code being universal and covering more than just infant formula. Obviously, the company’s strategy aimed to put an end to the Boycott. It offered too little, too late.

In another move, early on, in 1982, Nestlé hired well-known former US Senator Edmund Muskie to head the Nestlé Infant Formula Audit Commission (NIFAC). Soon known as the Muskie Commission, NIFAC had been set up to monitor the company’s marketing practices in relation to Article 11 of the Code. It examined complaints about Nestlé’s marketing and forwarded the ‘alleged Code violations’ to the company’s headquarters. Often the Commission would request more information and on the whole took a long time to issue reports. But after a while it was doing a fairly serious job of auditing the company’s practices and IBFAN started to submit Code violations regularly to the Commission.

In the late 1980s some of the Commission’s members did a study of their
own in Mexican hospitals and found serious Code violations there by Nestlé. The study was suppressed for a while but soon leaked out. Less than a year after the study results became known, on 12 June 1991, the ‘Muskie Commission’ was dissolved. On 28 June, Muskie, who allegedly had been paid USD 500 an hour by Nestlé, returned the unprocessed complaints to IBFAN with a letter announcing the Commission’s demise and hence its inability to finish them.58 We can only surmise that Muskie had become too independent to be useful to the company.

Church backs Boycott

Worldwide headlines in 1991 announced the news that the Synod of the Church of England had voted – almost unanimously, and for the first time in its history – to support a call to boycott a company. The Synod had endorsed the Nestlé Boycott. The immediate result was a sharp three per cent drop in UK sales of Nescafe and an incensed Nestlé. Year after year, the company bombarded Synod members with brochures protesting its innocence and attacking IBFAN and UNICEF. Nestlé’s Code violations were presented as invalid because the product was not an infant formula or was not promoted in a developing country; other violations were projected as one-off mistakes, rather than systematic practices. In 1994 the Synod once again debated whether to extend the terms of the Boycott and to disinvest. Faced with conflicting information and not fully understanding the intricacies of infant feeding, its members were utterly confused and decided to suspend, but not end, the Church’s support for the Boycott while conducting its own investigations.

It then formed the Interagency Group on Breastfeeding Monitoring (IGBM), consisting of 27 church, development and academic organisations. IGBM developed its own monitoring protocol and set out to survey the incidence of marketing and its impact on breastfeeding in four countries (Poland, Thailand, South Africa and Bangladesh). The report of its findings, published in 1997 under the title *Cracking the Code*, enjoyed unprecedented publicity. Its conclusion was that companies were systematically violating the International Code and subsequent Resolutions. The results were seen by many as validating IBFAN’s monitoring record; UNICEF, for example, stated that ‘the findings of IBFAN are clearly vindicated by this report’.59 The Church of England, however, was still hesitating.

When the Synod met in York in July 1997 it endorsed the conclusions of *Cracking the Code*, but the motion to reinstate the Boycott was lost by 12 votes. Nestlé’s strategy had worked. The company had flown in staff from
the Third World, spread misleading rumours that support for the Boycott was waning, that the Church of Sweden had decided not to support the Boycott (while in reality the Swedish vote had not yet happened), that the free formula found in Thailand by IGBM was intended for babies of HIV-positive mothers (but IBFAN knew that the Thai government provides for such cases), and so forth. After pledges by Nestlé that it would abide not only by the Code but also by the subsequent Resolutions, the motion in favour of dropping the Boycott was passed. Many Church members were left saddened and disturbed. The Church decided to use its investments in Nestlé to enter into ‘dialogue’ with the company so as to encourage it to change its ways. Some months later, the York Council of Churches (UK) announced that it had accepted a donation of GBP 100,000 from Nestlé….

**Nestlé’s little problem**

The UK’s Advertising Standards Authority (ASA) questioned Nestlé on the truthfulness of its assertions about its record on Code compliance. Nestlé’s assertions had appeared in an advertisement placed in 1996, in yet another attempt by the company to undermine its critics. After challenges and counter challenges, taking almost three years, the ASA verdict warned Nestlé not to repeat any such claims. The ASA has no sanctioning power, however; much more punitive was adverse publicity in *Marketing Week* of 11 January 1999, in the form of a damning cartoon on its front cover.

Nestlé hired another PR firm, Saatchi and Saatchi, which advised it to ‘aggressively advertise its links with charities and good causes’ – so as to avoid bad publicity – and to build ‘a surplus account for the times when you have a crisis’. Nestlé immediately stepped up its corporate sponsorship, only to find that time after time its efforts backfired. High profile celebrities and several development groups publicly rejected its offers of largesse and refused to have anything to do with the company. In the process many more people became aware of Nestlé’s unethical practices.

**Getting back at UNICEF**

In January 2000 – some 10 years after its involvement with Senator Muskie – Nestlé hired Geraldine Ferraro, another US politician and a former vice-presidential candidate. Ferraro runs a consultancy firm owned by Nestlé’s advertising company and says she found it hard to say ‘No’ to the assignment offered by Nestlé. Her brief seems to be to lobby Carol Bellamy, the Executive Director of UNICEF, into changing her position on the company. In PR terms, this is a masterful move on Nestlé’s part. The two women, both lawyers, had both run for political of-
lice in 1978 and have been close friends since then. It should be easy for them to settle the matter over a cup of coffee or a bottle of wine. Or, so one would think.

According to the *Wall Street Journal*, Nestlé’s Chief Executive Officer Peter Brabeck had failed miserably in 1997 when Bellamy gave him the cold shoulder at a meeting by leaving his high-power delegation with her deputy who told Nestlé that the violations would simply have to stop. UNICEF was firm about Nestlé having to accept that the Code is universal, applies not only to formula and regardless of national legislation. Brabeck was very upset and was said to have had a ‘tantrum’.62

Brabeck became even more angry when, two weeks later, he received a letter from Carol Bellamy, citing ‘outstanding and significant differences on the content and application of the International Code’ and concluding that there was no point in maintaining the contact.63 He said he recalls thinking: ‘The world’s leading food and beverage company is just being thrown a door in its face and told, “Go Home”.’64 He fired off a letter to UN Secretary-General Kofi Annan, who replied politely that he shared the UNICEF and WHO view about the Code being universal. No wonder that Brabeck is prepared to pay high fees (Ferraro won’t say how much) to retain a consultant who is so well placed to lobby Bellamy.
The same *Wall Street Journal* article, reflecting corporate anger over UNICEF’s refusal to accept commercial offers of free formula for HIV-positive mothers, says companies claim that ‘UNICEF relies for its information on a network of activist groups driven by a pro-breastfeeding ideology’. By retaining Ferraro, the article reports, Brabeck hopes ‘to get to the bottom of the strange and very difficult-to-comprehend attitude of UNICEF’. Brabeck accuses UNICEF of treating the company ‘like a criminal’. Bellamy responds coolly to that charge: ‘The only thing we consider Nestlé to be is a non-Code-compliant infant-formula manufacturer’.65

In other words, if Ferraro succeeds in driving a wedge between UNICEF and activists ‘driven by a pro-breastfeeding ideology’ she will have solved another of Nestlé’s PR problems. This would not of course change the company’s marketing practices or help make the world a safer place for babies, which is the purpose of the Code. But such concerns seem only to worry IBFAN, not Nestlé. In December 2000, Ferraro led another Nestlé delegation to UNICEF, but we have no details of what happened there, nor what has happened since.66 No one from the outside knows what this meeting was about, no notes are available for public scrutiny, thus there is no clue as to whether UNICEF is doing the right thing in its new approach and whether infant health might or might not be harmed.

What we do know is that UNICEF responded quickly and positively to a recent ICDC warning about the Swiss promoting their inadequate voluntary code as a model for other countries. Ms Bellamy replied on 22 April 2003 that ‘UNICEF encourages the adoption of legally-enforceable measures to implement the Code and subsequent WHA resolutions … and provides technical support … in collaboration with national or regional IBFAN groups’ and that she looked forward to meeting with IBFAN and continuing the collaboration with our network. WHO also responded in a very positive manner. So far so good.

**Nestlé plays hooky** Nestlé failed to turn up at the first hearing of the European Parliament’s Development and Cooperation Committee in November 2000. The Committee had selected the food industry and the clothing industry for starters in an effort to set EU Standards for European Enterprises operating in Developing Countries. Although Nestlé had initially welcomed this chance to put its case to the Parliament, it apparently changed its mind, maybe after hearing that IBFAN and UNICEF representatives would also be present. The hearing came on the heels of adverse publicity about Nestlé’s un-
ethical marketing practices in Pakistan. It seems likely that the company felt its reputation would be less damaged by its non-appearance than by being required to answer embarrassing questions about bribing doctors, setting sales targets and issuing threats to the whistleblower who denounced all this and provided hard evidence (see Chapter 2, section on ‘Smoking guns in Pakistan’, p. 43).67

Richard Howitt, Euro MP and Rapporteur on Corporate Social Responsibility, declared that Nestlé and Adidas (the latter accused of unethical treatment of workers in Indonesia) had shown ‘utter contempt for a properly constituted public hearing’ by failing to attend the hearing and that such conduct revealed ‘a combination of arrogance and distance which has set their cause back’.68 After hearing statements by UNICEF and IBFAN’s Consumer Protection Network in Pakistan, the European Parliament became even more convinced that it was time to regulate multinational companies. In May 2002, in response to proposals by the EU Commission to encourage corporate responsibility through self-regulation, Richard Howitt asked instead for legislation:

- requiring companies to report annually on their social and environmental performance, and
- holding Board members personally responsible for the company’s practices in developing countries.

He cited the million and a half babies dying because their mothers, misled by marketing practices, did not breastfeed and noted that self-regulation did not work: ‘… of 2,500 voluntary codes of conduct promoted by business, two-thirds ignore internationally recognised standards, avoid independent verification or disown responsibility down their supply chain … now it’s the time for regulation to complement business activities.’69

We sent copies of the most recent monitoring report, Breaking the Rules – Stretching the Rules 2004, to all manufacturers covered by the surveys. The report was launched in May 2004 in the House of Commons in the UK and resulted in considerable press attention. Two months later, ICDC received a letter from Nestlé headquarters with a five-page request for details on about 38 per cent of the Nestlé violations reported. The company also wanted monitors’ names and addresses. IBFAN does not release names of monitors because that has led to harassment. The request was said to assist the company in its investigations which we doubt as Nestlé claims to have an efficient internal monitoring system and a global army of marketing
staff who could supply the necessary information. Besides, Nestlé representatives had already visited several IBFAN monitors in their respective countries to argue over reported violations.

Nevertheless we provided them with a nine-page answer. We gave details where these were warranted and questions about why scanned images of labels and flyers within a specific country were insufficient for their marketing staff to trace. We also asked if the remaining 62 per cent of violations which were not queried were accepted as legitimate violations. We never received a response. Was the company just testing us? Were they hoping to exhaust our limited resources? Or will they be making the necessary changes in their marketing behaviour?

**Bottom up if top down won't work**

The international climate is not conducive to regulation but one can hope for some more worries in the corporate board rooms at the prospect of the EU tightening controls, possibly leading to greater respect for the Code and other international standards. And, if it does not come from the top down, we must never stop trying to make it come from the bottom up: IBFANers and other concerned individuals have heard too many PR messages and found them to be empty promises. They will not allow Nestlé to
sleep easy until it changes its practices in all countries. From people like Germaine Greer (quoted in the UK media in April 2002 as saying: ‘Meet Nestlé?, I’d rather meet Rose West’) to grassroots campaigners on the Nestlé Boycott, to delegates at WHO and doctors in Latin America, all are deeply suspicious of the food giant and will keep its image tainted for decades to come. Here’s what happened at the 2002 World Health Assembly.

In the early years of the Code it was quite common for industry to invite members of delegations to the WHA on an all-expenses-paid visit on the particular day that a resolution on infant feeding was due to be discussed. We did not know that this was still happening until May 2002, when Nestlé made the mistake by inviting two African delegates to visit its idyllic Vevey headquarters at the other end of Lake Geneva on the very day of the WHA debate. The two Africans gave the impression that they were seriously entertaining the idea, asking all kinds of questions about when they would be picked up and whether lunch was included, while laughing up their sleeves – since both were IBFANers though on their national delegations. Of course they would never go to the Nestlé headquarters, no matter how attractive the offer or how educational the visit might have been.

IBFAN also takes a long-term approach, slowly but surely introducing the principles of the Code into the minds of young nutritionists, and sometimes even taking over from Nestlé…. A paediatrician, one of the many health professionals who have joined IBFAN in Latin America over the last ten years, wrote to excuse himself from a meeting by explaining that it coincided with the opening lecture at the University’s School of Nutrition: ‘I cannot miss this guest-lecture because for the past three years I have been speaking there on the Code. Students always remember their first lecture. And the professor who wants me to come every year explained that when she was a student, she never heard a bad thing about bottle feeding because the teachers then in charge of infant feeding were also employed by Nestlé.’

It is little wonder really that this enormous transnational, which has infiltrated markets in so many subtle ways in so many countries, is attracting the ire of ordinary people the world over.
Against the stream

In May 1998, the new Director General of WHO, Gro Harlem Brundtland, said in her acceptance speech that she was going to reach out to the business sector and build constructive relations with industry. This worried IBFAN, which had welcomed the choice of a woman as head of the agency and hoped that she would be a strong advocate of breastfeeding. After all she had breastfed all her own children, the last one while chairing cabinet meetings in her native Norway. Unlike her predecessor, Hiroshi Nakajima, she did not have a direct industry background. But times had changed; this was a new world. And Brundtland contributed significantly to that change.

During March and April 1998, several governments received notices from Nestlé, saying the World Health Assembly in May would not include any Resolution on Infant Feeding. This was very strange. Why should a company tell governments what to do or not do? It was an even year, meaning a Code-reporting year, and usually the debate ends with a Resolution. Along with the veteran IFM lobbyists, there was a new industry lawyer, Daniel Spiegel, former US ambassador to the UN in Geneva. He was now retained by Wyeth, an American baby food company with a large export market. He explained to ICDC that he spent the entire week before the WHA explaining to government representatives in Geneva that there was no need for a Resolution ‘since the new Director General of WHO would arrange global consultations with the NGOs’.

This was the first we had heard of linking consultations to any Resolution although a senior WHO official had exerted direct pressure on IBFAN Geneva not to push for any Resolution. Putting the pieces together we felt there was a conspiracy to act in an unfair and unconstitutional manner and, together with some governments that shared our concern, we decided to go against the stream. Zimbabwe tabled a draft resolution and there was a growing list of co-sponsors. The Assembly was short – only one week in length – and this year there were plenty of other distractions, including an exciting long speech by Fidel Castro. Everybody wanted to hear him and the UN General Assembly hall had never been so full. Resolutions have to be submitted 48 hours before the scheduled debate. Some of the co-sponsors wanted changes; we tried hard to get agreement on the text. But the time was very short. Then, suddenly, Zimbabwe, the main sponsor, announced that it had withdrawn its text … 24 hours before the debate. The pressure had been too great. WHA 1998 would go on record as an exceptional reporting year without a Resolution on Infant and Young Child Feeding.

By November 1998, Brundtland scheduled two sets of Roundtable discussions, one with IBFAN and other consumer groups and the other with the

4. The New World of Partnerships
baby food industry. The objectives of the Roundtables were to set up a ‘consultative mechanism’ and to identify ‘issues, principles and processes for establishing a regular forum for exchange of information between consumer and community-based NGOs and the infant food industry’. Brundtland obviously felt that a political solution could solve the lingering problem. She was a new leader, full of confidence and optimism, and thought she could succeed where others had failed. Between the intransigence of the baby food industry and the stubborn independence of the Third System activists, she figured she could be the honest broker.

It was a typical case of WHO fence-sitting, with Bruntland presiding over two warring factions. But the two sides were far from equal in power and their motivations were totally different. While industry was interested in re-defining the Code to suit its own ends, IBFAN groups felt the Code and the relevant Resolutions should be fully implemented as they were. IBFAN was on the side of babies and the majority of WHO Member States that support the Code and had over the years adopted several Resolutions clarifying parts of the Code. Monitoring was showing that industry consistently refused to abide by the Code and that it was interfering with governments wanting to adopt strong laws. Why should consumer groups sit down with industry behind closed doors at WHO?

IBFAN felt that Brundtland should, instead, keep the debate in the public arena and put her power and influence behind WHO policy, as established by the collective decisions of the World Health Assembly. Those decisions, made with public health in mind, could only be renegotiated within that forum, if at all. The Director General should stand up for the International Code, affirm its universality and state clearly that the Resolutions had the same moral force as the Code. Responsibility should not just be relegated to individual countries, and WHO could do much more to act on the principles of its collective wisdom. ‘On this issue WHO has been sitting on its backside for a full decade’, says Göran Sterky, former Director of WHO Maternal and Child Health, ‘there are so many strong Resolutions that could have been used imaginatively for improving infant health, but the Secretariat has been ignoring those directives. We have to put the blame on those in the Secretariat who did not dare or didn’t want to take any initiative and on the political leadership’.

No further meetings were held beyond the two Roundtables and WHO’s final report was made public in December 1998, without the incorporation of changes made by NGOs, contrary to what was agreed during their meeting with WHO staff.
Nestlé’s big blue book

Industry blamed the ‘campaign groups’ for not wanting to pursue the Roundtables, and Nestlé continued with its PR efforts and produced a huge 180-page bound volume entitled ‘Nestlé Implementation of the WHO Code, Official Response of Governments, Report to the Director General, World Health Organization, July 1999’. The ‘blue book’, as it came to be referred to, was supposed to be proof of the company’s compliance with the Code in 54 countries. It consisted mainly of very short official letters replying to Nestlé’s question as to whether the company complied with the aim of the Code, with local legislation and in some cases, with the company’s own policy. It provided no evidence of any substantive monitoring in any of the 54 countries. Most of the countries had no legislation on the marketing of breastmilk substitutes and no monitoring system. Many of the letters had been signed by people without the authority to do so and at least one was a simple acknowledgement of receipt of Nestlé’s letter.

Hundreds, maybe thousands, of copies of the book were sent to governments, journalists, parliamentarians, health professionals, NGOs and international agencies around the world. What ensued was another PR debacle for Nestlé but unfortunately only for insiders to the debate.

Several governments publicly denounced Nestlé’s so-called proof of Code compliance but, strangely enough, WHO’s Director-General, the principal recipient of the Report, kept mum. There was a rumour that she was extremely embarrassed and angry about the book and had told Nestlé never to do such a thing again; but we have no letter, nothing official, to confirm that. Why is WHO not defending its own Code, its own Resolutions? Does it have anything to do with its partnership policy?

Carol Bellamy, Executive Director of UNICEF, copied her three-page dismissal of the Report to Dr Brundtland. ‘Obtaining certificates of Code compliance from Governments where monitoring is not taking place, would not seem to us an appropriate basis’, she pointed out, for Nestlé’s claim that it complies with the Code. She went on to give specific reasons as to why compliance was questionable in at least 23 of the 54 countries. Another interesting point in her letter was that the Report did not list the governments approached by Nestlé, which would have allowed readers to see who had declined to issue any certificate of Code compliance, such as China. She concluded by saying ‘… we still have a long way to go in achieving full implementation of the Code, including all the subsequent relevant World Health Assembly Resolutions’.
Public-private partnerships

The recent and pervasive trend both in the UN and in governments of entering into public-private partnerships (PPPs) is clearly part of the growing power of transnationals; it is part of corporate-led globalisation. As Judith Richter points out, relations between companies and the UN have always existed, so why call them partnerships now if it is more like a forced marriage. The use of the term ‘partnership’ is problematic, she feels, it insinuates trust and marginalises concerns about conflict of interest. Has anyone really looked at how much added value there is in setting up partnerships?

Criticism of WHO’s cosying up to Big Pharma and the World Bank was rife both inside the organisation and in the media. The following extract comes from a piece that appeared in *Le Monde Diplomatique*:

> Dr David Nabarro, Executive Director at Dr Brundtland’s office, justifies the Director-General’s chosen course of action: ‘We certainly need private financing. For the past decade governments’ financial contributions have dwindled. The main sources of funding are the private sector and the financial markets. And since the American economy is the world’s richest, we must make the WHO attractive to the United States and the financial markets’. Presented as a statement of genuine need, the belief that the WHO should submit to the dictates of Washington and global liberalisation while seeking charity from the large institutions is a matter of ideology, since private-sector contributions account for a tiny fraction of the organisation’s resources.

For years, IBFAN has been opposed to the idea that pro-profit interests (the Second System) be invited to sit down and discuss public health policy with the First System. The incredible economic power of the private sector would ensure that corporate agendas rather than the health needs of the poor are addressed. Of course, this would be done in a very subtle way; there would be no blunt language, but a gradual approach. There are plenty of good speakers with an excellent command of UNese who could be called on (for the right fee) to start off in an appropriate tone. IBFAN’s position that neither industry nor industry apologists should be allowed in, at least not together with public-interest NGOs, is frequently dismissed as antagonistic or unrealistic. The perception that governments (or the UN) cannot do things alone, i.e. without the private sector, goes hand in hand with the imagined prospect of huge amounts of untied money coming in from corporations. That anticipation has proved unrealistic.

There are global promises and national threats. While the marketplace has gone truly global, governance today remains essentially national so it is
easy to see how corporations can play one country off against another. Like companies, countries are also taught to remain competitive: if yours does not get the capital and the employment you want so badly, the government next door might get it. Nestlé told Zimbabwe that if the government persisted with its strong regulations based on the Code, it would pull its factory out of the country. Zimbabwe called Nestlé’s bluff and both the law and the factory stayed. But how many governments will take such chances? How often will a ministry of health win against a more powerful ministry of trade or industry? It is easier for the market to play chess with countries than for countries to stick to good governance.

The loss of integrity and independence that results from accepting any kind of partnership is hardly questioned nowadays. Von Uexkull warns that governments may lose legitimacy: ‘Government officials now believe that government’s role should be to create environments in which business can flourish rather than to try to tell business what it should do’.76 ‘By abandoning their responsibility to govern in the interest of all, governments are losing their legitimacy. Market rule means a return to the time when only propertied classes had a vote.’77

And the consequences for the poor are hardly promising, as Claudio Schuftan quotes from an UNRISD paper: ‘With globalisation, the trend is thus towards a drastic reduction of state-based entitlements and their replacement by market-based, individualised entitlements ... But the invisible hand of the market has no capacity to create a decent society for all. The law of supply and demand can fix the market price of bread, but it does nothing to alleviate hunger, famine and ill-health.’78

In 2002, IBFAN had to alert the World Health Assembly about the dangers of the possible inclusion of industry in the new Global Strategy on Infant and Young Child Feeding. Speaking on behalf of Consumers International and IBFAN, I reminded delegates that:

The Global Strategy, just like the Code and its Resolutions, is also universal and … it will face threats from free market ideology…. IBFAN is quite prepared to join WHO, to throw its weight behind the
Global Strategy, but we need to know who else will be involved in the implementation.... Involvement by the commercial sector is most likely to create conflicts of interest and may undermine everything the Strategy tries to achieve.

In the current euphoria over partnerships with the private sector, some of you may wonder about IBFAN’s insistence on keeping industry out of breastfeeding … about keeping commercial companies out of all places where infant feeding decisions are made…. But we are consistent with WHA Resolution 49.15 of 1996 and we have good reasons to be wary. We have seen too many cases of industry interference…. We have seen the Nestlé letters to the Ministers of Health in Africa lobbying to reverse the effect of the Code. We have heard about the distribution of booklets in Latin America, stating the Code is fully complied with. We know that is not true. We have seen the information to mothers with conflicting messages by companies like Nutricia. Partnership in the light of these cases is like inviting the fox to guard the chicken coop. There can be no partnership in policy making.

We are concerned, that the Strategy could be seriously eroded by what has been called ‘the privatisation of implementation’. We are pleased that the Global Strategy highlights in para 44 one simple role for the for-profit sector, and that is that ‘their conduct at every level conform to the Code, subsequent World Health Assembly Resolutions, and national measures that have been adopted to give effect to both’. We ask industry to fully respect this in order to avoid conflicts of interest between commercial objectives and the public health agenda.79

The 2002 Resolution (WHA 55.25) officially endorsing the Global Strategy was adopted after a drafting committee spent two hours arguing over the definition of civil society. IBFAN had advocated against the use of the term ‘civil society’ because it would have meant that business interest groups (BINGOs) could have access to policy meetings regarding the Strategy’s practical implementation. All references to ‘civil society’ were removed from the Resolution, another big success for IBFAN.

PINGOs and BINGOs

Although that one Resolution was ‘cleaned up’, the general problem with ‘civil society’ remains. (See Chapter 1, p. 15, for the reasons why I have refused to use the words.) The term has caught on with many people who have no idea of how it is defined and what implications that might carry. There are at least 65 definitions of ‘civil society’, we were told by the Dir-
ctor of the Civil Society Initiative (CSI). The Initiative had been established by WHO in June 2001 to update and strengthen relations between WHO and ‘civil society’. If there are that many definitions, we would have expected CSI to identify the one most appropriate to the organisation and provide clarity as to who is included or excluded. If the concept of ‘civil society’ is too wide (which it is), CSI could have consulted widely and provided sub-categories. This would have helped the Executive Board in its decision-making about how these categories could qualify for accreditation and collaboration with WHO and specify the different privileges and obligations for each category. Or else CSI should just have stuck to defining NGOs and the private sector as two distinct entities without making it sound as if the two could happily be merged into a ‘civil society’.

Instead, the many colourful papers produced by the Civil Society Initiative have added to the confusion and have further blurred the distinctions between public sector, private sector, the commercial sector, the Third System, people’s movements, voluntary organisations, etc. The CSI 2002 ‘Review Report on WHO’s interactions with Civil Society and Non-governmental Organisations’ again talks about the diversity and range of membership organisations, companies, foundations, networks and federations and indicates the focus of some of them, but in a haphazard way, more as illustrations. There is no attempt to list or classify, no clarity. The Report briefly describes the urge of the ‘civil society community’ to see a distinct classification of business-linked organisations as private sector and not as NGOs. In the concluding part the Report recommends that the ‘new policy keep using the old term NGOs defined as non-state, not-for-profit, voluntary organisations’. Full circle and back to square one.

The draft policy for relations between WHO and NGOs had been submitted to the 2002 Executive Board and somehow the US managed to introduce an additional phrase saying that NGOs are *also*: ‘not-for-profit organisations that represent or are closely linked with commercial interests’!! This, of course, was in contradiction with the NGO definition in the Review Report and with the wish to see a clear distinction between PINGOs (public interest NGOs) and BINGOs (business interest groups). A vague reference to avoiding conflicts of interest weakened the draft policy further. It replaced a phrase about collaboration with NGOs ‘representing commercial interests’ having to follow the mechanisms and practices for interaction with commercial enterprises. That phrase itself was weak enough, because the ‘mechanisms’ alluded to are not clear. But the sentence that replaced it was even weaker.
The document presented to the 2003 Assembly by CSI after two years’ work was an attempt not to rock the boat but it pleased no one. ‘Civil society’ was not defined and the old definition of NGO was further diluted, instead of strengthened. And worse was to come. In a surprise last-minute move during the Assembly, China had everybody stumped by proposing an amendment to the draft policy asking for prior ‘consent of the government concerned’. Nobody found that acceptable but as diplomats they had to be polite about it. The debate was turbulent and confused; the chair did not appear to try to find a common thread to guide the discussions and the easiest solution was to send it back to the Executive Board. The NGOs, including IBFAN, whose status was being discussed, had their statements ready but the debate was closed without them being heard. Were they forgotten? Or was there deliberate manoeuvring? Back to square one, indeed.

Censorship?

While we would like to give the Secretariat the benefit of the doubt, something else had happened during WHA 2003, which makes one wonder. For the discussion on Strategic Directions for Improving Child and Adolescent Health, we had submitted a brief intervention underlining some concerns. One of them was about the frequent mention of the word ‘partners’ under directions for implementation:

As consumer organisations, we have learnt the hard way that the role of ‘partners’ must be clearly delineated in order to avoid any and all conflicts of interest. The ultimate outcome of all WHO’s strategies must be better public health while the objective of many keen ‘partners’ is an increase in private wealth. It is timely that this Assembly will soon look further into this area when reviewing the relations with NGOs. Para 44 of the Global Strategy on Infant Feeding acknowledges the baby food companies but does not call them partners and limits their role to complying with the Code and the Resolutions. Keeping commercial companies at arms length like this may be useful for other strategies as well.80

It was a minor and mild short speech; our big one on the same topic, to be read by a colleague, was to come under the discussion over NGO relations with WHO.

To everyone’s great surprise, at the start of the debate, we were handed an internal memo asking us to pull the speech. For the first time in 20 years we were being censored! Even members of CSI’s staff were shocked. The memo said: ‘The Secretariat … would like to consider baby food companies partners provided they abide by the provisions of the International
Code and subsequent WHA Resolutions … we find it inappropriate to provoke a discussion on who qualifies to be a partner…. We therefore would advise that Ms Allain be requested to withdraw this intervention…. Of course we did not withdraw it. How could we? That same morning, in Committee B, none of the NGOs wanting to state their grievances about partnerships and NGO relations were given the floor. Coincidence?

It may be a good thing for the Executive Board to start re-considering NGO relations. Some of the CSI documents have a heading that includes the words ‘civil society’, followed by text that refers only to ‘NGOs’. Elsewhere the CSI says the term NGOs is used synonymously with Civil Society Organisations. Only the corporate ‘partners’ must be happy; they can continue to call themselves whatever is convenient: ‘civil society’ when they want to take part in the Global Strategy on infant feeding, ‘NGOs’ when they ask to make a statement, ‘stakeholders’ or ‘partners’ when they want to be invited to executive meetings…. Indeed, the Executive Board should look beyond the struggle for definitions and at the wider interactions with corporations. So far, the Secretariat has not been given any explicit mandate in this field by either the Board or the WHA. Only the UN Millennium Declaration can be interpreted as giving some type of mandate.

Separating BINGOs from PINGOs had, in our view, been the most urgent and immediate task for the CSI office and the opportunity was missed. The ‘civil society’ rhetoric obscures everything. It allows industry to feel included even without the need to have an NGO front. Making a clear distinction is a political decision, not a technical one, and it would go a long way to restore some order and some confidence in WHO’s declared wish to simplify and update its links with people’s organisations and establish clear guidelines on dealing with the private sector.

Dr Brundtland had some more mending of fences to do with some of the Third System groups. The People’s Health Assembly was not happy that she did not come to their big event in Bangladesh in December 2000. For them that meant there was no hope of WHO getting back to a Primary Health Care approach. There is still not much hope for that but the relationship has improved gradually and more mutual respect has developed.

She did come to the Code’s 20th Anniversary party, organised by IBFAN, and she did give us credit: ‘… without the tireless efforts of groups like yours, the Code might well never have been developed, or at least not as effectively developed as it has been … and while we all need to do more,
without IBFAN’s help and encouragement, it is also clear that govern-
ments would not have gone as far as they have in implementing the
Code.'82

It is true that Dr Brundtland took on the tobacco companies without fear,
even excluded them from certain strategic meetings, thereby setting a pre-
cedent companies did not appreciate. With the much-applauded help of
NGOs, the Tobacco Convention was successfully concluded in May 2003
at Brundtland’s last Assembly. It is also true that she was firm when WHO
was viciously attacked by the US sugar industry in January 2004. She
spoke about WHO’s ‘Guidelines for interaction with commercial enter-
prises to achieve health outcomes’,83 which she summarised as follows:
‘safeguarding the integrity of the policy making process to protect WHO
from real or perceived conflict of interests, the importance of transparency
and accountability, and the inability of WHO to endorse companies or
products’.84 But, with respect to the pharmaceutical industry, she has been
much less outspoken. Several of the large baby food companies (such
as Ross Abbott, Bristol Myers and American Home Products) are also pharmaceutical giants. Is there any partnership link or any unspoken commitment to WHO?

A Finnish researcher thinks so: ‘WHO’s most likely corporate ally is the pharmaceutical industry. At the same time, however, it is the very industry that has the most business interests at stake and from which WHO should, therefore keep an adequate distance … the damage from its perceived loss of integrity is worrying.’

Throughout all the policy discussion papers there is some informal reference to industries that WHO should not associate with; the examples are always the same: tobacco and arms. UNICEF’s guidelines on partnership specifically exclude corporations that do not comply with the International Code and subsequent related Resolutions. Why can’t WHO do the same? Are some ‘partners’ more equal than others?

**Lambs lying down with lions**

The role of independent networks like IBFAN, which work towards greater corporate accountability, is greatly undermined by the continuous blurring of the lines. The current rhetoric in the UN applauds ‘civil society’ for its role in checking on ‘corporate behaviour’, but it also uses it to argue that no binding regulations are needed, that companies have pledged to become responsible citizens.

Kofi Annan, UN Secretary-General, reflected some of this wishful thinking when he wrote:

‘Citizens’ groups have a critical role to play as partners, advocates and watchdogs. So do commercial enterprises. I hope corporations understand that the world is not asking them to do something different from their normal business, rather it is asking them to do their normal business differently.’

Twenty months earlier at the World Economic Forum in Davos, he said: ‘Companies are learning that as markets have gone global, so, too must the concept and the practice of corporate social responsibility. And they are discovering that doing the right thing at the end of the day, is actually good for business.’

It is clever, indeed, the way companies have been inviting the UN Secretary-General, WHO’s Director General and several other decision makers to their high-powered meetings in (fortress) Davos. I remember one WHO
Executive Board when the meetings had to be adjourned half a day earlier because Dr Brundtland had to leave for the World Economic Forum in Davos. What better place to brainstorm about ‘partnerships’ or about the Global Compact?

The truly critical watchdog groups are labelled – and often dismissed – as anti-globalisation leftists, confrontational radicals, unable to take part in a dialogue and accept ‘pragmatic’ solutions. Unless they join the chase for partnerships, they may find it more and more difficult to find funding sources and sustain their work. Does Annan not see the contradiction?

Annan’s naivety – or wishful thinking – about the good intentions of companies wanting to join the Global Compact and other partnership schemes is extraordinary and it does affect WHO and UNICEF, as well as IBFAN and likeminded groups, but it would be beyond the scope of this article to discuss the problem in detail. One such scheme, however, does deserve attention here: GAIN, or the Global Alliance for Improved Nutrition.

Give them Ketchup or KokoKrunch

Some Public-Private Partnerships (PPPs) have invented new ventures which tend to bypass the First System altogether. While they are close to the UN, they are not State membership organisations and their decision-making bodies are largely self-selected. First there was GAVI, the Global Alliance for Vaccines and Immunisation, launched in January 2000, then the Global Fund (July 2000), and now there is GAIN, the Global Alliance for Improved Nutrition. Like satellites buzzing around the UN, they seem to take from it whatever they need for credibility but reserve decision-making for a select few. Their accountability and transparency is questionable. The idea is both ingenious and outrageous….88

GAIN was launched during the Special Session for Children in New York in May 2002. The Bill and Melinda Gates Foundation committed USD 50 million out of the total budget of USD 70 million for five years to the Alliance’s plan for food fortification in developing countries. Among the partners in the Alliance are WHO, UNICEF, food giants Kraft, Heinz and Proctor and Gamble, and vitamin manufacturers Roche and BASF.

The companies are to add nutrients such as iron, folic acid, iodine and vitamin A to food products they sell in developing countries. They are also to give technical assistance to governments to fortify staple foods such as rice, maize, wheat, sugar and salt. ‘In exchange, the GAIN consortium would offer companies assistance in lobbying for favourable tariffs and tax
rates and speedier regulatory review for new products in targeted countries. The consortium would also give local governments money for initiatives to help create demand for fortified foods, including large-scale public relations campaigns or a governmental ‘seal of approval’.

How could WHO and UNICEF possibly back such obvious bulldozing into the fragile economies of developing countries where most people survive thanks to the food they manage to grow themselves. Will those people now be persuaded to sell that produce and spend the money on a bottle of Heinz fortified Ketchup…? Will there be Ketchup on the table but nothing else? In addition, there is serious concern that this new public-private partnership will not serve to provide much-needed technology transfer, so that the countries themselves can fortify their home-grown foods. Instead it is feared that the partnership will be used as an easy market entry point for processed foods from industrialised countries. So much for food sovereignty.

Speaking on behalf of Consumers International, Patti Rundall alerted the World Health Assembly in 2002 to the concerns about GAIN:

The processed food industry has an enormous vested interest in promoting highly profitable, but unhealthy, highly packaged and environmentally unsustainable foods. … we hope that they will not be described as partners or used for resource mobilisation. We see public-private partnerships as satellite bodies that can go off into orbit. They can be used by the for-profit sector to enter and expand markets and policy setting arenas, the very arenas that need to be strong if this problem [of unhealthy food promotion] is going to be adequately addressed and our children’s future safeguarded.

IBFAN had just heard about GAIN and was immediately alarmed. The ‘diet’ debate had been introduced by stressing the dangers of obesity resulting from fatty, sugary and salty foods. Many of the micronutrient deficiencies quoted by GAIN can be overcome by breastfeeding and by the mother eating more and better, locally grown foods. IBFAN is convinced that the hi-tech, quick-fix solutions advocated by GAIN are not affordable, culturally acceptable or sustainable. We were shocked to find this whole debate of 2002 reappearing in July 2003 with Malaysian TV giving prime-time coverage to a Nestlé-sponsored programme urging parents to give their children a good breakfast before sending them off to school…. The cameras zeroed in on a Nestlé cereal called ‘KokoKrunch’. It costs USD 2.45 for 330 grams of mostly sugary cereal, requiring milk as well, while a healthy local breakfast costs a fraction of that amount.
Industry says IBFAN refuses to sit down and discuss with them. Well, at one level it does and at another it does not. Where companies seek to influence public opinion, IBFAN will offer to take part in a debate so that the public can decide for itself. There have been more than a dozen debates like this in the UK alone over the last couple of years.

IBFAN does not in principle refuse to meet with industry. What it seeks is a fair starting point, a precise agenda and transparency. Once the ground rules and motivations are clearly spelled out, the two systems could debate and negotiate. But the results have to be made public or the debate must be public. Nestlé avoided such a meeting when the European Parliament wanted to ask questions in November 2000. The IFM Secretary General asked me for a private meeting; she was willing to fly to Malaysia just for an informal chat in November 2002. I consulted my colleagues and we asked for an agenda and at least some commitment to the provisions of the Code in writing by IFM member companies. The Secretary General said that was impossible and the meeting was called off.

What is there to discuss if there is no common ground to start on? The bottom line is clear. The baby food companies agreed back in 1979 that their marketing practices should be in accord with an agreed international Code. So as long as they do not in practice accept this starting point, any dialogue would lead to compromises and any partnership would betray the bottom line agreements reached by governments in 1981.

“‘Dialogues’ and ‘partnerships’ are among the most sophisticated and up-to-date PR methods,’ writes Judith Richter in Codes in Context.

The strategy today is to emphasise consensus-oriented dialogue with selected critics, and to urge the public and non-governmental systems to work with corporations rather than stirring up controversy over industry marketing practices. Those that do not want to enter dialogue or partnerships are often disparaged. The International Association of Infant Food Manufacturers (IFM), for example, states that ‘ongoing confrontation stands in the way of … vitally needed partnerships’ for infant and young child health.

To avoid complying with the Code and Resolutions, IFM companies have been insisting that everything must be done at the national level. They pick and choose from provisions within the Code; they promote voluntary
measures (Nestlé has recently been holding up the inadequate Swiss industry agreement as a model for other countries) and they also say that only governments can monitor the Code.

IBFAN holds strong that the International Code is a minimum requirement, that it applies to all breastmilk substitutes and that companies’ marketing practices must conform to the Code in all countries, regardless of whether any national measures are adopted.

Can this deadlock ever be broken?

Monitoring by the First System is very slow. Even those governments that have adopted good laws often ‘forget’ that checking compliance should be part of the package. In several countries, health inspectors have the power to control the law’s application and impose penalties in cases of non-compliance. But only in around 1997 did ICDC begin to receive some requests from governments to train their officials in monitoring their own laws.

In Brazil, health inspectors can confiscate any quantity of offending products. Many of them have been properly trained by IBFAN Brazil and the country is a shining example of what can be done, of a place where industry complies with national regulations stronger than the International Code. In too many other countries, even if there is a compliance clause in the law, many health inspectors routinely limit their job to checking labels and quality and do not bother about – or are unaware of – the harder parts of monitoring like checking supplies to hospitals or industry contact with mothers. So it seems that IBFAN is stuck with worldwide monitoring for some time to come – and it is hard work.

In India, two NGOs that are members of IBFAN are authorised to bring charges under the Infant Milk Substitutes Act. It is a great initiative and we may want to push for other countries to follow India’s example. We do have to do this with our eyes open, however. While two cases were successfully brought against manufacturers, the responsibility placed on small and poorly funded groups is tremendous: not only do they have to educate public prosecutors about the law, but they also have to compete with corporate lawyers whose ability to make cases drag on and on means that the groups’ leaders have to waste a lot of time in court.
The precautionary principle

IBFAN may have to look at other possibilities, especially in countries without regulations. An interesting concept is that of 'the precautionary principle'. If only this had been around in the early days of the Code when companies were asking for proof that advertising leads to a reduction of breastfeeding and coming up with other simplistic 'cause and effect' arguments...! The precautionary principle has been used in cases of suspected pesticide poisoning and other environmental issues. It basically says that where threats of serious or irreversible damage to people or nature exist, lack of full scientific certainty about cause and effect shall not be viewed as sufficient reason to postpone measures to protect the health of consumers.

When, on 17 June 2003, San Francisco adopted the precautionary principle as the basis for city policies, even activists were amazed. A PR company was quick to comment: '[This adoption] will have an impact on PR across the United States, North America, and the entire world. Regardless of the business you're in – biotechnology, banking, transportation, chemical, nuclear, mining or agriculture – you will feel its influence. It will stifle innovation, creativity and progress in your company or organisation. And, it will change the way you do PR on a day-to-day basis.'

It may have another result as well: it may actually stop practices that are harmful to people’s health. Alternatives will finally be looked into more seriously and, in the meantime, the authorities can take action without having to wait for research to catch up. As to the PR world having to re-assess its strategies, in the short term that would be a very good thing. They will catch up, find ways around it, but there is a model in place now: precautionary-principle communities can surface everywhere and demand that at their local level action be taken: that the polluter be stopped, that genetically modified foods be denied access ... that baby food companies be required to follow every letter of every provision of the Code, or be banned....

The San Francisco model calls for broadly based public participation, which is anathema to corporations, who prefer to get things done in quick 'deals' behind closed doors. It may lead IBFAN to new approaches. Local-level organising combined with global thinking has been a good strategy for change in the past. It is used for the Nestlé Boycott. It can be used again.

A proactive approach

After more than two decades of monitoring we need to re-examine the progress made. The Code has certainly stopped much of the promotion of
Infant formula in developing countries. There is more awareness about the dangers of bottle feeding and about the false claims as to the benefits of formula. But, as we have repeated several times already:

- the scope of the Code covers more than formulated milks;
- the Code is universal; and
- the Code and Resolutions should apply even if there is no national legislation.

Babies are still dying. And so many others are stunted for life or suffer unnecessary respiratory infections and allergies. Fresh attention must be called to their plight. A press statement, jointly released on 12 March 2002 by both WHO and UNICEF in Toronto, Stockholm, Geneva and New York simultaneously, tried to do that. It was entitled ‘Unfinished business: Global push to save 11 million children’. New statistics came to light: ‘Of the 11 million who die, eight million are babies – half of them in the first month of life,’ said WHO Director-General Dr Gro Harlem Brundtland. That is four million babies less than 30 days old. ‘These deaths were preventable and treatable, not inevitable.’ The document goes on to say that pneumonia, diarrhoea, malaria, measles, HIV/AIDS and malnutrition are the main killers and that ‘improved breastfeeding and complementary feeding practices would slash the death toll of children, as up to 60 per cent of childhood deaths are associated with malnutrition’.93

Allowing some conservative computation, one can assert that at least three million babies die each year, who, had they been breastfed, could have lived. Conservative, because breastmilk strengthens the baby’s immune system and thus prevents many secondary causes of morbidity. Studies published in The Lancet (June and July 2003) confirm breastfeeding as the top preventive intervention in reducing infant mortality.

Infants aged 0–5 months who are not breastfed have a seven-fold and five-fold increased risk of death from diarrhoea and pneumonia, respectively, compared with infants who are exclusively breastfed. At the same age, non-exclusive rather than exclusive breastfeeding results in more than two-fold increased risks of dying from diarrhoea or pneumonia. 6–11 month-old infants who are not breastfed also have an increased risk of such deaths.94

Three million babies every year: that means 8,000 babies dying every single day; 320 every hour; six per minute!. Not the one and a half million that used to be spoken about in the 1980s. Double that number! These ba-
bies could be saved by simple means, with no high-tech costly interventions. And one of the starting points is to demand implementation of the Code and subsequent Resolutions. Full Code compliance will give those three million babies a better chance of survival.

So, will IBFAN go on fighting for Code implementation? Yes, it will; but it may also have another hard look at all the PR in this new world. Since the companies seem to have moved the goal posts permanently inwards to make their responsibility narrower (‘only in developing countries’) and to restrict the number of products (‘only infant formula’), maybe IBFAN should take its gloves off and demand proven ethical behaviour in exchange for the very presence of products in a country. No products may be sold or even be available in a country unless the company fully complies with all provisions of the Code.

Crazy idea? Totally unrealistic? No, it is not. In fact, 14 of the main companies – Bristol-Myers/Mead-Johnson, Friesland, CPC International, Dumex, Gerber, Cow & Gate, Diepal-Gallia, Nutricia, Lijmpf, Meiji, Nestlé, Abbott Ross, Snow, Wyeth – along with UNICEF, WHO, governments and NGOs, agreed to precisely that, back in October 1979:

There should be no marketing or availability of infant formula or weaning foods in a country unless marketing practices are in accord with the national code or legislation if these exist, or, in their absence with the spirit of the meeting and the recommendations contained in this report or with any agreed international code.95

Earlier in this article, under Monitoring the Code, we described the above recommendation (p. 26): ‘No marketing or availability!! This means that if a company is caught violating the Code, it should pack up and close down or go home!!’ The companies agreed to the 1979 recommendations; let’s hold them to it! But strategies must not be given away…. We shall have to learn from the industry, develop attractive packaging and a sound PR programme and prepare globally for a new way forward based on the joint WHO/UNICEF Meeting on Infant and Young Child Feeding. That was where the idea of the Code was born and where IBFAN was born. An unbelievable quarter of a century ago! Both have grown up, both have come of age and they are still inextricably linked. The Code will be 25 years ‘young’ in May 2006. That will be a good time to celebrate and renew our commitment to the next generation, to the babies of this world, all of them, rich or poor, in all countries. Their right to health must not be compromised by corporate greed.
Notes

2. For more on the process and the backstage battles, see Allain, Annelies, ‘IBFAN on the Cutting Edge’, Development Dialogue 1989:2, Dag Hammarskjöld Foundation, Uppsala.
3. The Baby Friendly Hospital Initiative (BFHI) was started in 1991 by UNICEF and WHO. Hospitals which practise ten steps to promote breastfeeding are entitled to a highly prized BFHI Certificate.
13. Dr Tomris Turmen, Executive Director FRH, World Health Organization as she received the 1998 BTR.
15. Ibid., Recommendation 12.
22. See section on Divide and Rule, p. 68.
23. The Lancet, 30 September 1978, letter from Frank Faulkner protesting against
Professor Jelliffe’s warning that ‘health professionals who accept aid from the infant food industry for research, for meetings, etc. must weigh the implications…’

24. Letter of 6 June 2001 to Dr van Eck, Directorate on Health Policy, Ministry of Health, Netherlands, sent by Marieke Lugt of the Dutch Association of Manufacturers of Baby Food and Dietetic Products (VNFKD in Dutch).


28. Ibid., p. 8.

29. IGBM and Cracking the Code, see Chapter 3, p. 69.

30. Letter from IFM president to Professor C. Garza (Cornell University, NY, USA), 13 February 1996.


34. 1996 Nestlé Instructions, p. 11: free or low-price infant formula supplies may not be donated to maternity wards and hospitals for use by healthy newborn babies except where national rulings allow the company to respond to a health worker’s written request for infant formula donations for social welfare cases (e.g. multiple births, where a mother has died, etc.) In such cases, the label or lid must be clearly marked with a sticker stating ‘free supply (or reduced-price supply) for use at the discretion of health services or medical professional; for infants who have to be fed on breastmilk’.


39. For more on this debate see ‘Human Rights & Responsibilities’, No. 1 of WABA’s Ten Links for Nurturing the Future, World Alliance for Breastfeeding Action, Penang, Malaysia, August 2002.

41. Statement by Richard Jolly, SCN chairman, at the opening of the ACC/SCN Symposium, 12 April 1999, *op cit.*


46. Hearing about UNICEF’s unwillingness to write a letter, Wyeth’s Mr Spiegel expressed ‘outrage and shock’ but was prepared to go on negotiating. (Ms Bellamy is UNICEF’s Executive Director).

47. Personal communication, 14 May 2001. Gabon is not an exception. Uganda, Botswana, Ghana and Zambia, among other countries, have experienced direct or indirect pressure to turn to artificial feeding on the ‘grounds’ of protection from HIV/AIDS.


49. Allain, Annelies, ‘IBFAN on the Cutting Edge’, *op. cit.*

50. The result of years of questioning and reviews finally came on 30 March 2001 in the form of ‘conclusions and recommendations of an expert consultation completing the systematic review of the optimal duration of exclusive breastfeeding’ (WHO doc: A54/INF.DOC./4). It was subsequently endorsed in WHA54.2 of 18 May 2001, ‘… protect, promote and support exclusive breastfeeding for six months as a global public health recommendation…’

51. ‘IBFAN’s monitoring used by compilers of FTSE ethical investment index’, IBFAN press release, 13 July 2001. (www.ibfan.org) Unfortunately, in 2003, FTSE changed its indicators. As of April, all companies are included unless there are specific motions to exclude them.

52. The claim dates back to 1975 when the then government of Ethiopia nationalised all foreign-owned companies, among them ELIDCO, a German company, subsequently acquired by Nestlé in 1986. Oxfam came to the aid of Ethiopia when the government’s offer of USD 1.5 million was refused by Nestlé. Within hours the company was bombarded with thousands of emails, shaming it for insisting on legal rights while millions of Ethiopians faced starvation.


54. For more details on this pre-Code litany of attacks on critics, see Chetley, A., *op. cit.*


56. For more on Pagan see Allain, Annelies, ‘IBFAN on the Cutting Edge’, *op. cit.*, pp. 22–23.

57. Chetley, A., *op. cit.*
59. ‘UNICEF responds to report on violations of breastmilk substitute code’, statement by Carol Bellamy, Executive Director, 22 January 1997. In this she concedes that the Church of England’s study ‘documents … a pattern of repeated violations … [and shows that the Code’s] provisions are still being breached on a continuing basis’. She goes on to say: ‘It is also noteworthy that the findings of the International Baby Food Action Network (IBFAN), in its regular monitoring activities, are clearly vindicated by this report’ and proposes that ‘IBFAN and other nongovernmental organisations that regularly fulfill the monitoring role assigned by the World Health Assembly to NGOs be given renewed encouragement to continue monitoring compliance with the International Code’.
60. Marketing Week, February 1999.
62. Ibid.
63. Letter from Carol Bellamy (UNICEF) to Peter Brabeck (Nestlé), 3 November 1997. In addition to the main points, the letter states: ‘While noting [Nestlé’s] objections to the IGBM monitoring report, Cracking the Code, we did not receive copies of equivalent comprehensiveness based on Nestlé’s internal self-monitoring processes. We find all the evidence available to us indicative of a world-wide disparity between Code provisions and industry marketing practices.’
64. Freedman et al., op cit.
65. Ibid.
67. Ibid., p. 106.
70. The 1998 WHA also celebrated the 50th Anniversary of WHO and among the four guest speakers was Hillary Clinton as well as Fidel Castro. That celebration took one whole day and it was hard to compete for attention from the delegates. The Secretariat put pressure on sponsors to withdraw the draft resolution, probably citing time constraints and the planned roundtables.
71. Invitation to IBFAN, 13 November 1998. The ‘Objectives and Expected Outcome’ of the ‘Roundtable between WHO and infant feeding consumer groups’ included ‘the establishment of a consultative mechanism to bring together consumer and community-based NGOs, and the infant food industry, for improved implementation in countries of the International Code and related Health Assembly resolution’ (sic). Meetings were to be held once or twice a year and confidential reports would be prepared by the Secretariat and later made public by WHO.
72. Personal communication, June 2003.
Can we still rely on the World Health Organization? It has not openly opposed the greed of the major global pharmaceutical companies and its Director-General, Gro Harlem Brundtland, has deferred to them, in Le Monde Diplomatique, July 2002.

77. Von Uexkull, J., ‘We cannot go on like this! – an illegitimate Global Order’, speech in May 1999, Salzburg.
78. Quoted in PHA Exchange, 3 September 2002.
83. These Guidelines are in a paper for the Executive Board (EB107/20, 30 Nov 2000). Although they are public they were never debated or officially adopted and are said to be primarily to help WHO staff.
84. Dr Gro Brundtland, at the Roundtable Meeting between WHO’s Director General and private executives to discuss problems relating to diet and chronic disease, April 2003.
87. UN Secretary General Kofi Annan at the World Economic Forum in Davos, Switzerland, 28 January 2001.
88. For a lengthy description and discussion on all three, see Richter, J., We the Peoples or We the Corporations? Critical reflections on UN-business partnerships, IBFAN/GIFA, January 2003, pp. 21–36.
90. Rundall, P., Statement on behalf of Consumers International and IBFAN at the WHA 2002 debate on ‘Diet, Physical Activity and Health’.
92. For more information see: source: www.ci.sf.ca.us (official website of the city and council of San Francisco) or http://temp.sfgov.org/sfenvironment/aboutus/innovative/pp/sfpp.htm. The following definition is taken from that website: ‘The Precautionary Principle requires a thorough exploration and a careful
analysis of a wide range of alternatives. Using the best available science, the Precautionary Principle requires the selection of the alternative that presents the least potential threat to human health and the City’s natural systems. Public participation and an open and transparent decision making process are critical to finding and selecting alternatives.


Appendix 1

The International Code
of Marketing of Breastmilk Substitutes

Preamble

The Member States of the World Health Organization:

AFFIRMING the right of every child and every pregnant and lactating woman to be adequately nourished as a means of attaining and maintaining health;
RECOGNIZING that infant malnutrition is part of the wider problems of lack of education, poverty and social injustice;
RECOGNIZING that the health of infants and young children cannot be isolated from the health and nutrition of women, their socio-economic status and their roles as mothers;
CONSCIOUS that breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; that it forms a unique biological and emotional basis for the health of both mother and child; that the anti-infective properties of breastmilk help to protect infants against disease; and that there is an important relationship between breastfeeding and child-spacing;
RECOGNIZING that the encouragement and protection of breastfeeding is an important part of the health, nutrition and other social measures required to promote healthy growth and development of infants and young children; and that breastfeeding is an important aspect of primary health care;
CONSIDERING that when mothers do not breastfeed, or only do so partially, there is a legitimate market for infant formula and for suitable ingredients from which to prepare it; that all these products should accordingly be made accessible to those who need them through commercial or non-commercial distribution systems; and that they should not be marketed or distributed in ways that may interfere with the protection and promotion of breastfeeding;
RECOGNIZING further that inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in all countries, and that improper practices in the marketing of breastmilk substitutes and related products can contribute to these major public health problems;
CONVINCED that it is important for infants to receive appropriate complementary foods, usually when the infant reaches four to six months of age, and that every effort should be made to use locally available foods; and convinced, nevertheless, that such complementary foods should not be used as breastmilk substitutes;
APPRECIATING that there are a number of social and economic factors affecting breastfeeding, and that, accordingly, governments should develop social support systems to protect, facilitate and encourage it, and that they should create an environment that fosters breastfeeding, provides appropriate family and community support, and protects mothers from factors that inhibit breastfeeding;
AFFIRMING that health care systems, and the health professionals and other health workers serving in them, have an essential role to play in guiding infant feeding practices, encouraging and facilitating breastfeeding, and providing objective and consistent advice to mothers and families about the superior value of breastfeeding, or, where needed, on the proper use of infant formula, whether manufactured industrially or home-prepared;
AFFIRMING further that educational systems and other social services should be
involved in the protection and promotion of breastfeeding, and in the appropriate use of complementary foods;

AWARE that families, communities, women’s organizations and other nongovernmental organizations have a special role to play in the protection and promotion of breastfeeding and in ensuring the support needed by pregnant women and mothers of infants and young children, whether breastfeeding or not;

AFFIRMING the need for governments, organizations of the United Nations system, nongovernmental organizations, experts in various related disciplines, consumer groups and industry to cooperate in activities aimed at the improvement of maternal, infant and young child health and nutrition;

RECOGNIZING that governments should undertake a variety of health, nutrition and other social measures to promote healthy growth and development of infants and young children, and that this Code concerns only one aspect of these measures;

CONSIDERING that manufacturers and distributors of breastmilk substitutes have an important and constructive role to play in relation to infant feeding, and in the promotion of the aim of this Code and its proper implementation;

AFFIRMING that governments are called upon to take action appropriate to their social and legislative framework and their overall development objectives to give effect to the principles and aim of this Code, including the enactment of legislation, regulations or other suitable measures;

BELIEVING that, in the light of the foregoing considerations, and in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breastmilk substitutes, the marketing of breastmilk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products:

THEREFORE:
The Member States hereby agree the following articles which are recommended as a basis for action.

Article 1: Aim of the Code

The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

Article 2: Scope of the Code

The Code applies to the marketing, and practices related thereto, of the following products: breastmilk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breastmilk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.
Article 3: Definitions

For the purposes of this Code:

Breastmilk substitute means any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether or not suitable for that purpose.

Complementary food means any food, whether manufactured or locally prepared, suitable as a complement to breastmilk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called “weaning food” or “breastmilk supplement.”

Container means any form of packaging of products for sale as a normal retail unit, including wrappers.

Distributor means a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this Code. A “primary distributor” is a manufacturer’s sales agent, representative, national distributor or broker.

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.

Infant formula means a breastmilk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as “home-prepared.”

Label means any tag, brand, mark, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to a container (see above) of any products within the scope of this Code.

Manufacturer means a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code.

Marketing means product promotion, distribution, selling, advertising, product public relations, and information services.

Marketing personnel means any persons whose functions involve the marketing of a product or products coming within the scope of this Code.

Samples means single or small quantities of a product provided without cost.

Supplies means quantities of a product provided for use over an extended period, free or at a low price, for social purposes including those provided to families in need.
Article 4: Information and education

4.1 Governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition. This responsibility should cover either the planning, provision, design and dissemination of information, or their control.

4.2 Informational and educational materials, whether written, audio, or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on all the following points:
   (a) the benefits and superiority of breastfeeding;
   (b) maternal nutrition, and the preparation for and maintenance of breastfeeding;
   (c) the negative effect on breastfeeding of introducing partial bottle-feeding;
   (d) the difficulty of reversing the decision not to breastfeed; and,
   (e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared.

When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breastmilk substitutes. Such materials should not use any pictures or text which may idealize the use of breastmilk substitutes.

4.3 Donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by governments for this purpose. Such equipment or materials may bear the donating company’s name or logo, but should not refer to a proprietary product that is within the scope of this Code, and should be distributed only through the health care system.

Article 5: The general public and mothers

5.1 There should be no advertising or other form of promotion to the general public of products within the scope of this Code.

5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.

5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.
5.4 Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils which may promote the use of breastmilk substitutes or bottle-feeding.

5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

Article 6: Health care systems

6.1 The health authorities in Member States should take appropriate measures to encourage and protect breastfeeding and promote the principles of this Code, and should give appropriate information and advice to health workers in regard to their responsibilities, including the information specified in Article 4.2.

6.2 No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.

6.3 Facilities of health care systems should not be used for the display of products within the scope of this Code, for placards or posters concerning such products, or for the distribution of material provided by a manufacturer or distributor other than that specified in Article 4.3.

6.4 The use by the health care system of “professional service representatives”, “mothercraft nurses” or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.

6.5 Feeding with infant formula, whether manufactured or home-prepared, should be demonstrated only by health workers, or other community workers if necessary; and only to the mothers or family members who need to use it; and the information given should include a clear explanation of the hazards of improper use.

6.6 Donations or low-price sales to institutions or organizations of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used or distributed for infants who have to be fed on breastmilk substitutes. If these supplies are distributed for use outside the institutions, this should be done only by the institutions or organizations concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement.

6.7 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution or organization should take steps to ensure that supplies can be continued as long as the infants concerned need them. Donors, as well as institutions or organizations concerned, should bear in mind this responsibility.

6.8 Equipment and materials, in addition to those referred to in Article 4.3, donated to a health care system may bear a company’s name or logo, but should not refer to any proprietary product within the scope of this Code.
**Article 7: Health workers**

7.1 Health workers should encourage and protect breastfeeding; and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code, including the information specified in Article 4.2.

7.2 Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle-feeding is equivalent or superior to breastfeeding. It should also include the information specified in Article 4.2.

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.

7.4 Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use, should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.

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.

**Article 8: Persons employed by manufacturers and distributors**

8.1 In systems of sales incentives for marketing personnel, the volume of sales of products within the scope of this Code should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should not be understood to prevent the payment of bonuses based on the overall sales by a company of other products marketed by it.

8.2 Personnel employed in marketing products within the scope of this Code should not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. This should not be understood as preventing such personnel from being used for other functions by the health care system at the request and with the written approval of the appropriate authority of the government concerned.

**Article 9: Labelling**

9.1 Labels should be designed to provide the necessary information about the appropriate use of the product, and so as not to discourage breastfeeding.

9.2 Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, and easily readable and understandable
message printed on it, or on a label which cannot readily become separated 
from it, in an appropriate language, which includes all the following points:
(a) the words “Important Notice” or their equivalent;
(b) a statement of the superiority of breastfeeding;
(c) a statement that the product should be used only on the advice of a health 
worker as to the need for its use and the proper method of use;
(d) instructions for appropriate preparation, and a warning against the health 
hazards of inappropriate preparation.
Neither the container nor the label should have pictures of infants, nor should 
they have other pictures or text which may idealize the use of infant formula. 
They may, however, have graphics for easy identification of the product as a 
breastmilk substitute and for illustrating methods of preparation. The terms 
“humanized”, “maternalized” or similar terms should not be used. Inserts 
giving additional information about the product and its proper use, subject to 
the above conditions, may be included in the package or retail unit. When la-
bels give instructions for modifying a product into infant formula, the above 
should apply.
9.3 Food products within the scope of this Code, marketed for infant feeding, 
which do not meet all the requirements of an infant formula, but which can 
be modified to do so, should carry on the label a warning that the unmodified 
product should not be the sole source of nourishment of an infant. Since 
sweetened condensed milk is not suitable for infant feeding, nor for use as a 
main ingredient of infant formula, its label should not contain purported in-
structions on how to modify it for that purpose.
9.4 The label of food products within the scope of this Code should also state all 
the following points:
(a) the ingredients used;
(b) the composition/analysis of the product;
(c) the storage conditions required; and
(d) the batch number and the date before which the product is to be con-
sumed, taking into account the climatic and storage conditions of the 
country concerned.

Article 10: Quality
10.1 The quality of products is an essential element for the protection of the health 
of infants and therefore should be of a high recognized standard.
10.2 Food products within the scope of this Code should, when sold or otherwise 
distributed, meet applicable standards recommended by the Codex Alimen-
tarius Commission and also the Codex Code of Hygienic Practice for Foods 
for Infants and Children.

Article 11: Implementation and monitoring
11.1 Governments should take action to give effect to the principles and aim of 
this Code, as appropriate to their social and legislative framework, including 
the adoption of national legislation, regulations or other suitable measures.
For this purpose, governments should seek, when necessary, the cooperation of WHO, UNICEF and other agencies of the United Nations system. National policies and measures, including laws and regulations, which are adopted to give effect to the principles and aim of this Code should be publicly stated, and should apply on the same basis to all those involved in the manufacture and marketing of products within the scope of this Code.

11.2 Monitoring the application of this Code lies with governments acting individually, and collectively through the World Health Organization as provided in paragraphs 6 and 7 of this Article. The manufacturers and distributors of products within the scope of this Code, and appropriate nongovernmental organizations, professional groups, and consumer organizations should collaborate with governments to this end.

11.3 Independently of any other measures taken for implementation of this Code, manufacturers 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 for taking steps to ensure that their conduct at every level conforms to them.

11.4 Nongovernmental organizations, professional groups, institutions, and individuals concerned should have the responsibility of drawing the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should also be informed.

11.5 Manufacturers and primary distributors of products within the scope of this Code should apprise each member of their marketing personnel of the Code and of their responsibilities under it.

11.6 In accordance with Article 62 of the Constitution of the World Health Organization, Member States shall communicate annually to the Director-General information on action taken to give effect to the principles and aim of this Code.

11.7 The Director General shall report in even years to the World Health Assembly on the status of implementation of the Code; and shall, on request, provide technical support to Member States preparing national legislation or regulations, or taking other appropriate measures in implementation and furtherance of the principles and aim of this Code.
RESOLUTION OF THE WORLD HEALTH ASSEMBLY

THE THIRTY-FOURTH WORLD HEALTH ASSEMBLY

WHA 34.22

INFANT AND YOUNG CHILD NUTRITION

Recognizing the importance of sound infant and young child nutrition for the future health and development of the child and adult;

Recalling that breastfeeding is the only natural method of infant feeding and that it must be actively protected and promoted in all countries;

Convinced that governments of Member States have important responsibilities and a prime role to play in the protection and promotion of breastfeeding as a means of improving infant and young child health;

Aware of the direct and indirect effects of marketing practices for breastmilk substitutes on infant feeding practices;

Convinced that the protection and promotion of infant feeding, including the regulation of the marketing of breastmilk substitutes, affect infant and young child health directly and profoundly, and are a problem of direct concern to WHO;

Having considered the draft International Code of Marketing of Breastmilk Substitutes prepared by the Director-General and forwarded to it by the Executive Board;

Expressing its gratitude to the Director-General and to the Executive Director of the United Nations Children’s Fund for the steps they have taken in ensuring close consultation with Member States and with all other parties concerned in the process of preparing the draft International Code;

Having considered the recommendation made thereon by the Executive Board at its sixty-seventh session;

Confirming resolution WHA33.32, including the endorsement in their entirety of the statement and recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding held from 9 to 12 October 1979;

Stressing that the adoption of and adherence to the International Code of Marketing of Breastmilk Substitutes is a minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding;

1. ADOPTS, in the sense of Article 23 of the Constitution, the International Code of Marketing of Breastmilk Substitutes annexed to the present resolution;

2. URGES all Member States:

   (1) to give full and unanimous support to the implementation of the recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding and of the provisions of the International Code in its
entirety as an expression of the collective will of the membership of the World Health Organization;

(2) to translate the International Code into national legislation, regulations or other suitable measures;

(3) to involve all concerned social and economic sectors and all other concerned parties in the implementation of the International Code and in the observance of the provisions thereof;

(4) to monitor the compliance with the Code;

3. DECIDES that the follow-up to and review of the implementation of this resolution shall be undertaken by regional committees, the Executive Board and the Health Assembly in the spirit of resolution WHA33.17;

4. REQUESTS the FAO/WHO Codex Alimentarius Commission to give full consideration, within the framework of its operational mandate, to action it might take to improve the quality standards of infant foods, and to support and promote the implementation of the International Code;

5. REQUESTS the Director-General:

   (1) to give all possible support to Member States, as and when requested, for the implementation of the International Code, and in particular in the preparation of national legislation and other measures related thereto in accordance with operative subparagraph 6(6) of resolution WHA33.32;

   (2) to use his good offices for the continued cooperation with all parties concerned in the implementation and monitoring of the International Code at country, regional and global levels;

   (3) to report to the Thirty-sixth World Health Assembly on the status of compliance with and implementation of the Code at country, regional and global levels;

   (4) based on the conclusions of the status report, to make proposals, if necessary, for revision of the text of the Code and for the measures needed for its effective application.

   21 May 1981

( emphasis added)
RESOLUTION OF THE WORLD HEALTH ASSEMBLY

THE FORTY-SEVENTH WORLD HEALTH ASSEMBLY WHA 47.5

INFANT AND YOUNG CHILD NUTRITION

The Forty-seventh World Health Assembly,

Having considered the report by the Director General on infant and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34 and WHA46.7 concerning infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming its support for all these resolutions and reiterating the recommendations to Member States contained therein;

Bearing in mind the superiority of breastmilk as the biological norm for nourishing infants, and that a deviation from this norm is associated with increased risks to the health of infants and mothers;

1. THANKS the Director General for his report;
2. URGES Member States to take the following measures;

(1) to promote sound infant and young child nutrition, in keeping with their commitment to the World Declaration and Plan of Action for Nutrition\(^1\), through coherent effective intersectoral action, including:
   a. increasing awareness among health personnel, non-governmental organizations, communities and the general public of the importance of breastfeeding and its superiority to any other infant feeding method;
   b. supporting mothers in their choice to breastfeed by removing obstacles and preventing interference that they may face in health services, the workplace, or the community;
   c. ensuring that all health personnel concerned are trained in appropriate infant and young child feeding practices, including the application of the principles laid down in the joint WHO/UNICEF statement on breastfeeding and the role of maternity services\(^2\);
   d. fostering appropriate complementary feeding practices from the age of about six months, emphasizing continued breastfeeding and frequent feeding with safe and adequate amounts of local foods.

(2) to ensure that there are no donations of free or subsidized supplies of breastmilk substitutes and other products covered by the International Code of Marketing of Breastmilk Substitutes in any part of the health care system;

(3) to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting
breastfeeding for infants, and by ensuring that donated supplies of breast-
milk substitutes or other products covered by the scope of the Internation-
al Code be given only if all the following conditions apply:

(a) infants have to be fed on breastmilk substitutes, as outlined in the
guidelines concerning the main health and socioeconomic circum-
stances in which infants have to be fed on breastmilk substitutes³,
(b) the supply is continued for as long as the infants concerned need it;
(c) the supply is not used as a sales inducement;

(4) to inform the labour sector, and employers’ and workers’ organizations,
about the multiple benefits of breastfeeding for infants and mothers, and
the implications for maternity protection in the workplace;

3. REQUESTS the Director General:

(1) to use his good offices for cooperation with all parties concerned in giving
effect to this and related resolutions of the Health Assembly in their en-
tirety;

(2) to complete development of a comprehensive global approach and pro-
gramme of action to strengthen national capacities for improving infant
and young child feeding practices; including the development of methods
and criteria for national assessment of breastfeeding trends and practices;

(3) to support Member States, at their request, in monitoring infant and young
child feeding practices and trends in health facilities and households, in
keeping with new standard breastfeeding indicators;

(4) to urge Member States to initiate the Baby-friendly Hospital Initiative and
to support them, at their request, in implementing this Initiative, particu-
larly in their efforts to improve educational curricula and in-service train-
ing for all health and administrative personnel concerned;

(5) to increase and strengthen support to Member States, at their request, in
giving effect to the principles and aim of the International Code and all
relevant resolutions, and to advise Member States on a framework which
they may use in monitoring their application, as appropriate to national
circumstances;

(6) to develop, in consultation with other concerned parties and as part of
WHO’s normative function, guiding principles for the use in emergency
situations of breastmilk substitutes or other products covered by the Inter-
national Code which the competent authorities in Member States may use,
in the light of national circumstances, to ensure the optimal infant-feeding
conditions;
(7) to complete, in cooperation with selected research institutions, collection of revised reference data and the preparation of guidelines for their use and interpretation, for assessing the growth of breastfed infants;

(8) to seek additional technical and financial resources for intensifying WHO’s support to Member States in infant feeding and in the implementation of the International Code and subsequent relevant resolutions.

9 May 1994
(emphasis added)

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1 International Conference on Nutrition, Rome, 1992
2 Protecting, promoting and supporting breastfeeding, WHO 1989
3 Document WHO A39/8 Add.1, 10 April 1986
RESOLUTION OF THE WORLD HEALTH ASSEMBLY

THE FORTY-NINTH WORLD HEALTH ASSEMBLY WHA 49.15

INFANT AND YOUNG CHILD NUTRITION

The Forty-ninth World Health Assembly,

Having considered the report by the Director-General on infant and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22, WHA39.28, and WHA45.34 among others concerning infant and young child nutrition, appropriate feeding practices and other related questions;

Recalling and reaffirming the provisions of resolution WHA47.5 concerning infant and young child nutrition, including the emphasis on fostering appropriate complementary feeding practices;

Concerned that health institutions and ministries may be subject to subtle pressure to accept, inappropriately, financial or other support for professional training in infant and child health;

Noting the increasing interest in monitoring the application of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions,

1. THANKS the Director-General for his report;

2. STRESSES the continued need to implement the International Code of Marketing of Breastmilk Substitutes, subsequent relevant resolutions of the Health Assembly, the Innocenti Declaration, and the World Declaration and Plan of Action for Nutrition;

3. URGES Member States to take the following measures:

   (1) to ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breastfeeding.

   Marketing of complementary foods in ways that undermine exclusive breastfeeding until about 6 months and sustained breastfeeding (6B24 months) is inappropriate.

   (2) to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby-Friendly Hospital Initiative;

   The interests of manufacturers may conflict with those of breastfeeding mothers and their children. Sponsorship or other financial assistance from the infant feeding industry may interfere with professionals’ unequivocal support for BFHI and breastfeeding.
(3) to ensure that monitoring the application of the International Code and subsequent relevant resolutions is carried out in a transparent, independent manner, free from commercial influence;

(4) to ensure that the appropriate measures are taken including health information and education in the context of primary health care, to encourage breastfeeding;

(5) to ensure that the practices and procedures of their health care systems are consistent with the principles and aims of the International Code of Marketing of Breastmilk Substitutes;

\[\text{The Code should be complied with throughout health care systems in all countries.}\]

(6) to provide the Director General with complete and detailed information on the implementation of the Code;

4. REQUESTS the Director General to disseminate, as soon as possible, to Member States document WHO/NUT/96.4 on the guiding principles for feeding infants and young children during emergencies.

25 May 1996

*Italics: comments by UNICEF*

(emphasis and comments added)
The Fifty-fourth World Health Assembly,
Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5 and WHA49.15 on infant and young child nutrition, appropriate feeding practices and related questions;
Deeply concerned to improve infant and young child nutrition and to alleviate all forms of malnutrition in the world, because more than one-third of under-five children are still malnourished - whether stunted, wasted, or deficient in iodine, vitamin A, iron or other micronutrients - and because malnutrition still contributes to nearly half of the 10.5 million deaths each year among preschool children worldwide;
Deeply alarmed that malnutrition of infants and young children remains one of the most severe global public health problems, at once a major cause and consequence of poverty, deprivation, food insecurity and social inequality, and that malnutrition is a cause not only of increased vulnerability to infection and other diseases, including growth retardation, but also of intellectual, mental, social and developmental handicap, and of increased risk of disease throughout childhood, adolescence and adult life;
Recognizing the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger, and that every effort should be made with a view to achieving progressively the full realization of this right;
Acknowledging the need for all sectors of society - including governments, civil society, health professional associations, nongovernmental organizations, commercial enterprises and international bodies - to contribute to improved nutrition for infants and young children by using every possible means at their disposal, especially by fostering optimal feeding practices, incorporating a comprehensive multisectoral, holistic and strategic approach;
Noting the guidance of the Convention on the Rights of the Child, in particular Article 24, which recognizes, inter alia, the need for access to and availability of both support and information concerning the use of basic knowledge of child health and nutrition, and the advantages of breastfeeding for all segments of society, in particular parents and children;
Conscious that despite the fact that the International Code of Marketing of Breastmilk Substitutes and relevant, subsequent Health Assembly resolutions state that there should be no advertising or other forms of promotion of products within its scope, new modern communication methods, including electronic means, are
currently increasingly being used to promote such products; and conscious of the need for the Codex Alimentarius Commission to take the International Code and subsequent relevant Health Assembly resolutions into consideration in dealing with health claims in the development of food standards and guidelines;

Mindful that 2001 marks the twentieth anniversary of the adoption of the International Code of Marketing of Breastmilk Substitutes, and that the adoption of the present resolution provides an opportunity to reinforce the International Code’s fundamental role in protecting, promoting and supporting breastfeeding;

Recognizing that there is a sound scientific basis for policy decisions to reinforce activities of Member States and those of WHO; for proposing new and innovative approaches to monitoring growth and improving nutrition; for promoting improved breastfeeding and complementary feeding practices, and sound culture-specific counselling; for improving the nutritional status of women of reproductive age, especially during and after pregnancy; for alleviating all forms of malnutrition; and for providing guidance on feeding practices for infants of mothers who are HIV-positive;

Noting the need for effective systems for assessing the magnitude and geographical distribution of all forms of malnutrition, together with their consequences and contributing factors, and of foodborne diseases; and for monitoring food security;

Welcoming the efforts made by WHO, in close collaboration with UNICEF and other international partners, to develop a comprehensive global strategy for infant and young child feeding, and to use the ACC Sub-Committee on Nutrition as an interagency forum for coordination and exchange of information in this connection;

1. THANKS the Director-General for the progress report on the development of a new global strategy for infant and young child feeding;

2. URGES Member States:

   (1) to recognize the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger, and that every effort should be made with a view to achieving progressively the full realization of this right and to call on all sectors of society to cooperate in efforts to improve the nutrition of infants and young children;

   (2) to take necessary measures as States Parties effectively to implement the Convention on the Rights of the Child, in order to ensure every child’s right to the highest attainable standard of health and health care;

   (3) to set up or strengthen interinstitutional and intersectoral discussion forums with all stakeholders in order to reach national consensus on strategies and policies including reinforcing, in collaboration with ILO, policies that support breastfeeding by working women, in order substantially to improve infant and young child feeding and to develop participatory mechanisms for establishing and implementing specific nutrition programmes and projects aimed at new initiatives and innovative approaches;
(4) to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding, and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond, emphasizing channels of social dissemination of these concepts in order to lead communities to adhere to these practices;

(5) to support the Baby-friendly Hospital Initiative and to create mechanisms, including regulations, legislation or other measures, designed, directly and indirectly, to support periodic reassessment of hospitals, and to ensure maintenance of standards and the Initiative’s long-term sustainability and credibility;

(6) to improve complementary foods and feeding practices by ensuring sound and culture-specific nutrition counselling to mothers of young children, recommending the widest possible use of indigenous nutrient-rich foodstuffs; and to give priority to the development and dissemination of guidelines on nutrition of children under two years of age, to the training of health workers and community leaders on this subject, and to the integration of these messages into strategies for health and nutrition information, education and communication;

(7) to strengthen monitoring of growth and improvement of nutrition, focusing on community-based strategies, and to strive to ensure that all malnourished children, whether in a community or hospital setting, are correctly diagnosed and treated;

(8) to develop, implement or strengthen sustainable measures including, where appropriate, legislative measures, aimed at reducing all forms of malnutrition in young children and women of reproductive age, especially iron, vitamin A and iodine deficiencies, through a combination of strategies that include supplementation, food fortification and diet diversification, through recommended feeding practices that are culture-specific and based on local foods, as well as through other community-based approaches;

(9) to strengthen national mechanisms to ensure global compliance with the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions, with regard to labelling as well as all forms of advertising, and commercial promotion in all types of media, to encourage the Codex Alimentarius Commission to take the International Code and relevant subsequent Health Assembly resolutions into consideration in developing its standards and guidelines; and to inform the general public on progress in implementing the Code and subsequent relevant Health Assembly resolutions;

(10) to recognize and assess the available scientific evidence on the balance of risk of HIV transmission through breastfeeding compared with the risk of
not breastfeeding, and the need for independent research in this connection; to strive to ensure adequate nutrition of infants of HIV-positive mothers; to increase accessibility to voluntary and confidential counselling and testing so as to facilitate the provision of information and informed decision-making; and to recognize that when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-positive women is recommended; otherwise, exclusive breastfeeding is recommended during the first months of life; and that those who choose other options should be encouraged to use them free from commercial influences:

(11) to take all necessary measures to protect all women from the risk of HIV infection, especially during pregnancy and lactation;

(12) to strengthen their information systems, together with their epidemiological surveillance systems, in order to assess the magnitude and geographical distribution of malnutrition, in all its forms, and foodborne disease;

3. REQUESTS the Director-General:

(1) to give greater emphasis to infant and young child nutrition, in view of WHO’s leadership in public health, consistent with and guided by the Convention on the Rights of the Child and other relevant human rights instruments, in partnership with ILO, FAO, UNICEF, UNFPA and other competent organizations both within and outside the United Nations system;

(2) to foster, with all relevant sectors of society, a constructive and transparent dialogue in order to monitor progress towards implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions, in an independent manner and free from commercial influence, and to provide support to Member States in their efforts to monitor implementation of the Code;

(3) to provide support to Member States in the identification, implementation and evaluation of innovative approaches to improving infant and young child feeding, emphasizing exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding, the provision of safe and appropriate complementary foods, with continued breastfeeding up to two years of age or beyond, and community-based and cross-sector activities;

(4) to continue the step-by-step country- and region-based approach to developing the new global strategy on infant and young child feeding, and to involve the international health and development community, in particular UNICEF, and other stakeholders as appropriate;
(5) to encourage and support further independent research on HIV transmission through breastfeeding and other measures to improve the nutritional status of mothers and children already affected by HIV/AIDS;

(6) to submit the global strategy for consideration to the Executive Board at its 109th session in January 2002 and to the Fifty-fifth World Health Assembly (May 2002).

18 May 2001

(emphasis added)

\[^1\text{As formulated in the conclusions and recommendations of the expert consultation (Geneva, 28 to 30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INFDOC./4).}\]
RESOLUTION OF THE WORLD HEALTH ASSEMBLY

THE FIFTY-FIFTH WORLD HEALTH ASSEMBLY WHA 55.25

INFANT AND YOUNG CHILD NUTRITION

The Fifty-fifth World Health Assembly,

Having considered the draft global strategy for infant and young-child feeding;

Deeply concerned about the vast numbers of infants and young children who are still inappropriately fed and whose nutritional status, growth and development, health and very survival are thereby compromised;

Conscious that every year as much as 55% of infant deaths from diarrhoeal disease and acute respiratory infections may be the result of inappropriate feeding practices, that less than 35% of infants worldwide are exclusively breastfed for even the first four months of life, and that complementary feeding practices are frequently ill-timed, inappropriate and unsafe;

Alarmed at the degree to which inappropriate infant and young-child feeding practices contribute to the global burden of disease, including malnutrition and its consequences such as blindness and mortality due to vitamin A deficiency, impaired psychomotor development due to iron deficiency and anaemia, irreversible brain damage as a consequence of iodine deficiency, the massive impact on morbidity and mortality of protein-energy malnutrition, and the later-life consequences of childhood obesity;

Recognizing that infant and young-child mortality can be reduced through improved nutritional status of women of reproductive age, especially during pregnancy, and by exclusive breastfeeding for the first six months of life, and with nutritionally adequate and safe complementary feeding through introduction of safe and adequate amounts of indigenous foodstuffs and local foods while breastfeeding continues up to the age of two years or beyond;

Mindful of the challenges posed by the ever-increasing number of people affected by major emergencies, the HIV/AIDS pandemic, and the complexities of modern lifestyles coupled with continued promulgation of inconsistent messages about infant and young-child feeding;

Aware that inappropriate feeding practices and their consequences are major obstacles to sustainable socioeconomic development and poverty reduction;

Reaffirming that mothers and babies form an inseparable biological and social unit, and that the health and nutrition of one cannot be divorced from the health and nutrition of the other;

Recalling the Health Assembly’s endorsement (resolution WHA33.32), in their entirety, of the statement and recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding held in 1979; its adoption of the International Code of Marketing of Breastmilk Substitutes (resolution WHA34.22), in
which it stressed that adoption of and adherence to the Code were a minimum requirement; its welcoming of the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding as a basis for international health policy and action (resolution WHA44.33); its urging encouragement and support for all public and private health facilities providing maternity services so that they become “baby-friendly” (resolution WHA45.34); its urging ratification and implementation of the Convention on the Rights of the Child as a vehicle for family health development (resolution WHA46.27); and its endorsement, in their entirety, of the World Declaration and Plan of Action for Nutrition adopted by the International Conference on Nutrition (resolution WHA46.7);

Recalling also resolutions WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5, WHA49.15 and WHA54.2 on infant and young-child nutrition, appropriate feeding practices and related questions;

Recognizing the need for comprehensive national policies on infant and young-child feeding, including guidelines on ensuring appropriate feeding of infants and young children in exceptionally difficult circumstances;

Convinced that it is time for governments to renew their commitment to protecting and promoting the optimal feeding of infants and young children,

1. ENDORSES the global strategy for infant and young-child feeding;

2. URGES Member States, as a matter of urgency:

   (1) to adopt and implement the global strategy, taking into account national circumstances, while respecting positive local traditions and values, as part of their overall nutrition and child health policies and programmes, in order to ensure optimal feeding for all infants and young children, and to reduce the risks associated with obesity and other forms of malnutrition;

   (2) to strengthen existing, or establish new, structures for implementing the global strategy through the health and other concerned sectors, for monitoring and evaluating its effectiveness, and for guiding resource investment and management to improve infant and young-child feeding;

   (3) to define for this purpose, consistent with national circumstances:

      (a) national goals and objectives,
      (b) a realistic timeline for their achievement,
      (c) measurable process and output indicators that will permit accurate monitoring and evaluation of action taken and a rapid response to identified needs;

   (4) to ensure that the introduction of micronutrient interventions and the marketing of nutritional supplements do not replace, or undermine support for the sustainable practice of, exclusive breastfeeding and optimal complementary feeding;

   (5) to mobilize social and economic resources within society and to engage them actively in implementing the global strategy and in achieving its
aims and objectives in the spirit of resolution WHA49.15;

3. CALLS UPON other international organizations and bodies, in particular ILO, FAO, UNICEF, UNHCR, UNFPA and UNAIDS, to give high priority, within their respective mandates and programmes and consistent with guidelines on conflict of interest, to provision of support to governments in implementing this global strategy, and invites donors to provide adequate funding for the necessary measures;

4. REQUESTS the Codex Alimentarius Commission to continue to give full consideration, within the framework of its operational mandate, to action it might take to improve the quality standards of processed foods for infants and young children and to promote their safe and proper use at an appropriate age, including through adequate labelling, consistent with the policy of WHO, in particular the International Code of Marketing of Breastmilk Substitutes, resolution WHA54.2, and other relevant resolutions of the Health Assembly;

5. REQUESTS the Director-General:

(1) to provide support to Member States, on request, in implementing this strategy, and in monitoring and evaluating its impact;

(2) to continue, in the light of the scale and frequency of major emergencies worldwide, to generate specific information and develop training materials aimed at ensuring that the feeding requirements of infants and young children in exceptionally difficult circumstances are met;

(3) to strengthen international cooperation with other organizations of the United Nations system and bilateral development agencies in promoting appropriate infant and young-child feeding;

(4) to promote continued cooperation with and among all parties concerned with implementing the global strategy.

18 May 2002
(emphasis added)
Publications received


