



VIOLATION

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INVESTIGATION INTO VIOLATIONS OF THE INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES IN LAO PDR

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Abbreviations

BMS:	Breastmilk substitute
EBF:	Exclusive breastfeeding
ICMBMS:	International Code of Marketing of Breastmilk Substitutes
NGO:	Non-governmental organisation
SR:	Sales Representative
IBFAN:	International Baby Food Action Network

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Executive Summary

The International Code of Marketing of Breastmilk Substitutes (ICMBMS) aims to protect infant lives by regulating the marketing of commercial products which undermine breastfeeding. Any food or drink other than breastmilk given to an infant before six months of age is a breastmilk substitute (BMS). After six months, anything used to replace that part of the infant's diet that is best fulfilled by breastmilk is also considered a breastmilk substitute. The Code and subsequent World Health Assembly resolutions form the benchmark for assessing marketing practices and protecting breastfeeding.

This study assessed compliance with the ICMBMS and marketing practices of BMS manufacturers from November 2011 to January 2012 in seven provinces of Lao PDR (Vientiane Capital, Xayaboury, Luang Prabang, Luangnamtha, Xiengkhouang, Savannakhet, and Pakse in Champassak Province). Provinces were chosen due to the influence of neighbouring countries and where there were better developed markets with imported products readily available in the market. In each province the main city and one urban village were chosen randomly and visited.)

The survey had two components: A descriptive observational component and an investigative interview component. The first component recorded: place; time; company; brand; type of product; type and detail of violation. The second component was directed towards health workers, mothers and shopkeepers.

The findings were assessed in order to identify instances of compliance or violations of the Code with a focus on the latter. Key violations observed were largely related to the inadequate provision of information, including:

- not promoting the superiority and benefits of breastfeeding (Article 4)
- advertising and promotion to the general public of products covered by the Code (Article 5)
- use of the health care system to promote infant formula and other products within the scope of the Code (Article 6)
- providing financial or material inducements, including giving free samples to health workers, to promote breastmilk substitutes (Article 7)
- inadequate and confusing labelling; and not clearly stating that complementary foods are suitable only for use by infants aged 6 months and above and not earlier (Article 9)

- not providing information in an easily readable format (Article 9) and in Lao language as required by the 2007 Agreement on Infant and Young Child Food Products in Lao PDR.

Overall, the findings demonstrate that commercial companies producing infant formulas, complementary foods or follow-on formulas are not complying with Code requirements.

The study highlights a series of alarming examples. It demonstrates that some manufacturers and distributors are actively working on the ground with shopkeepers and health workers using unethical methods to promote their products. This presents a significant risk of undermining the Government's recent strong progress to promote optimal breastfeeding practices.

The study also shows that health workers often accept gifts from manufacturers or distributors and generally report that they are unaware of the Code or its basic provisions. As health workers have great influence on mothers and an obligation to protect and promote breastfeeding, it is critical that they are able to provide correct information.

Recommendations to combat these weaknesses include emphasising the 10 steps to successful breastfeeding during pre-service training for health workers so that the concepts are instilled early. Refresher trainings and monitoring of hospitals for compliance should be made regular activities. Breastmilk substitutes available in local markets must be in Lao language as defined by the current national 2007 Agreement of Infant and Young Child Food Products to ensure mothers are able to make informed decisions or follow safe preparation instructions.

Finally, the current 2007 Agreement needs to be strengthened through adoption of much stricter regulations with legal provisions to plug existing legal loopholes. Effective information, training, regulation and monitoring systems should be provided in parallel to ensure that healthcare providers and independent monitors are able to enforce breastmilk substitute manufacturers' compliance with the Code.

Background

Exclusive breastfeeding for the first six months of life is recognized by the World Health Organization and UNICEF as the single most effective and important intervention to prevent infant and young child mortality and for improving the growth and development of children. According to the medical journal, the Lancet, exclusive breastfeeding is now estimated to potentially prevent 1.4 million deaths globally every year among children under five years old (out of approximately 10 million annual deaths). Continued breastfeeding, combined with appropriate complementary foods, up to at least 2 years of age is also considered critical to a child's physical and cognitive development with impacts lasting through the remainder of the child's life.

Conversely, inadequate breastfeeding and complementary feeding practices contribute to high rates of malnutrition and infant and child mortality.

However, developing countries which traditionally have strong breastfeeding practices face increasing challenges by marketing of formula milk, or breastmilk substitutes (BMS), often portrayed as an acceptable, preferable and more convenient practice to the act of breastfeeding. These practices endanger lives and undermine the efforts of national policies aimed at achieving the objectives of the Millennium Development Goals.

In 1981, the World Health Assembly adopted the International Code of Marketing of Breastmilk Substitutes (ICMBMS) as a minimum international standard to regulate the advertising and promotion of breastmilk substitutes, feeding bottles and teats. The aim of the Code is to contribute to safe and adequate nutrition for infants by promoting and protecting breastfeeding; by providing adequate information about breastmilk substitutes; and through appropriate marketing and distribution practices (IBFAN, 2008). Furthermore, after six months, anything used to replace that part of the infant's diet best fulfilled by breastmilk is a breastmilk substitute (IBFAN, 2009). The Code applies to marketing practices related to breastmilk substitutes including infant formula, other milk products, and foods and beverages including bottle fed complementary foods when marketed for the purpose of either partially or completely replacing breastmilk (Appendix 1). There are also several resolutions adopted by the World Health Assembly related to breastmilk substitutes (A summary of these is listed in Appendix 2).

The ICMBMS protects breastfeeding and prevents unethical practices by the breastmilk substitutes industry. Around 118 member states, including the Lao PDR, have voted in favour of the Code. The Code has several important provisions which forbid the following:

- advertising or promoting breastmilk substitutes to the public
- marketing to pregnant women or giving free samples to mothers
- promoting breastmilk substitutes in health care facilities including providing free or low cost supplies, or offering gifts or personal samples to health workers

- company personnel advising pregnant women or mothers of children on the substitutes or on infant and young child feeding
- promoting unsuitable products such as sweetened condensed milk for infants

Additionally, the Code states that any information provided to health workers by manufacturers should only be scientific and factual, and all information on the containers of breastmilk substitutes should explain the benefits of breastfeeding and the costs and risks associated with artificial feeding. Furthermore, the Code stipulates that manufacturers and distributors should comply with the Code even if the country has not adopted a law or other legislative measures concerning the marketing of breastmilk substitutes.

Inadequate breastfeeding and complementary feeding practices contribute to high rates of malnutrition and infant and child mortality in the Lao PDR (Barennes et al., 2007 ; Sayasone et al., 2004 ; Soukaloun et al., 2003).

The Lao PDR is classified as a country having ‘many provisions of the ICMBMS as law’ (IBFAN, 2008). The Lao PDR first implemented the ICMBMS in 1995 through the issuance of Decision No. 1821/MOH on Food and Breastmilk Substitutes. The Government formally adopted a Regulation to implement the Code in 2004. However, the regulation was scaled down to an Agreement on Infant and Child Food Products Control, which was released in 2007. In April 2011 the Committee on the Rights of the Child questioned and commented on the unclear status of Code implementation in the Lao PDR and encouraged the Government to formally adopt and implement the Code and subsequent relevant WHA resolutions (Committee on the Rights of the Child, 2011).

A study conducted in 2012 indicated that nearly a quarter of some 1,050 mothers were giving BMS to their children, and nearly a fifth of the children studied were given breastmilk substitutes before the age of 6 months (Barennes H et al., 2012). Mothers with the highest socio-economic status were showing a tendency to give up breastfeeding and it suggests that this is most likely due to being enticed by infant formula advertising.

A 2008 study on labelling practices highlighted the misleading impact of the promotion of one brand of coffee creamer, namely Bear Brand coffee creamer, which showed a bear suckling its cub on the label (Barennes H et al., 2008). According to the study nearly one in five mothers (18%) in the study sample gave this creamer to their infants, starting at an average age of 4.7 months (Barennes H et al., 2008). Furthermore, several studies conducted in both rural and urban areas documented the disastrous impact on infants who were exclusively fed with these products (Barennes H et al., 2009 ; Slesak et al., 2009). There are recorded cases of infants having developed kwashiorkor and this contributing to their deaths. As a result of these publications and the persistence of a few physicians and other supporters, the sale of the Bear Brand coffee creamer was briefly discontinued in the Lao PDR before a new label was introduced.

Other reports from the Lao PDR indicate frequent and widespread violations of the Code by infant formula manufacturers. Although companies state that they follow the Code, they find ways around it. For example, in the 1980s Bear Brand carried a logo of a mother bear

feeding its cub with a huge bottle (Barennes H et Srour, 2009 ; Barennes et Srour, 2009 ; Barennes et al., 2012). After reporting on the misleading impact of the Bear Brand label, Nestlé changed its label slightly. In 2011-2012, the Bear Brand label is still on the market but with subtle changes. These can be observed in follow-up formula Nestlé Bear Brand 3+ (follow on-formula for six months to three years). The label still has the mother bear and cub, but the baby is now on the mother's lap and not in a breastfeeding position.

Furthermore, similar to trends seen in several south-east Asian countries, the influence of infant formula manufacturers is increasing in the Lao PDR. For example, Nestlé offered special grants for innovations in nutrition, water and rural development. In May 2011, 19 leading Lao PDR-based international non-governmental organisations (NGOs), including Save the Children, Oxfam, Health Frontiers, Plan International and World Vision, wrote an open letter to the company declining to apply for prize funds (Wikipédia, 2012)¹. The NGOs criticized the lack of appropriate labelling in the Lao PDR and the provision of incentives to doctors and nurses to promote the use of infant formula.

Given the increasing number of violations being reported, UNICEF conducted a workshop in October 2011 for health workers from the Ministry of Health and development partners on improving implementation of the International Code on the Marketing of Breastmilk Substitutes.

This current assessment was conducted by the researchers to examine compliance with the Code in health facilities (hospitals, mother and child clinics, health centres), and distribution points (pharmacies, shops and markets) in seven select provinces of the Lao PDR. The key findings would serve as an advocacy tool to prevent further violations of the Code and to make a case for strengthening the national code with legal provisions on the marketing of breastmilk substitutes.

¹ "The "LAO PDR: NGOs flay Nestlé's infant formula strategy". <http://www.irinnews.org/report.aspx?ReportID=93040>.

Study Objective

The key objective of the study was to provide a baseline description of the violations of the Code occurring in selected major cities, health facilities, shops and pharmacies in select provinces of the Lao PDR.

Methodology

Study Team

The assessment was supervised by Dr Hubert Barennes, Research Coordinator at the Francophone Institute for Tropical Medicine, and conducted by three trained investigators from the research team along with participants from local NGOs working in the area of child health. Officials from the Ministry of Health who had previously participated in a UNICEF-supported workshop on the ICMBMS also volunteered to be part of the monitoring activity. These key people are eventually expected to monitor future violations.

Study site and sample selection

The survey areas were chosen to illustrate the influence of neighbouring countries whereby imported products are available in the market. Hence the survey was conducted in Vientiane Capital, Xayaboury, Luang Prabang, Luang Namtha, Xieng Khuang, Savannakhet, and Champassak (Pakse).

At least one urban and one rural site in each of the seven provinces were selected to cover 14 areas. In each of the provinces, at least one hospital, one health facility (city health centres or district hospitals) and one rural health centre were selected. In total, 22 health facilities (eight hospitals, seven city health centres or district hospitals, and seven rural health centres) were visited. In addition at least seven shops and four pharmacies were visited in each province. In total 14 areas, both rural and urban, 22 health facilities, 49 shops and 28 pharmacies were selected. Interviews were also conducted with health workers (35), mothers (70), shopkeepers (35) and pharmacists (14).

The assessment was specifically targeted towards monitoring of violations of the Code based on the International Code of Marketing of Breastmilk Substitutes. While attempts were made to follow scientific rigour as much as possible, the aim was to capture the picture at the time of conducting the monitoring for Code violations.

Assessment components

The assessment had two components: a descriptive observational component and investigative interviews of key informants. The survey and the interviews were conducted to examine violations of the Code as represented by the various articles of the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly Resolutions.

Observation survey

In each of the seven selected provinces, the team visited one major city with the objective of monitoring for violations of the Code. The following sites were visited for monitoring:

- one hospital (mother and child wards) and one health centre. In Vientiane, monitoring was conducted in two major hospitals and one health centre
- two pharmacies or drug shops
- five shops chosen using a random procedure as described below, and two shops in rural villages

The team also visited one rural village in each of the seven selected provinces. The following sites were visited for monitoring:

- one health centre
- two pharmacies or drug shops
- two shops chosen using a random procedure

The team also conducted a tour in the major cities and villages to observe possible violations, which involved checking for posters or banners promoting breastmilk substitutes. The sites were selected using a random perambulatory procedure. Briefly, it consisted of choosing a starting point for the investigation (usually the centre of village), then randomly:

- i. choosing an initial direction of investigation
- ii. choosing the interval of houses/shops that would be investigated according to the size of villages/number of dwellings/ number of expected shops
- iii. choosing the first house/shop to be investigated
- iv. following the direction and turning right at the first crossing, then turning left then right etc. until the end of the survey's perimeter
- v. finding another direction and continuing the investigation until the planned number of people/shops was obtained.

The above sites were selected to observe violations of the following Articles of the Code²:

1. **Article 4** relates to requirements on information and education. Article 4.1 deals with the right of every citizen to correct and consistent information and education. Article 4.2 provides a list of points that need to be included in educational information, provided in any media and dealing with infant feeding, which is intended for pregnant women and mothers. The information should promote the benefits and superiority of breastfeeding, maternal nutrition, the negative effect on breastfeeding of partial bottle feeding, the difficulty of reversing the decision not to breastfeed and, where needed, the proper use of infant formula. Article 4.3 relates to donations of informational or educational equipment or materials by manufacturers.

² For further details of the Code and the subsequent World Health Assembly resolutions, please refer Appendix 1 and Appendix 2

2. **Article 5** relates to the general public and mothers. Article 5.1 states that there should be no advertising or promotion to the general public of products covered by the Code. Article 5.2 indicates that manufacturers and distributors should not provide, directly or indirectly, to pregnant women or families, samples of products that fall within the scope of the Code. Article 5.3 states that there should be no point-of-sale advertising, or samples or use of any promotional tactics to entice consumers and includes special displays, special sales, and tie-in sales. Article 5.4 prohibits manufacturers and distributors from distributing 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. Finally, Article 5.5 prohibits marketing personnel from seeking direct or indirect contact with pregnant women or with mothers of infants and young children.

3. **Article 6** deals with the health care system. Under Article 6.1, the health authorities have a responsibility to take appropriate measures to protect and promote breastfeeding by providing appropriate information and advice to health workers and to encourage health workers to provide appropriate information to pregnant women and mothers of infants and young children. Article 6.2 prohibits the use of the health care system for promoting infant formula and other products within the scope of the Code. Article 6.3 prohibits the use of health care facilities to display products that fall within the scope of the Code, including the use of placards or posters. Article 6.4 prohibits the health care system from using the services of company representatives. Furthermore, as indicated in Article 6.5, only health workers or other community workers can demonstrate feeding with infant formula if necessary and only to mothers or family members who need to use it. Article 6.6 relating to donations has been clarified and, following resolutions WHA 39.28 (1986), 45.34 (1992 and 47.5 (1994), free supplies of all products covered by the Code are not allowed in any part of a health care facility. Small amounts of breastmilk substitutes needed for the minority of infants who require them are to be made available through normal procurement channels. Under Article 6.7, any distribution of supplies outside an institution must be done by the institution and not by companies, it must never be used as a sales inducement and steps need to be taken to ensure that supplies continue for as long as the infants concerned need them. Article 6.8 states that equipment and materials donated to the health system may bear a company's name or logo but not refer to any product that falls within the scope of the Code.

4. **Article 7** relates to the role of health workers. Under Article 7.1, health workers should encourage and protect breastfeeding. Article 7.2 states that information provided by manufacturers and distributors to health professionals regarding products that fall under the scope of the Code should be restricted to factual and scientific matters and should include information on the benefits and superiority of breastfeeding, the importance of optimal maternal nutrition, the negative impact on breastfeeding by introducing partial bottle feeding, the difficulty of reversing the decision not to breastfeed, and if necessary the proper use of infant formula. Article 7.3 prohibits manufacturers or distributors from providing financial or material inducements to health workers or their families in order to promote breastmilk substitutes. The health workers also have an obligation to refuse financial or material inducements from the manufacturers or distributors. Article 7.4 prohibits health workers from giving samples of infant formula to pregnant women and mothers of infants

and young children. Companies should not provide samples to health workers except for professional evaluation or research at the institutional level. Under Article 7.5 manufacturers and distributors are required to disclose to the institution to which a recipient health worker is affiliated any contributions made in terms of fellowships, study tours, research grants or for attendance at professional conferences. The issue of sponsorship has been clarified by resolutions WHA 49.15 (1996) and 58.32 (2005), which highlight the need to avoid conflicts of interest where financial support and incentives for programme and health professionals are concerned.

5. Among other things, **Article 8.2** prohibits marketing personnel from providing education to pregnant women or mothers of infants and young children.

6. **Article 9** deals specifically with labelling. According to Article 9.1, labels should provide necessary information about the appropriate use of the product and should not discourage breastfeeding. They should clearly state, for example, that complementary foods are suitable only for use by infants from 6 months and above and not earlier. Article 9.2 states that the labels of infant formula should be clear and easily readable in an appropriate language and should state specifically the words, 'Important Notice' or similar and mention the superiority of breastfeeding, including a statement that the product should be used only on the advice of a health worker. The label should also provide information on the appropriate method of preparation and a warning about the health hazards if not prepared properly. Additionally, Article 9.3 states that the labels of food products which are marketed for infant feeding but do not meet the requirements of an infant formula, but could be modified to do so, should carry a warning that the product should not be the sole source of nourishment for an infant. Sweetened condensed milk should not contain information on how to modify the milk for provision to infants. Article 9.4 relates to the labelling requirements for industrially packaged foods, which should state the ingredients used, composition of the product, storage conditions required, batch number and the date before which the product is to be consumed.

7. **Article 10** states that the quality of products is essential to protect the health of infants and hence should be of a high standard and meet the international standards set by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practice for Foods for Infants and Children.

Key Persons Interviews

In each province the team interviewed, following informed consent, at least ten mothers, five health workers (nurse or doctors), five shop keepers, and two pharmacists.

The mothers were selected based on whether they were providing breastmilk substitutes to their infants/children who were aged 6 to 24 months. They were usually interviewed at home. The participants were shown pictures of the most common breastmilk substitute products used at home by mothers. In rural areas or in the north where the number of mothers using breastmilk substitutes was expected to be low, the interviewers asked key people (shopkeepers and health workers) to indicate the addresses of mothers that used

BMS. In the south a random procedure was applied in the major cities as described in the above section.

A structured questionnaire, adapted from similar questionnaires used for monitoring,³ was used for the interview component. The questionnaire was pre-tested before use (Appendix 3) and is comprised of two parts: the first section relates to observation of the place and sites of violations, and the second section includes structured questions for interviewing study participants. The first part of the questionnaire records the following items: place; time; company; brand; type of product; type and detail of violation. The second part of the questionnaire looked at three issues:

1. Type of contact and type of information, gifts received from companies and implications related to advertising of any products. This question was targeted at shopkeepers and health workers.
2. Giving breastmilk substitutes to infants/children - designed to ask of mothers and caregivers. The questions related to which specific product was being used, when the advice was provided, who advised using breastmilk substitute, and why the mother used it.
3. Advising caregivers or mothers to give commercial food: type of advice, reasons used for giving it. These questions were designed to be asked of shopkeepers and health workers.

Ethics

The survey was done in compliance with the Helsinki Declaration (Association Médicale Mondiale, 2011). It was conducted with the agreement of the Ministry of Health and local and regional health authorities. Mothers gave their written/oral informed consent to participate in the survey according to their literacy ability (Appendix 4).

The investigators made all attempts to contact volunteers by phone or mail to arrange an appointment to conduct the survey as part of the research team. The investigators found that some of the participants were either unreachable or unavailable due to short notice or were living far from the sites of the investigation.

Analysis

Data was checked on hard copy with investigators and then entered with Epidata (www.epidata.dk, Odense, Denmark) and Stata, Version 8 (Stata Cooperation, College Station, TX). Data for health workers was broken down into nurses and doctors. Descriptive analysis included frequencies, means and standard deviation. Student's test for normally distributed continuous data and χ^2 and Fisher's exact tests for categorical variables were used as appropriate with significance at $p < 0.05$ as significant.

³ International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions (2008) Code Essentials 3.

Results

Results 1. Observation survey of BMS and potential violations of the Code

The research team visited a total of 106 sites in seven provinces including Vientiane Capital, Xayaboury, Luang Prabang, Luang Namtha, Xieng Khuang, Savannakhet and Champasak: 56 shops, 28 pharmacies, 21 health facilities including 10 provincial or referral hospitals, and one kindergarten. The team also visited 81 homes to interview mothers of children being provided breastmilk substitutes.

Outside of shops and markets no violations such as posters or billboards were seen in the six provinces and Vientiane Capital during each city tour. Dumex promotional posters were observed on shop walls in Luang Namtha, which can be considered as inappropriate promotion based on Article 5.1 which states that there should be no advertising or other form of promotion to the general public of products within the scope of the Code.

Table 1 provides information on observed violations and the relevant Code Article by province. The most common violations seen relate to advertising to the general public, including providing gifts and other promotional strategies (Article 5), and the role of companies and health staff (Article 7). More violations were observed in Savannakhet than in the other provinces.

Table 1- Distribution of violations by province

	ResWHA63.23 Art 5	Art 7 Art 7.4 Art 5	Art 4.2	Art 5	Art 6.2 Art 6.3	A.10	
	Poster	Gift	BF not written	Promotion	Leaflet	Exp Date	Total
	N=7 (%)	N=4 (%)	N=5 (%)	N=4 (%)	N=1 (%)	N=1 (%)	N=22 (%)
	31.8	18.2	22.7	18.2	4.6	4.6	
Luang Prabang	0	0	0	0	0	1	1
Luang Namtha	1	0	1	0	0	0	2
Xieng Khuang	0	1	3	1	0	0	5
Xayaboury	0	0	0	0	0	0	0
Vientiane Capital	3	1	0	1	0	0	5
Savannakhet	3	1	1	2	1	0	8
Pakse	0	1	0	0	0	0	1

Table 2 provides details of common violations observed by site⁴. More violations were observed in shops compared to other sites. Code violations were also observed in health facilities. Only three hospitals among those visited did not have any violations. No donations of breastmilk substitutes to health facilities or direct marketing by health workers were reported. However the presence of stickers, flyers and growth charts with the name of the milk company confirms the presence of some sales representatives at hospitals. Two companies (Nestlé and Dumex) were the most noticeable companies.

Table 2 - Details of violations observed according to site of survey

	ResWHA63.23 Art. 5	Art. 6	Art. 6	Art. 5	Art. 10	
	Advertisement	Gifts to health worker	Gifts to mothers	Promotion in shops	Expired Date	Total
	N=28	N=6	N=2	N=2	N=1	N=39
	71.8%	15.4%	5.1%	5.1%	2.6%	
Health Centres	0	2	0	0	0	2
Provincial hospitals	0	2	0	0	0	2
District hospitals	0	2	0	0	0	2
Shops	28	0	2	2	1	33
Pharmacies	0	0	0	0	0	0
Kindergartens	0	0	0	0	0	0

The main violations in shops relate to advertising to the general public (Article 5) and the promotional strategies used, including posters and gifts.

It was hypothesized that there could be some differences in the marketing practices between rural and urban areas. However there appear to be no differences based on location (data not shown).

Violations of the Code by the various brands were examined. The main brands seen in the various sites include Nestlé (Bear Brand, Advance Expert 1 plus, Bear Brand 2 follow on, Cerelac 1, Cerelac 2, Lactogen starter formula, Lactogen 1, Lactogen 2, Nan), Dumex (Dugro, Dulac, EnfagroA plus, Enfalac1, Enfapro, Enfapro A+, Hi Q, Hi Q1, Hi Q2); Wyeth (s-26 Gold, Promil Gold) and Abbott (Similac, Neosure).

The violations observed relate to labeling and promotion in health facilities and shops. The following are the observations based on the monitoring:

⁴ Some practices violated more than one provision or resolution of the Code and hence may not be comparable with the figures from Table 1.

- The slogan of Nestlé is subtle and states ‘Start healthy, Stay healthy’, idealizing the use of the BMS, which can be interpreted as a violation.
- In Xieng Khuang province, sales representatives distributed samples of Lactogen to health workers (Article 6).
- Dumex provided special offers, tie-in sales, gifts of free T-shirts, food boxes, paddling pools for children and scooters with purchases (Article 5).
- The information on Nestlé products (Cerelac, Lactogen, Lactogen 1) and Dumex (Dulac, Dugro, Hi Q etc) are mainly in Thai language (Article 9).
- In front of one shop was a poster of a mother with her child with a slogan that read ‘Be ready for the future of your children’. Inside the shop the slogan was “Dulac Dupro Dugro make your child healthy, wise and happy” (Article 4).

Results 2. Questionnaire survey

The investigators interviewed 194 people including 81 mothers, 54 shopkeepers, 40 health workers (including 9 doctors and 31 nurses), and 19 pharmacists (Table 3).

Table 3 - Distribution of interviewees by provinces

Province	Nurses n=31	Doctors n=9	Mothers n=81	Shopkeepers n=54	Pharmacists n=19	Total n=194
Luang Prabang	4	1	10	8	3	26
Luang Namtha	5	0	10	7	2	24
Xieng Khuang	4	1	10	7	2	24
Xayaboury	5	0	10	7	2	24
Vientiane	5	0	11	5	2	23
Savannaket	2	5	14	10	4	35
Pakse	6	2	16	10	4	38

Of the 194 people interviewed, 77 (39.6%) reported having been contacted or approached by a company representative (Table 4). Of those contacted, as expected, shopkeepers (54.6%) and health workers (nurses and doctors, 28.6%) were the most contacted. The key findings are:

- Almost all health workers (100%) contacted by a sales representative reported having received a gift. This is violation of Article 7.3 of the Code that prohibits distributors or manufacturers from providing gifts to health workers. Also, 72% of health workers indicated that they were asked to promote breastmilk substitutes. This is a violation of the Code’s Article 7.3 which states that no financial or material inducements to promote products within the scope of the Code should be provided by manufacturers or distributors to health workers. At the same time, health workers have an obligation to

protect and promote breastfeeding (Article 7.1) and should not accept gifts from manufacturers or distributors (Article 7.3).

- Nearly half of the shopkeepers contacted by a sales representative reported having recommended breastmilk substitutes to mothers, which is disturbing. Interestingly, one out of four mothers report recommending breastmilk substitutes to other mothers. Although not a violation of the Code, it highlights the importance of strengthening the information and education components for health and related workers so that appropriate messages on breastfeeding and infant and young child feeding practices are disseminated in order to promote and protect breastfeeding.

Further details on the contact by infant formula companies are presented in Table 4.

Table 4 - Contacts by sales representatives

	Interviewed	Contacted	Received information	Received gift	Asked to advertise	Recommended BMS to mothers/others
	n=194	n=77 (39.6%)	n=54 (27.8%)	n=58 (29.9%)	n=34 (17.5%)	n=51 (26.3%)
Nurses	31	17	16	17	13	
Doctors	9	5	5	5	3	
Mothers	81	11	10	7	5	23
Shopkeepers	54	42	21	28	13	28
Pharmacists	19	2	2	1	0	

The places where interviewees were approached by company representatives is shown in Table 5. Mothers were more frequently contacted by sales representatives at shops than health centres.

Table 5 - Places of meeting with sales representatives and gifts received

	Health Facilities	Pharmacies	Home	Shops	Hotels	Total
	n=24 (31.2%)	n=1 (1.30%)	0 (%)	n=51 (66.2%)	n=1 (1.30%)	n=77
Nurses N=17	16	0	0	0	1	17

Doctors n=5	5	0	0	0	0	5
Mothers n=11	2	0	0	9	0	11
Pharmacists n=2	1	1	0	0	0	2
Shopkeepers n=42	0	0	0	42	0	42

Table 6 and Table 7 provide details on the type of information given by sales representatives. The information given by sales representatives to shopkeepers was mostly related to how to display the products (52.7%), the benefits of BMS (50%), or how to feed babies (9.2%). This can be considered a violation of Article 5.1 as shopkeepers are members of the public and there should be no promotion to members of the public. Sales representatives are also encouraging and party to violations of Article 5.3 by encouraging special displays.

Table 6 - Information given by sales representatives to interviewees*

	n=54	(%)
How to display the products	29	52.7
How to use milk	19	35.2
When BMS should be given	14	25.9
Benefits of breastmilk substitutes	8	14.8
How to give information	7	13.0
How to feed the baby	5	9.3
How to choose the correct BMS for age	2	3.7
How to advertise	1	1.9
How to recommend BMS to mothers	1	1.9

*more than 1 response possible

Table 7 - Information given to mothers by sales representatives

	Mothers n=10	%
Benefits of BMS	4	(40)
Choose BMS for the correct age	1	(10)
How to feed the baby	2	(20)
How to use BMS	2	(20)

Many respondents reported having received gifts from the sales representatives of infant formula companies. Pens, T-shirts and free samples were the most common violations (26.14%, 15.91%, and 12.50 %, respectively) (data not shown). Eight health care workers received free samples which were not for the purpose of professional evaluation or research at the institutional level (Violation Article 7.4). In total, five shopkeepers and one mother reported promotion through provision of incentives, namely, “Buy two boxes, get one free”. Some gifts or practices could not be related to violations (books or brochures, glasses or posters for example) due to insufficient documentation. The name of the sales representatives who provided the gifts and the brands of the gifts were not recorded.

Gifts were provided once or twice a year for the majority, but 15% of the beneficiaries (shopkeepers) reported weekly or monthly gifts. A small group of seven interviewees claimed they received weekly donations of formula (table not shown).

Among shopkeepers, 28 reported having received gifts, which according to the team were related to their performance in selling, which could be considered in a wider interpretation as a potential violation of Article 8.1 which, although it applies to marketing personnel, could possibly be extended to shopkeepers as well. According to Article 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.”

Among the offers made by manufacturers and distributors, the most common strategies used were providing free samples and tie-in sales (Table 8). The strategies employed are mainly violations of Article 5.1 and 5.3 which indicate that there should be no advertising or other form of promotion to the general public of products that fall within the scope of the Code (Article 5.1), and there should be no point-of-sale advertising, free samples, or any other promotional practices to enhance sales to the consumer at the retail level, especially having special displays, providing discount coupons, etc (Article 5.3).

Table 8 - Type of offers made to respondents to promote Breastmilk Substitutes

	Asked to advertise	
	n=33	(%)
Samples	11	(33.33)
Tie-in sales (<i>buy one, get two</i>)	9	(27.27)
Gifts with purchase	4	(12.12)
Product information	4	(12.12)
Posters display	3	(9.09)
Discounts to customers	1	(3.03)

A majority of mothers were advised to give BMS by family and relatives (50%) or health workers (26.5%). The main reasons that mothers were advised to give BMS were lack of milk (35%) and the need to return to work (23%). Health problems were also a frequent reason (13%). The mothers considered BMS a good supplement to breastmilk (47%) and a good alternative in case of severe disease or the need to return to work (15%) while 10.5% of mothers thought that BMS contributed to improved growth and 7.3% of mothers considered BMS to provide better nutritional value (Table 9). We can assume that some mothers were probably not receiving enough recommendations and support to continue breastfeeding when returning to work. However, the quality of information provided to the mothers was not investigated by the questionnaire.

Although not related to violation of the Code, the responses suggest the need for further work to identify how to address the misinformation and misconceptions and how to support mothers better through improved education of mothers and health workers.

Table 9 - Reasons for Breastmilk Substitutes

Reason	n=96 (%)
Replace breastmilk (no milk)	45 (46.9)
Severe disease	9 (9.4)
Other reasons to give BMS	7 (7.2)
Which BMS to choose according to infant age	5 (5.2)
Easy to work	5 (5.2)
Gain weight	4 (4.1)
Grow up faster	4 (4.1)
Plenty of nutrients	3 (3.1)
Complement breastmilk	2 (2.1)
Twins	1 (1.0)
Availability	1 (1.0)
Operation cases	1 (1.0)
Comfortable	1 (1.0)
Everybody uses it	1 (1.0)
Growing bones	1 (1.0)
Healthy	1 (1.0)
Lots of added vitamins	1 (1.0)
Makes a child wise	1 (1.0)
Mother's death	1 (1.0)
Not expensive	1 (1.0)
Plenty of calcium	1 (1.0)

Of 194 people interviewed, 89% of doctors, 65% of nurses and 52% of shopkeepers reported that they advised mothers to use breastmilk substitutes (Table 10). However, as health professionals can recommend a replacement depending on medical conditions, the finding may not be considered a violation of the Code.

Table 10 - Contribution of interviewees to the promotion of BMS

	Interviewed	Advised	BMS
	n=194	n=82	(42.3 %)
Nurses	31	20	64.5
Doctors	9	8	88.9
Mothers	81	23	28.4
Shopkeepers	54	28	51.9
Pharmacists	19	3	15.8

Other findings from the survey

Some additional information was obtained by the investigators during the survey based on discussions with key persons.

Following discussions with retailers it is apparent that sales representatives, primarily Nestlé and Dumex representatives, quite frequently visit and monitor shops. Their frequency of visits was higher in Luang Prabang (once per month), while shopkeepers in Xayaboury, Luang Namtha and Xieng Khuang reported being visited once per trimester. The shopkeepers are strongly encouraged by the sales representatives to advertise and promote breastmilk substitutes. The investigators were shown a copy of the Nestlé check list, which indicated under which conditions shopkeepers may receive incentives. This approach appears to be a common marketing practice and may not be a Code violation per se. However it is likely that in order to receive the incentives, shopkeepers may adopt strategies to promote breastmilk substitutes that could lead to a violation of the Code.

Observations in Xieng Khuang and effects of Bangkok flooding

Due to heavy flooding in Thailand at the time of survey, shopkeepers in Xayaboury reported increased sales as families tried to stock up on BMS for fear of running out. The investigator also noticed expired breastmilk substitutes being sold in Xieng Khuang (not quantified).

Observation in Xayaboury

Nestlé representatives offered training on infant nutrition to Lao doctors. Training is not prohibited by the Code if the provisions of Article 7 are respected. The investigators could not investigate if the promotional materials that were distributed during the training complied with the Code. However, it was reported that the head of the hospital in the province was opposed to the training but some staff attended the training without the agreement of the relevant institution, which can be identified as a violation of Article 7.5 and conflict of interest as indicated by the WHA Resolution 58.32, which calls on governments “to ensure that financial support and other incentives for programmes and health professionals working in infant and young-child health do not create conflicts of interest.”

Furthermore, Article 7.5 states that 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. In fact in many places health workers reported that they did not understand why they should refuse free gifts from the company since they had poor knowledge of the International Code of Marketing of Breastmilk Substitute issues. At the same time, health workers have a responsibility to refuse gifts or support from infant formula companies.

Discussion and recommendations

This survey confirms the presence of violations of the International Code of Marketing of Breastmilk Substitutes and provides some insight into the baseline situation in the Lao PDR. Violations were more frequent in markets and shops where promotions and posters promoting breastmilk substitutes were frequently observed. Code violations were also observed in health facilities. The violations observed in the shops, markets and health facilities, including promotion to health workers, indicate the presence of sales representatives; and unethical practices being used by manufacturers and distributors to promote breastmilk substitutes indicate that there is a high risk of undermining optimal breastfeeding practices. The findings demonstrate that commercial companies producing infant formulas, complementary foods or follow-on formulas do not comply with Code requirements.

Based on the monitoring assessment in the selected provinces and in Vientiane Capital, no violations such as posters or billboards were observed in the city during each city tour. Violation of the Code was more likely in shops. Code violations were also observed in health facilities. Among the hospitals visited, only three out of ten hospitals did not have any violations. No donations of breastmilk substitutes to health facilities, or direct marketing by health workers were reported. However, the presence of stickers, flyers and growth charts with the name of infant formula companies on them, confirms the presence of sales representatives in hospitals and conflicts of interest among the health workers. Two companies (Nestlé and Dumex) were the most noticeable companies.

Other Code violations that were observed relate to inadequate provision of information, including not promoting the superiority and benefits of breastfeeding (Article 4); advertising and promotion to the general public of products covered by the Code (Article 5); use of the health care system for promoting infant formula and other products within the scope of the Code (Article 6); providing financial or material inducements to health workers to promote breastmilk substitutes (Article 7); inadequate and confusing labelling (Article 9); and labelling not in an easily readable format and in Lao language as required by the 2007 Agreement on Infant and Young Child Food products in the Lao PDR. The presence of expired products may be hazardous to infant and young child health.

A cause for concern is the fact that sales representatives target health workers and give gifts to them. At the same time, health workers have an obligation to protect and promote breastfeeding and should not accept gifts from manufacturers or distributors. However, health workers generally report that they are unaware of the Code. Additionally, health workers tend to believe that surgery or caesarean section necessitates using breastmilk substitutes, an issue which needs to be addressed. According to WHO guidelines the number of severe maternal diseases justifying medical recommendation not to breastfeed is very small.

The assessment indicates that the incorrect beliefs held by health workers may impede breastfeeding and hence they may not be fulfilling their role in protecting breastfeeding (Art. 7.1). This is probably linked to inadequate knowledge on the part of health workers. More training of health workers needs to be conducted. Reports from surveys conducted in the Philippines revealed that the decision not to breastfeed was related to three major factors: the mother recalling an advertising message, the recommendation of doctors or health workers, or the opinion of the mother's relatives (Sobel et al, 2011). As health workers have great influence, it is important that they provide correct information and understand their role in protecting and promoting breastfeeding.

One possible recommendation would be to emphasise the 10 steps of breastfeeding during pre-service training so that the concepts are inculcated early. Also, refresher training and monitoring of hospitals for compliance should be made regular occurrences.

The 2007 Agreement on Infant and Young Child Food Products in the Lao PDR requires that messages, including the warning related to breast feeding, should be written in Lao language and should be affixed at a spot where they can be seen and read easily in order to inform consumers about the importance and the benefits of breast feeding. However, the assessment indicated that the breastmilk substitutes available in the local markets are in various languages other than the required Lao language, making it difficult for mothers to make informed decisions. This is substantiated by an earlier survey scan conducted in July 2011 which reported that breastmilk substitute products for infants and young children available in northern Laos were in Chinese language and a few were in English. Similar observations were reported with regard to the availability of products with Vietnamese labels.

Another matter for concern is that half of all shopkeepers reported having recommended breastmilk substitutes to mothers. Shopkeepers are not trained to educate pregnant women and mothers of infants and young children. Additionally, around a quarter of mothers reported recommending breastmilk substitutes to other mothers. These results highlight the importance of strengthening the information and education components for health and related workers so that appropriate messages on breastfeeding and infant and young child feeding practices are relayed, and to promote and protect breastfeeding.

Earlier reports indicated that mothers usually use coffee creamer as a complement to breastfeeding. This did not come up in the current monitoring, which could be because the monitoring assessment did not focus on remote populations. A previous study indicated that mothers mistook coffee creamer to be good food for infants. The Bear Brand coffee creamer was the most frequently recognized product for feeding infants and children (Slesak et al., 2009). Many mothers in Khammuane apparently consider coffee creamer as 'cow's milk' and feed it to their children (personal communication between Dr Hubert Barennes and Dr L. Srour). The mean age for providing coffee creamer in some populations is reported to be two months, which can have a serious impact on the health and survival of infants and young children. Cases of kwashiorkor and infant deaths have been reported.

One positive outcome of the current assessment is that it also shows that some authorities, such as the health authority in Xayaboury, are aware of the violations of the Code by companies and have taken a stand against workshops organized by an infant formula company. Infant formula companies frequently conduct workshops or sponsor health staff to attend workshops, seminars, meetings etc. In fact, sponsorships are not prohibited by the Code (Art. 7.5) if they are disclosed by health workers to their institutions. This is frequently discussed as the weakness of the Code. There is a strong belief among many that any form of sponsorship of health care workers by a BMS company will lead to conflict of interest and negatively affect breastfeeding rates. This should be clarified while developing legislation on the Code in the Lao PDR, where health workers' salaries are low and opportunities to attend conferences and further their education are limited.

Another source of conflict of interest is that of shopkeepers who receive incentives from companies to organize product displays and ensure promotion. As shopkeepers play a role in the marketing and selling of BMS in Laos, the recommendation is to extend Article 8.1 to shopkeepers, which will prevent unethical marketing practices of BMS.

Regular monitoring and dissemination of information to the public, particularly to mothers, on the risks of breastmilk substitutes is highly recommended. More work has to be done to respond to the needs of mothers in order to improve the nutrition of their infants by removing the barriers that are hampering breastfeeding practices in the Lao PDR.

The survey was conducted in areas close to the influence of neighbouring countries (Thailand, Vietnam, China) or urban areas (Vientiane, Luang Prabang). Hence the choice of the six areas was not random. Indeed, representativeness was not the objective of the survey. However, to improve the representativeness of the survey the choice of health centres and of the rural areas close to the city was conducted randomly.

It is likely that local monitors may find themselves experiencing a conflict of interest or facing pressure from authorities or influential people not to report violations. The role of NGOs and international monitors is very important in the Lao PDR, where there is a need for independent monitors who will not be easily swayed by the temptations offered by the formula industry, which are often able to influence health care workers. As it is most likely that formula companies will continue to advertise, there is a need to persist with monitoring in order to protect and promote breastfeeding and increase the chances for child survival, growth and development.

Conclusions

In the current context of development in the Lao PDR there is an urgent need to protect and promote breastfeeding to safeguard infant health and survival. The adoption and implementation of the International Code is very important in order to protect and promote breastfeeding. The current 2007 Agreement on Infant and Young Child Food Products for the Lao PDR needs to be strengthened with adoption of much stricter regulations that plug current loopholes.

Revision and strengthening of the Agreement must be accompanied by effective information, training, and monitoring systems to ensure that healthcare providers and independent monitors are able to enforce compliance with the Code by breastmilk substitute manufacturers. Successful educational strategies and advocacy measures should be urgently developed to promote and sustain breastfeeding, taking into account the beliefs and vulnerability of the Lao population. All measures need to be taken to protect and promote breastfeeding because breastfeeding is a key intervention to save infant lives and improve the growth and development of Lao children.

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Appendices

Appendix 1: International Code of Marketing of Breastmilk Substitutes

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 breast-feeding, 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 bottled 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 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 breast-feeding; (b) maternal nutrition, and the preparation for and maintenance of breast-feeding; (c) the negative effect on breast-feeding of introducing partial bottle-feeding; (d) the difficulty of reversing the decision not to breast-feed; 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 or 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 breast-feeding 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 breast-feeding; 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 breast-feeding. 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 breast-feeding.

9.2 Manufacturers and distributors of infant formula should ensure that each container as 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", "materialized" 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 labels 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 instructions 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 consumed, 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 Alimentarius 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.

Appendix 2. Summary of WHA Resolutions Relevant to the Code

Year Number	Resolutions
1981 WHA34.22	<ul style="list-style-type: none">• Code overwhelmingly adopted by WHA (118 in favour, 1 no, 3 abstentions).• Stresses that adoption and adherence to the Code is a minimum requirement. Member States are urged to implement the Code into national legislation, regulations and other suitable measures.
1982 WHA35.26	<ul style="list-style-type: none">• Recognizes that commercial promotion of breastmilk substitutes contributes to an increase in artificial feeding and calls for renewed attention to implement and monitor the Code at national and international levels.
1984 WHA37.30	<ul style="list-style-type: none">• Requests that the Director General work with Member States to implement and monitor the Code and to examine the promotion and use of foods unsuitable for infant and young child feeding
1986 WHA39.28	<ul style="list-style-type: none">• Urges Member States to ensure that small amounts of breastmilk substitutes needed for the minority of infants are made available through normal procurement channels and not through free or subsidized supplies.• Directs attention of Member States to the following:<ul style="list-style-type: none">○ Any food or drink given before complementary feeding is nutritionally required may interfere with breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period.○ Practice of providing infants with follow up milks is “not necessary”.
1988 WHA41.11	<ul style="list-style-type: none">• Request the Director General to provide legal and technical assistance to Member States in drafting or implementing the Code into national measures.
1990 WHA43.3	<ul style="list-style-type: none">• Highlights the WHO/UNICEF statement on “protection, promoting and supporting breastfeeding: the special role of maternity services” which led to the Baby-Friendly Hospital Initiative in 1992.• Urges Member States to ensure that the principles and aim of the Code are given full expression in national health and nutrition policy and action.
1994 WHA47.5	<ul style="list-style-type: none">• Reiterates earlier calls in 1986, 1990 and 1992 to end “free or low cost supplies” and extends the ban to all parts of the health care system; effectively superseding the provisions of Art.6.6 of the Code.• Provides guidelines on donation of breastmilk substitutes in emergencies.
1996 WHA49.15	<ul style="list-style-type: none">• Calls on Member States to ensure that:<ol style="list-style-type: none">1. Complementary foods are not marketed for or used to undermine exclusive and sustained breastfeeding;2. financial support to health professionals does not create conflicts of interests;3. Code monitoring is carried out in an independent, transparent manner free from commercial interest.

- 2001 WHA54.2
 - Sets global recommendation of “6 months” exclusive breastfeeding, with safe and appropriate complementary foods and continued breastfeeding for up to two years or beyond.

- 2002 WHA55.25
 - Endorses the Global Strategy on Infant and Young Child Feeding which confines the baby food companies’ role to 1. Ensure quality of their products and 2. Comply with the Code and subsequent WHA resolutions, as well as national measures.
 - Recognizes the role of optimal infant feeding to reduce the risk of obesity.
 - Alerts that micronutrient interventions should not undermine exclusive breastfeeding.

- 2005 WHA58.32
 - Asks Member States to:
 1. Ensure that nutrition and health claims for breastmilk substitutes are not permitted unless national/.regional legislation allows;
 2. Be aware of the risks of intrinsic contamination of powdered infant formulas and to ensure this information be conveyed through label warnings;
 3. Ensure that financial support and other incentives for programmers and health professionals working in infant and young child health do not create conflicts of interest.

- 2006 WHA59.11
 - Member States to make sure the response to the HIV pandemic does not include non-Code compliant donations of breastmilk substitutes or the promotion thereof.

- 2006 WHA59.21
 - Commemorates the 25th anniversary of the adoption of the Code; welcomes the 2005 Innocenti Declaration and asks WHO to mobilize technical support for Code implementation and monitoring.

- 2008 WHA61.20
 - Urges Member States to scale up efforts to monitor and enforce national measures and to avoid conflicts of interest.
 - Investigate the safe use of donor milk through human milk banks for vulnerable infants, mindful of national laws, cultural and religious beliefs.

- 2010 WHA63.14
 - Member States to implement recommendations to reduce the impact on children of the marketing of 'junk' foods (foods high in saturated fats, trans-fatty acids, free sugars, or salt) by restricting marketing, including in settings where children gather such as schools and to avoid conflicts of interest.

- 2010 WHA63.23
 - Member States to strengthen implementation of the International Code of Marketing of Breastmilk Substitutes and relevant WHA Resolutions, The Global Strategy on Infant and Young Child Feeding, the Baby Friendly Hospital Initiative, Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies.
 - End to all forms of inappropriate promotion of foods for infants and young children and that nutrition and health claims should not be permitted on these foods.(i.e. claims about IQ, eyesight or protection from infection).

From:

Code Essentials 3: Responsibilities of Health Workers under the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions.
 IBFAN Penang 2009 p 40.

Appendix 3. Questionnaire for evaluation of Code marketing in Lao PDR.

Tested and revised 10 Nov 2011

Province / ___/ Luang Prabang 2. Luang Namtha 3. Xieng Khuang 4.Xayabouriy5.Capital of Vientiane e6. Savannaket 7.Pakse
 VillageDistrict.....Zone: 1.Urban 2. Rural

Investigators code: / ___/

A- OBSERVATION NUMERO:

1. When was the violation observed? (dd/mm/2011) / /2011 OR
2. Who is violating the Code, how, where?

	Company	Brand	Type of product ^a	Type of violation ^b	Detail of violation ^c	Short Description (Include heading or slogan found on company materials.)	Where ^d	Photo number
1								
2								
3								

Type of product^a: 1. Infant formula, 2.Follow up formula, 3. Growing- up or toddler milk, 4.Complementary food 5. Bottle and Teat, 6. Coffee creamer, 7.Other (please specify).....

Type of violation^b: 1. Advertisement, 2. Commercial promotion in health facility, 3. Company contact with mothers, 4. Donation of products to health facilities, 5. Sample, 6. Gift to health worker, 7. Gift to mothers, 8. Inadequate labelling, 9. promotion in shop, 10. Sponsorship, 11.Other and specify in the table 12.Other to specify.....

Detail of violation^c 1=Child photo, 2=Confusing slogan, 3= Inadequate icon, 4= Non scientific information, 5=Gift, 6=Advantages of BF not written, 7=Promotion &marketing, 8=Poster, 9=Brochure, 10= Others to specify _____

Where^d 1. Center hospital, 2. Provincial hospital, 3. District hospital, 4. Shop, 5. Pharmacy, 6. Public place (roadside),7. TV Thai, 8. TV Lao, 9. Newspaper, 10. Brochure, Other to specify _____

B- INTERVIEW NUMERO:

Consent (0= No, 1=Yes) if no specify why _____

B1. Who is interviewed? / ___/ 1=Health worker,2= Doctor, 3= Mother, 4= Shop keeper, 5= Pharmacist,6=Other to specify _____	
B2a. Has a company representative contacted you? / ___/ (0= No, 1=Yes) if no go to C	B2b. Where / ___/. 1=Health facility,2= Pharmacy, 3= Home 4= Shop, 5=Other (circle the possible answers). Other to specify.....
B3. Have you received information? / ___/ (0= No, 1=Yes)	

0. No reason 1.Doctor's recommendation 2.Nurse's recommendation 3.Nutritionist's recommendation 4.Another health worker's advice 5.Own experience with previous child 6.Advertisement 7.Relative's or friend's recommendation,

9 Cheaper, 10. Baby love it, 11. Family recommendation, 12 Available, 13 Everybody use it, 14 other

D. For health workers and all interviewees

D.1 Do you advise caregivers or mothers to give commercial food 0=No 1 = Yes

D.2 What advice do you give to them? Please quote

D.3 For which reasons do you advise commercial food?

D.4 Observation/Details ADDITIONAL NOTES

Appendix 4. Consent form

Full title of Project: Investigation of breastmilk code violation in Lao PDR

Name and contact address of investigators

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Adresse: Institut de la Francophonie pour la Médecine Tropicale

Ban Kao Gnot, Samsenthai Road, Sisattanak District BP 9519, Lao PDR

You are being invited to take part in a research study. Before you decide to participate in this

study, it is important that you understand why the research is being done and what it will involve. This survey intends to give a baseline description of the situation in 7 provinces and main cities of Lao PDR on breastmilk code violation.

Please ask the researcher if there is anything that is not clear or if you need more information.

Please initial box

I confirm that I understand the information for the above study and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason.

1 I agree to take part in the above study.

2 I agree that my data gathered in this study may be stored (anonymously) in a specialist data centre and may be used for future research

The contents of this publication are the sole responsibility of the consultants and can in no way be taken to reflect the views of the UNICEF.

Name of Participant

Date

Signature

The contents of this publication are the sole responsibility of the consultants and can in no way be taken to reflect the views of the UNICEF.



Annex 5: Photo numbers of companies' Code violations

	Photo Number	Company Name (Brand)	Code Violation	Location
1	#10	Dumex (Dupro, Dugrow plus) 1	Article 5.3; point of sale promotion in shop	Vientiane
2	#11	Dumex (Dugro, Dugro 1)	Article 9.2, idealising infant formula ('This baby will be healthy, intelligent and in good mood')	Vientiane
3	#1	Nestle	Article 6.3; use of materials or posters or placard which link to formula products with the slogan 'start healthy, stay healthy'	Vientiane, MCH Hospital
4	#12	Nestle	Article 6.3; use of materials or posters or placard, which link to formula products with the slogan 'start healthy, stay healthy'	Champasak Provincial Hospital
5	#14	Nestle and Dumex	Nestle and Dumex gifts to mothers: Article 5.4; promotion to mothers of infants and young children with gifts or articles	Champassak Provincial Hospital
6	#16	Dumex, subsidiary of Danone	Article 6.3; use of materials or posters or placard, which link to formula products through the use of mascots, logos and colours found on product labels	Champasack Provincial Hospital
7	#17 & #18	Dumex (Dupro)	Article 7.3; providing material inducement to health staff	Champasack Provincial Hospital
8	#27	Dumex (Dugro1, HiQ, HiQ1)	Article 5.3; promotion tie-in, sale	Pakse, Daoheung Market
9	#32	Dumex (Dulac, Dupro,	Article 5.3; Special display	Pakse, shop

		Dugro)		
10	#33	Nestle	Article 6.3; use of materials or posters or placard, which link to formula products with the slogan 'start healthy, stay healthy'	Savannakhet Provincial Hospital
11	#34	Dumex (Dugro)	Article 7.2; information provided by manufacturer and distributors to health professionals should be restricted to factual and scientific matters and not about product	Outhomphone District Hospital
12	# 36	Dumex	Article 7.2; information provided by manufacturer and distributors to health professionals should be restricted to factual and scientific matters and not about product	Outhomphone District Hospital
13	#35	Dumex (Dupro)	Article 7.3; providing material inducements to health staff	Outhomphone District Hospital
14	#37	Dumex (Hi Q, Hi Q1)	Article 5.3; promotion tie-in, sale	Ban Sayyaphom Dt, Savannakhet
15	#91	Nestle (Lactogen 1, cerelac, Bear Brand)	Article 5.3; special display	
16	# 66	Nestle (Lactogen)	Article 9.2; information not in Lao language	
17	#62	Dumex (Dulac)	Article 9.2; information not in Lao language	