

**IBFAN-UK (BMA) and the  
Committee on the Rights of the Child  
(2002-2004)**

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**CRC Discussion Day, September 2004**

**Early childhood development: "Starting sound practices early, Guaranteeing the rights to survival and development of young children, including the rights to health, nutrition and education."**

**1) Baby Milk Action (BMA)**

**Baby Milk Action** works within IBFAN to strengthen independent, transparent and effective controls on the marketing of the baby feeding industry.

Since the early 1980s we have been working on EU legislation and were the key coordinators of the IBFAN lobby to adopt and improve EU baby food Directives. Since 1983 we have been calling on the UK Government to ban the promotion of breast-milk substitutes and implement the International Code and subsequent relevant WHA resolutions. In order to facilitate UK policy work, in 1997 we set up an *ad hoc* group of 16 professional and voluntary bodies, who now all work for the implementation of the Code and Resolutions into legislation in the UK.<sup>1</sup>

Our work involves networking, advocacy and accountability campaigns covering many topics – monitoring, HIV, the environment, sponsorship, emergency relief, food marketing and labelling and campaigns such as the Nestlé Boycott. We also liaise with education establishments, schools, business colleges and universities, especially in relation to the quality of commercially sponsored education materials.

We have a coordinating role within IBFAN in relation to EU policies, Codex and company campaigns. We raise awareness amongst policy-makers for the need for policies and ‘rules-based systems’ for trade which protect health and ensure that

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<sup>1</sup> Members of the Baby Feeding Law group: Association of Breastfeeding Mothers, Association for Improvements in the Maternity Services, Association of Radical Midwives, Baby Milk Action, (secretariat) Breastfeeding Network, Food Commission, Community Practitioners and Health Visitors Association, Lactation Consultants of Great Britain, La Leche League (GB), Maternity Alliance, Midwives Information and Resource Service, National Childbirth Trust, Royal College of Midwives, Royal College of Nursing, Royal College of Paediatrics and Child Health, UNICEF UK Baby-Friendly Initiative.

<http://www.babyfeedinglawgroup.org.uk/about.html>

interactions with corporations are appropriate and well-defined.

## 2) **IBFAN-BMA report to the CRC Committee**

Baby Milk Action, in its **IBFAN report to the CRC Committee in 2002**, had made many observations and the following key recommendations, that:

- the International Code and Resolutions be implemented as Law in the UK;
- the UNICEF Baby Friendly Hospital Initiative be expanded and supported by the Government;
- maternity protection legislation continues to improve, particularly with regard to provision of nursing breaks.

## 3) **CRC recommendations**

The UK was reviewed in October 2002 and the Committee made a specific recommendation on breastfeeding and the Code. The Committee referred to one section only of the BMA recommendations. The Concluding Observations, published on 4 October 2002, welcomed the reduction of infant mortality rates in the UK but commented on the relatively low rate of breastfeeding. It specifically recommended that *“the State party takes all appropriate measures to...promote breastfeeding and adopt the International Code for Marketing of Breast-milk Substitutes.”*

## 4) **How we have used this recommendation**

Because the CRC recommendation specifically highlighted the International Code, it has been very helpful in our advocacy work and we now tend to use the CRC language to shift focus to a Rights-based approach - stressing much more the shame of the UK not complying with UN resolutions. Since the IRAQ war, the UN has been very much on people's minds. The Committee recommendations - along with the 2002 WHO *Global Strategy* and WHA resolutions - have been publicised in press releases, newsletters and other materials, and used by BMA and partner advocacy groups, especially by members of the Baby Feeding Law Group.

We have used the CRC recommendations to lobby Parliamentarians, and this has helped prompt several questions in Parliament about the International Code and marketing of baby foods. In March 2004, IBFAN-BMA with the Baby Feeding Law Group ran a Code Awareness Training Day at the Institute of Child Health for policy makers and organised training of 10 new IBFAN monitors. UNICEF's Legal Officer was involved in the training, stressing the CRC and the rights based approach. The UK Monitoring report, *Look what they are doing in your region*, launched at the House of Commons in May 2004, referred to the CRC. An Early Day Motion was tabled in Parliament in May 2004 and has since gathered 86 signatures.

It would have been very helpful if the CRC had mentioned the importance, not only of the International Code (1981), but also of the subsequent relevant WHA Resolutions which contain many important safeguards, filling in loopholes to the IC, especially in

relation to the funding of health professionals and conflicts of interest and to complementary feeding. These issues are frequently left open for the professional bodies to decide - often at local level.

## **5) What the UK Government has been doing in response to CRC recommendations and breastfeeding related issues**

### **Breastfeeding Strategy, support and targets**

In the context of the Government's commitment to reduce health inequalities, the National Health Service Priorities and Planning Framework 2003-2006 has set targets for increasing breastfeeding initiation rates by 2% per year in England - focusing especially on women from disadvantaged groups.<sup>2</sup> Scotland, Wales and Northern Ireland have already set targets. No targets have been set yet for duration of breastfeeding although proposals for a National Collaborating Centre are expected to improve dissemination of evidence-based research on the initiation and duration of breastfeeding.

We believe the CRC report did play a role in promoting government action in relation to the WHO recommendation of 6 months exclusive breastfeeding (May 2003), announced with strong press statements from the Department of Health which generated good media coverage. In May 2004 further imaginative press releases were issued by the Government, exposing myths surrounding breastfeeding. The CRC has helped push in the right direction, although work was done before and after to bring this about, including the providing of information, gathered through the IBFAN network, about progress in other countries.

In the UK, breastfeeding advocates are becoming increasingly frustrated at the lack of an effective breastfeeding strategy for England, unlike Scotland, Ireland and Wales. Scotland especially has seen a 33% improvement in breastfeeding continuation rates over the last 10 years.<sup>3</sup>

According to UNICEF, women giving birth in England are less likely to receive effective help with breastfeeding while they are in hospital than mothers in any other part of the UK. A league table of hospitals shows that England has proportionally far fewer births taking place in maternity units which have achieved the coveted Baby Friendly accreditation (11%) than Scotland (48%), Wales (36%) or Northern Ireland (29%).<sup>4</sup>

### **The International Code of marketing of breast-milk substitutes**

Although there is no evidence of concrete changes in marketing legislation as yet, the Government is showing signs of responding to the increased level of advocacy, and

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<sup>2</sup> [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/InfantFeeding/InfantFeedingGeneralArticle/fs/en?](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/InfantFeeding/InfantFeedingGeneralArticle/fs/en?CONTENT_ID=4071692&chk=et1Zi3)

CONTENT\_ID=4071692&chk=et1Zi3

<sup>3</sup> <http://www.show.scot.nhs.uk/breastfeed/welcome.htm>. In 1990, 30% of mothers in Scotland were breastfeeding their babies at six weeks of life. (Infant Feeding 1990) In 1995, 36% of mothers were breastfeeding their babies at six weeks of life. (Infant Feeding 1995) In 2000, 40% of mothers were breastfeeding their babies at six weeks of life. (Infant Feeding 2000) This represents a 33% increase in the proportion of mothers breastfeeding at six weeks of life over a 10 year period.

<sup>4</sup> *English hospitals offer poorest breastfeeding support in all UK UNICEF UK publishes first ever league tables* <http://www.babyfriendly.org.uk/press.asp#20040705>

official statements indicate that some changes at least will be made to bring the UK law more into line with the Code and Resolutions.

If the UK takes a strong line in the negotiations with the European Commission in relation to the EU Directives, Codex Alimentarius and WHA negotiations, this could have an important impact on UK legislation. A fairly strong stand is being taken on several important issues raised by the EU Commission and the UK seems to be moving in the right direction at Codex. On health claims, follow-on milks and soya formulas, the Government continues to seek advice from BMA and other advocates. It is hoped that its position will be consolidated and maintained so that all EU countries will be encouraged and supported to move towards full implementation of the Code and Resolutions.

It is doubtful whether the UK will do anything significant or concrete on its own. The economic arguments put forward by industry, the fear of appearing a 'nanny state', along with the notion that infant feeding decisions are all a matter of 'choice', seem to carry more weight than the arguments on health and social costs outlined by health advocates.

### **Health inequalities/welfare schemes**

The Labour Party has taken several steps with regard to addressing inequalities in the UK. It has consulted NGOs about the Welfare Foods Scheme and recognized that that old scheme promoted artificial feeding. This has now been reformed into a new programme called 'Healthy Start' which provides a pregnant woman with vouchers to buy fresh fruit and vegetables, as well as milk and vitamins.

However, the vouchers are only worth the equivalent of £2.80 a week for pregnant women – a wholly inadequate amount to support a healthy diet. Research by the Maternity Allowance and the Food Commission has shown that a modest, but healthy, pregnancy diet costs just over £20 per week. Financial support for disadvantaged women of child bearing age also continues to be unequal: a pregnant 16-year old who is not living with her parents receives £11.60 a week, less than a 25-year old in similar circumstances, despite research that shows teenage parents to be one of the most economically vulnerable groups in the population.

### **Educating parents of the risks of contamination**

Although statements warning of the risks of soya-based formulas have been made by the Chief Medical Officer and the Food Standards Agency and posted on websites, the Government has yet to insist that manufacturers put adequate warnings on the labels of products.<sup>5</sup> We will use the CRC to stress that parents have the right to full and frank information about infant feeding. This applies also to contamination by pathogens such as *Enterobacter Sakazakii*.

### **HIV**

The 1999 UK policy on HIV and Infant Feeding was amended in 2001, but did not clarify the position in law as to whether women have the choice to breastfeed or not if

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<sup>5</sup> CMO Update 37 A communication to all doctors from the Chief Medical Officer (February 2004)  
[www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/CMOUpdate/CMOUpdateArticle/fs/en?CONTENT\\_ID=4070172&chk=gDRogl](http://www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/CMOUpdate/CMOUpdateArticle/fs/en?CONTENT_ID=4070172&chk=gDRogl)

they are HIV positive. The policy is separate from any consideration of infant feeding in general, so it shows a lack of understanding of the rights of children or women with regard to infant feeding. Its lack of definition could lead to inappropriate interpretation. The UK policy also fails to reflect or acknowledge the UNICEF/WHO/UNAIDS current thinking on conditions needed for individual women to be able to artificially feed their children (artificial feeding has to be “acceptable, feasible, affordable, sustainable and safe”).

BMA continues to flag up the risks to infant health of inappropriate corporate sponsorship in relation to HIV/AIDS programmes and research. The new proposals for a Strategy on HIV, published by DFID in July 2004, will need to be monitored to ensure that they are not exploited by those who do not have child rights at heart.

### **Mother and baby separation**

The Convention on the Rights of the Child has also been quoted in some instances where mothers are separated from their children, usually temporarily. The cases show that authorities have little understanding of the special needs of breastfeeding women and the rights of mothers and babies not to be separated from each other without good cause. We are using Articles 9 and 24 of the CRC to ensure that these specific rights are enshrined in law and communicated through training and other strategies to all sectors of society.

### **Marketing and education in schools**

As a result of concerns about non-communicable diseases, (such as obesity, diabetes, heart disease, dental caries, cancer, etc.) there is an ongoing debate at the highest level about whether the marketing of junk food to children (and in schools) should be banned. At the same time companies are being invited to provide funding for education facilities. We consider this to be dangerous, exposing children to subtle forms of commercial exploitation - which masquerades as nutrition education.

### **Maternity legislation**

In 2003, maternity leave was prolonged in UK from 18 weeks (29 weeks for those qualifying for “additional maternity leave”) to the possibility of 12 months (6 of which are unpaid leave).

However, many women in Britain struggle to continue breastfeeding on returning to work relatively soon after the birth of a child because the Statutory Maternity Pay is inadequate. Increasing this pay would enable more women to stay at home and breastfeed longer. Other European countries, which have higher breastfeeding rates, have introduced legislation to make breastfeeding, or expressing milk at work, easier. For example, in the Netherlands, pregnant and breastfeeding workers are entitled to extra paid breaks (subject to a maximum). In Germany and Italy, women are able to take paid breastfeeding breaks. The UK government should consider introducing similar rights. Strengthening and extending new parents’ rights to request flexible working after the birth of their baby could also help increase the number of babies breastfed for at least six months.

### **6) 5 year plan**

During the coming year we will be enlisting grass roots and other support for two key

developments which, if successful, will be an enormous help in getting the UK to fulfil its obligations to the CRC:

- the adoption of a new draft WHA Resolution which will ensure that parents receive sound information and adequate warnings about infant feeding products;
- the improvement of Codex Standards and guidelines and EU Directives – so that they incorporate the International Code, subsequent relevant Resolutions and the Global Strategy on Infant and Young Child Feeding.

### **7) CRC recommendations more relevant to our country's needs**

Since issues relating to sponsorship and complementary feeding are so important it would have been extremely helpful if the CRC could have **referred specifically to the subsequent WHA Resolutions**. We interpret the Code in this way anyway but it would have been helpful for this to be mentioned.

The UK in particular is instrumental in pushing ‘the third way’, a strategy which places emphasis on voluntary approaches to industry, partnership and - in our view - too great a reliance on **corporate financing of essential health and education services**. The risks of such strategies should be flagged up by the CRC.

Also, we are pressing for more ‘**joined up thinking**’ across government **departments**, urging the Department of health to take a more active line in urging caution in other Departments. For example, the Minister for Sports is actively seeking donations for schools from junk food manufacturers, Nestlé and others, ignoring the health risks to children of all ages.

### **8. What could better influence the UK government than a recommendation from the Committee?**

- If the legal status of the International Code were changed from a recommendation to a regulation
- More acknowledgement from other UN, EU and international bodies of the importance of WHA Resolutions and the Global Strategy and how implementing these policies protects children's rights.
- Since the establishment of WTO, it would be interesting to see how a strong lead from Codex would affect UK policy. Maybe CRC could report on the EU or the EU Commission since they have so much influence on global policies.
- More publicity about the failure to comply. It is not clear to us – or to the public - what will happen if the UK does NOT fulfil its obligations.
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### **9. Concluding remarks**

The human rights approach is very helpful, putting our issue into a wider context. Those of us working on infant feeding use it in presentations, campaign materials and policy briefings. **The premise is that marketing practices that undermine breastfeeding and violate the International Code violate child rights.**

However, we feel that the **CRC Committee and its recommendations should go further**, and mention the importance of the Global Strategy in the next review and recommendations. This would help the UK to move towards a more comprehensive approach to infant and young child feeding - something that all the NGOs are asking for.

BMA struggles to get these things done at Government level, but is hampered by the fact that there seems to be **no sanction for non-compliance** - other than shame and media exposure. It would be **helpful to have guidance from the CRC about how we can use the recommendations to the best effect** in the right fora to bring about changes.

All of the points mentioned above (from maternity leave, sponsorship of health workers, to mother and baby separation to promotion of junk food and misinformation about nutrition in schools, etc.) have direct implications on infant and young child health and development.

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