Infant feeding, trade and the EU

Nestlé and Wyeth target Southern Africa

Perrier boycott in Edinburgh
Breast is best

A breastfed child is less likely to suffer from gastro-enteritis, respiratory and ear infections, diabetes, allergies and other illnesses. In areas with unsafe water a bottle-fed child is up to 25 times more likely to die as a result of diarrhoea. Reversing the decline in breastfeeding could save 1.5 million lives around the world every year.

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Baby Milk Action is funded by membership (£15 waged, £7 unwaged, £20 family, £30 organisations), donations and merchandise sales. We receive grants from the European Commission, Christian Aid, Oxfam, Save the Children, SCIAF, the United Reformed Church, War on Want and World Vision.

Update 30 was written by Mike Brady, Patti Rundall, Tessa Martyn and Jonathan Dorsett. We aim to produce three updates a year, but sometimes it is not possible due to other commitments. We welcome letters and contributions. All material may be used if credited.

Cover: Baby Milk Action supporters on the Trade Justice Movement Parade in London. Photo: Sam Milford

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• New trade rules could threaten the progress made on the Code in the last 20 years and the infant feeding issue comes up at the Codex food standards meetings in Berlin. The European Commission promises to support the World Health Assembly Resolution on ‘6 months’ and not to harm health and development (p. 3, 4.5).

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• Nestlé lobbied against UK Government plans to vaccinate against Foot & Mouth.

• British Red Cross funding deal with Nestlé ends.

International Code

We work for controls implementing the International Code of Marketing of Breast-milk Substitutes. This was adopted in 1981 by the World Health Assembly, the policy setting body of the World Health Organisation (WHO). The International Code bans all promotion of breastmilk substitutes and was adopted as a “minimum requirement” to be implemented by member states “in its entirety”. Subsequent Resolutions have been adopted by the Assembly to address questions of interpretation and changes in marketing practices and scientific knowledge.

Baby Milk Action

is a non-profit organisation which aims to save infant lives and to end the unavoidable suffering caused by inappropriate infant feeding. We work within a global network (IBFAN) to strengthen independent, transparent and effective controls on the marketing of the baby feeding industry.

IBFAN, the International Baby Food Action Network, is made up of more than 150 groups in over 90 countries. Baby Milk Action coordinates the International Nestlé boycott.

Julie Crawford

It is with enormous sadness we report the tragic and very unexpected death of Julie Crawford from a rare disease, at the age of 42. Julie was a health visitor and a former Director of Baby Milk Action. She cared passionately about our issue and was never frightened to stand up and fight for the rights of mothers to independent and sensitive care. This is a great loss and our love and thoughts go to Martin, her husband, and her children Catherine, Tom and Henry. At the request of Julie’s family, donations at the funeral were for Baby Milk Action.

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Nestlé has been approaching governments and NGOs offering to help with monitoring, the education of health workers and the provision of formula. IBFAN Africa told Nestlé at a meeting on 22nd June that it would conduct its monitoring independently. Disappointingly Nestlé has used the fact it was granted a meeting to falsely claim that it is now a ‘partner’ with IBFAN, demonstrating the risks of accepting calls for ‘dialogue’ at face value.

Nestlé, which favours promotion through the health care system, reported Wyeth to the authorities because of its aggressive promotion in South Africa. IBFAN had already denounced the company which re-launched its S-26 brands with advertisements and instore promotions. A television advertisement showed a baby playing with a computer followed by a voice-over: “Because I have changed my infant formula to S-26 Promil Gold this computer is child’s play”. Wyeth was censured by the South African Advertising Standards Authority in May 2001.

Meanwhile, Nestlé has taken a subtler tack with its launch of a new “Nutrition Institute.” According to the Business Report of 3rd August, this aims to promote infant formula in Southern Africa. Nestlé’s Ferdinand Haschke claimed that, "The long term goal is to improve nutrition in southern and east Africa, in particular nutrition used in the HIV vertical transmission programme through infant formula." Nestlé is now attempting to distance itself from this admission using prestigious doctors.

Nestlé’s initiative - far from ‘enhancing communication between doctors, nutritionists and health workers’ will develop its own channels for promoting breastmilk substitutes in the health care system and place infant health more at risk.

The initiative violates this year’s World Health Assembly Resolution 54.2 which called on Member States: “to recognize and assess the available scientific evidence on the balance of risk of HIV transmission through breastfeeding compared with the risk of not breastfeeding, and the need for independent research in this connection; ... and that those who choose (options other than breastfeeding) should be encouraged to use them free from commercial influences;”

Research has shown that exclusively breastfed infants are at no more risk of infection than artificially-fed infants. Increased risk arises when breastfeeding mothers introduce formula or other substances (see Update 29). This is more likely to happen following the irresponsible promotion launched by Nestlé.

Globalisation - what is it doing to infant health?

Nestlé is promoting its Nan Pelargon formula throughout Southern Africa, claiming that it is safer than other milks and that its high acidity will "kill germs" in unsafe water. We wrote to the company in mid October to ask for evidence to support these claims, but have still received no response. Independent health experts suggest that there is no evidence to support such sweeping and irresponsible claims.

Pelargon safe?

After 20 years of progress, Code implementation worldwide is facing threats from the new trade rules which are being pushed forward on the basis that they will create ‘wealth’ for all. We ask why ‘wealth’ is measured in financial terms only, and what this means for breastfeeding - an essential lifeline for millions of infants. Breastfeeding is not packaged or placed on the market and yet has had to compete in a market which is growing by 13% each year and is now worth $10.9 billion. Policies which protect breastfeeding inevitably threaten such growth, and ‘wealth generation.’

Baby Milk Action (4th from the left) joins leading NGOs, Save the Children, Christian Aid, World Development Movement and others to deliver a letter and photo of the Trade Justice Parade to the Secretary of State for Trade, Patricia Hewitt, before she set out for the Trade talks in Qatar in November.

International news

Nestlé uses HIV to push infant formula in Africa in battle with Wyeth
Health claims, medical foods and ‘6 months’ in the spotlight at Codex

At the end of November, Baby Milk Action and our IBFAN partners took part in an important meeting in Berlin, Germany: the Codex Committee on Nutrition and Foods for Special Dietary Uses sets global standards for the composition and labelling of foods for infants.

The standards under discussion will take many years to finalise, mainly because the rich ‘producer’ nations (many with delegations stacked with baby food industry representatives) lobby for weak measures. In Codex, IBFAN and countries such as India, Brazil, Indonesia, Tanzania, Kenya, Romania, Bulgaria and Bolivia are calling for recognition of the World Health Assembly Resolutions so that governments can carry out their responsibilities under them without being challenged in a trade dispute.

Codex and the World Health Assembly

The World Health Assembly Resolution passed this year (see Update 29) should have settled one hotly disputed issue - the ideal age for exclusive breastfeeding and the labelling of complementary foods.

For years the baby food industry - in its attempt to protect 1 billion dollars of sales of baby foods in the 4-6 months age range - has used aggressive promotion (see right) to suggest to millions of mothers that their breast milk is not sufficient to feed babies till 6 months and that they should add other foods. A WHO Expert Panel reviewed over 3,000 research papers, and in March 2001 concluded that, as a population recommendation, 6 months was the optimum age for exclusive breastfeeding. When this was adopted as a World Health Assembly Resolution in May many assumed that the issue was finally resolved.

But not so. Although most governments at Codex supported this year’s Resolution, and it was agreed that it should be cited in the text, a debate ensued about what it actually means, with the baby food industry creating doubts and confusion. This resulted in what it wants most - delay. Also debated, and unresolved, were health claims, the marketing of special medical foods, the need for graphics and improved packaging to distinguish follow-on milks from infant formulas.

Cup feeding and trade.

Numerous studies have shown that, for artificial feeding, cups can be a safer feeding option, especially when sanitation and water are a problem. Cup feeding is promoted by the Baby Friendly Hospital Initiative and WHO, and a number of countries including Vietnam, Tanzania and Malawi call for cups rather than bottles on labels of formula. At Codex the Tanzanian delegate (and IBFAN) called for the Infant Formula Standard to show a graphic of cups to stop the possibility of a trade dispute on this issue. It was agreed that ‘methods’ rather than ‘method’ of preparation should be cited. Vietnam brought in legislation last December which banned pictures of bottles on infant formulas. Five formula companies, including Nestlé, Wyeth and Snow Brand, wrote to the Ministry of Health requesting a meeting and expressing their objections to the legal requirement on the grounds that it was essential to show bottles, and that this was important for trade in the ASEAN region.

A British expert on infant feeding, Sandra Lang, attended the meeting, and says the companies were unable to provide any evidence to prove that bottle feeding was safer than cup-feeding. Producing labels specifically for one country raises costs and limits the ability to market the same products throughout a large region. Readers of Update will recall Nestlé’s refusal to label products in Chichewa in Malawi because of ‘cost restraints’ and Gerber’s refusal to remove baby pictures from labels in Guatemala.

What’s the fuss about 6 months?

This advert in an Indian Magazine in August 2001 promotes Cerelac from 4 months. While it was hitting the newstands in India Nestlé was claiming commitment to the new WHA Resolution. It has given no meaningful timescale for a label change. Will Nestlé wait for Codex to decide before changing this practice which places lives at risk?
So what is the EU position on infant feeding and the Code?

As one of the world’s largest traders, the EU’s voice at the Codex food standards meetings carries much weight. We take a look at what Europe promises and what it actually does.

During the Commission’s ‘civil society’ meetings, we asked the EU Commissioner for Trade, Pascal Lamy some direct questions about the EU’s support for WHA Resolutions. Commissioner Lamy said he regretted the slow progress Europe had made and that he would have preferred us to move in ‘metres’ rather than ‘inches.’ He linked this to the strong opposition of the United States to the Code in past years. Here are the written answers to some of our questions.

1. Do Member States have the sovereign right to bring in and retain legislation which they believe is necessary for human rights and health protection?

Commission answer: “Yes, if non-discriminatory, and ultimately, science-based.”

2. Does the Commission agree that trade agreements should not be allowed to undermine implementation of the International Code and subsequent relevant WHA Resolutions?

Commission answer: “In principle yes: the Commission subscribes to the view that international agreements, particularly, but not exclusively those related to protection of the environment or human health, and international trade rules should be mutually supportive.”

3. In matters of health will WTO defer to the decisions of the World Health Assembly?

Commission answer: “International agreements/ organisations should be mutually supportive, and their relationship clarified where necessary and useful.”

4. Will WTO dispute panels involving infant feeding include health experts? Will each panel member be required to make a public declaration of interest?

Commission answer: “Currently, panelists are selected from WTO Members, in principle from those who have no interest in the dispute. Proposals have been made for a professionalisation of panels, but this is not accepted by all Members. There are already rules on conflicts of interest in the Dispute Settlement Body, and Panels have the right to consult whichever expert they deem appropriate and necessary to fully understand the issues of the dispute in question.”

5. Will the EU support the International Code and subsequent relevant WHA Resolutions at the November Codex meeting in Berlin, specifically the WHA Resolution 54.2 regarding 6 months?

Commission answer: “The Commission supports the principle that breast feeding should be used until 6 months, in line with the conclusions and recommendations of the WHO expert consultation on the subject. However, this should not compromise infants for which breast feeding is insufficient. The Commission recognises that some infants may need complementary food from the age of 4 months. The Commission will therefore seek a solution in Codex which supports the principle but also ensures that the particular needs of individuals are taken into account.”

6. For the optimum health of infants everywhere, EU legislation should be brought into line with the International Code and WHA Resolutions.

Commission answer: “To the extent that the EU and its Member States subscribe to them - to a large extent, these are issues of Member State competence.”

Baby Milk Action comment: We were pleased to have these answers - but each one is open to interpretation and, as we have learned, ‘the devil is in the detail.’ For example, the WHA Resolutions are already ‘science-based.’ So will governments have to provide scientific evidence to implement them? And do the words ‘mutually supportive’ mean that trade rules must support health or that WHA Resolutions must support trade? And how will the labelling of products from 6 months prevent advice on an individual basis?

The EU, health claims and medical foods

The European Commission, has ‘observer’ status at Codex, like consumers and industry, but its comments are given much weight. So we were pleased that the EU officially supported the inclusion of the WHA Resolution (WHA 54.2) into the standard and provided some useful text to support 6 months exclusive breastfeeding. However, the EU Commission representative also conveyed some negative messages about other aspects. For example, while attention focussed on the ‘6 months’ issue, the EU Commission, with France, Germany and the baby food industry, pushed forward a proposal to take medical foods for infants out of the main infant formula standard (which refers to the International Code) and greatly exaggerating the need for special medical foods. The EU strategy was opposed by Canada and many other countries. Baby Milk Action prepared briefings showing how the EU model would increase the use of health claims and promotion of special formulas, many of which have no proven value. (See Update 25)

■ The UK supports the WHA Resolution.
Donations of breastmilk substitutes - more harm than good?

People in Afghanistan are seeking less dangerous places to live while fighting continues. Many infants will be affected. What is the best way to respond? IBFAN has worked with leading UN agencies and development organisations to bring together best practice guidelines. Infant Feeding in Emergency Situations is one of the useful booklets which have been produced.

Mother and Baby Tents are special shelters in refugee camps where mothers with children under two years of age can find a safe and secure place to rest, eat and receive support.

"With donor assistance, places where mothers can receive care and support can become a regular feature of emergency response programmes." IBFAN News, UNICEF, Sept/Oct 1999

Such facilities have been provided in refugee camps in Albania for refugees from the Kosovo conflict and in Honduras following Hurricane Mitch. The report describes the approach in camps in Tanzania for refugees from Burundi:

"Breastfeeding corners, built of poles and plastic sheeting, were erected as close as possible to the maternity units in the refugee camps. Breastfeeding information materials in the appropriate language were provided for use in the "corners". Specially trained breastfeeding corner assistants collaborated closely with the community workers and the feeding programme staff."

W HO, UNICEF, UNKAGES, ENN and IBFAN-GIFA have developed short training modules on infant feeding in emergencies. See www.ennonline.net or the report for further information.

Donations of breastmilk substitutes can do more harm than good. If substitutes are needed, agencies can buy them and ensure that they are labelled appropriately with no brand promotion. If you see appeals for baby foods for Afghanistan or anywhere else, ask the organisers to contact Baby Milk Action for information on more appropriate ways to help. See also the Reply Form or IBFAN's multi-lingual website www.ibfan.org for Infant Feeding in Emergency Situations.

Sprinkles - the new cure for anaemia?

While all governments are being encouraged to protect exclusive breastfeeding for 6 months, the Heinz Infant Food Corporation is funding a global “Humanitarian Project To Reduce Global Childhood Anaemia.” Heinz, which violates the International Code of Marketing of Breast-milk Substitutes exist as minimum standards for such binding regulations. I do not consider that the private voluntary initiatives being proposed by companies can provide adequate safeguards for infant health.”

The paper is on the Commission website: http://europa.eu.int/comm/employment_social/soc-dial/csr_responses.htm. If you would like to send a more detailed response see the Reply Form for a guideline produced by Richard Howitt, MEP, Rapporteur for Legal Accountability for Multinational Enterprises. Letters (with copies to us) should be sent by December 31st to csr@cec.eu.int or to the European Commission CSR Green Paper Consultation, Rue de la Loi/Wezstraat 200 B - 1049 Brussels/Brussel

Thanks to everyone who responded to our email alert to write to Government Ministers about Codex.
School guidelines give green light to brands - Town Centre considers ethics

New guidelines on Commercial Activities in Schools - best practice principles, have been published by the Consumers Association (CA), the Dept for Education and Skills (DFES) and the Incorporated Society for British Advertisers (ISBA). The working group lists the Meat and Livestock Commission, L'Oreal (part owned by Nestlé) and other companies as members.

These industries - at the centre of national and global debates about food safety and animal and human rights - are now, in effect, advising teachers. The guidelines aim to encourage ‘best practice’ and empower teachers, but are weaker even than previous guidelines drawn up by the National Consumer Council. Few arguments are given to help teachers refuse materials and the promotion of product brand names is not even discouraged - teachers are just asked to make sure branding is ‘appropriate to the activity’.

Nothing is said about salt, sugar or fat, nothing about globalisation or ethics and nothing about how an increased commercial presence in schools might distort the curriculum itself.

Many parents, students and teachers are rejecting Nestlé sponsorship and raising awareness within schools. One vicar offered £2000 from Church funds to compensate. Tell us what’s happening in your school.

Holding Corporations Accountable

An important new book, Holding Corporations Accountable, produced by researcher and health campaigner, Dr Judith Richter, will be an invaluable resource for those working on corporate accountability and other social justice issues. A few years ago Richter’s paper, Engineering of Consent – Uncovering Corporate PR, uncovered the strategies used by corporations to counter criticisms of their activities. This new book is based on research commissioned for UNICEF’s project, Children in a Globalised World. The book examines the paradigm shift away from binding regulations towards co-regulation and industry self-regulation which occurred in the 1980’s with the ascendancy of ‘free trade’. Using the infant feeding issue as a case study, Dr. Richter examines how campaigners, governments and UN agencies, can still succeed in holding corporations accountable.

Stockton-on-Tees - guidelines on sponsorship

Important new guidelines have been produced by Stockton-on-Tees Town Centre Marketing Initiative regarding commercial sponsorship. One year ago Stockton-on-Tees rejected a £300,000 sponsorship deal from Nestlé because it was not able to satisfy itself that the company’s record on infant feeding was sound. (See Boycott News No 28).

Stockton is still keen to attract corporate funds but does not want this to be used to cover up bad practice. The guidelines address ethical and moral issues and could provide a model for those who want to make informed decisions about sponsorship.

Services takeover

The new trade rules being proposed for services (GATS) could threaten the right to information free from commercial influence, enshrined in the International Code and Resolutions. Domestic regulations could be made to encourage competition and favour the corporate provision of the health and education ‘services’. Already in Finland complaints have been made that government subsidies to non-governmental organisations are anti-competitive for corporations.

In the UK, ethical and moral issues can be considered under the 1999 Local Government Act which stipulates “best value” when it comes to awarding contracts, rather than “competitive tendering.”

Sustain takes action on ‘junk food’

Baby Milk Action is a member of Sustain, the Alliance for Better Food and Farming, which has a new campaign calling for legislative controls to restrict the promotion to children (including through schools) of unhealthy foods (processed foods high in fat/ sugar/ salt).

The UK 2000 National Diet and Nutrition Survey found that 92% of children have intakes of saturated fat which exceed the maximum recommended dietary level for adults. 83% of children have intakes of added sugars, and more than half of children have intakes of salt, higher than the maximum adult recommended levels.

Contact: Charlie Powell, Sustain: 0207 837 1228 or www.sustainweb.org

Baby Milk Action Update 30, December 2001, Page 7
Baby Milk Action's Campaigns and Networking Coordinator, Mike Brady, now married to IBFAN’s Coordinator in Brazil, Sonia de Oliveira, explains the reality of infant feeding in that country.

Returning to the UK in November, Sonia and I attended a debate between Baby Milk Action and Nestlé at Liverpool University. Nestlé’s Senior Policy Advisor, Beverley Mirando from Sri Lanka, argued that mothers in developing countries turn to formula as they become better educated and join the work force. Nestlé presented this as an inevitability of development. It is certainly not the reality I have seen in Brazil where research has shown that poorer women (those on less than the minimum wage of £50 per month) breastfeed for less time than those better off.

I visited a rural community outside of Recife in Pernambuco as part of a case study Baby Milk Action is supporting. A community nurse told me that many mothers are using breastmilk substitutes typically when their infants are 2 months old as they believe their breastmilk is too weak to sustain their infants. Due to the expense infant formula is often bulked out with flour or much cheaper whole milks are used, Nestlé Ninho being specifically named. I am very concerned to see in virtually every pharmacy I have visited Ninho is displayed on the shelves alongside the Nan and Lactogen and in the supermarkets it often has bottles displayed alongside. These practices are apparently not being discouraged or are the result of a deliberate marketing strategy. IBFAN’s last international monitoring report (Breaking the Rules 2001) exposed that shop keepers and other companies give incentives to have their products displayed to best advantage. IBFAN and Save the Children monitoring shows that all baby food companies violate at least some aspects of the Brazilian marketing regulations. An as yet unpublished government monitoring report similarly found violations (see Boycott News 30 Page 2). Bottle and teat companies are particularly aggressive.

In a favella I visited a mother living in one ramshackle room, home to 10 people. There was no running water and no sanitation. Fortunately she was breastfeeding, thanks to the support of the local IBFAN group ORIGEM (see www.alimenta.org.br). In such conditions breastfeeding can be a life saver. As in many countries where there is extreme poverty, breastfed infants are well-nourished while their older siblings are undernourished and more prone to sickness.

Nestlé’s suggestion that working mothers must use infant formula is certainly not true in Brazil. In line with International Labour Organisation standards working mothers receive 4 months maternity leave and are entitled to a half-hour breastfeeding break every 4 hours when returning to work, to breastfeed their infants or to express breastmilk. Companies with more than 30 female employees must provide a crèche. So instead of imposing worst practice on developing countries, it is far better if we learn from examples such as Brazil and support a mother’s right to breastfeed her infant.

The outcomes of the government policies toward breastfeeding in Brazil have become well-known internationally. Brazil is perhaps the only country in the world to have managed, by implementing integrated strategic actions, to take on the aggressive infant food industry marketing and reverse the disastrous impact of untimely weaning on infant health.”

Ref: Introduction to ‘The Brazilian National Milk Banks Network’ CD ROM produced by the Ministry of Health Secretariat for Health Policies-Infant Health and the Oswaldo Cruz Foundation-Fernandes Figueira Institute, 2001
UK baby milk marketing quiz

Tessa Martyn has composed this quiz to test our readers’ knowledge of some of the lesser-known facts about the baby milk issue in the UK.

Q1 All of the following except one may be found in artificial baby milk. Which is not?
   a) tuna fish eye sockets
   b) locust bean gum
   c) alphalactalbumin
   d) genetically modified marine algae

Q2 Which artificial baby milk company is currently paying for research in the USA using trans-genic cows to produce milk with ‘human’ factors?
   a) Nutricia
   b) SMA / Wyeth
   c) Hipp
   d) Heinz Farleys

Q3 Under which paragraph of the UK Law on marketing baby milks is it illegal to put a picture of an infant on a tin?
   a) 13(2)
   b) 15
   c) 21(2)
   d) 8(3)

Q4 This yellow chocolate duck constitutes “factual and scientific information” according to whom?
   a) The World Health Organisation
   b) SMA
   c) Baby Milk Action
   d) Trading Standards

Q5 SMA withdrew some batches of products earlier in the year due to incidences of botulism. Which company responded immediately by writing to health visitors telling them that its milks were made to the “highest possible level of safety”?
   a) Heinz / Farleys
   b) Hipp
   c) Cow and Gate
   d) Wyeth / SMA

Q6 Mead Johnson claims that its milk Nutramigen can reduce crying time in colicy babies by 8 times. How many babies were in the study which apparently showed this?
   a) 24
   b) 240
   c) 2400
   d) 0

Q7 Which baby bottle manufacturer claims its bottle “reduces risk of middle ear infection, maintains vitamin C delivery” and “eliminates well known causes of colic”?
   a) Maws
   b) Lindam (Dr Brown)
   c) Avent
   d) Heinz / Farleys

Q8 The toy sponge bricks, pictured below (given out by SMA at the Health Visitors’ Conference), are a violation of which articles of the International Code?
   a) 4 & 5
   b) 6 & 7
   c) 7 & 8
   d) 4 & 7

Q9 How much does it cost (milk and equipment only) to artificially feed a baby (in the UK) for one year from birth?
   a) £4.40
   b) £44
   c) £440
   d) nothing if you use tokens

Q10 The Sales Director of which company, when talking about how to maximise sales, said: “We suggest milk is merchandised on the left hand side of the fixture, followed closely by an early weaning block - jars and packet foods from 4 months - to stop mums drifting into home-made foods”?
   a) Heinz Farleys
   b) Hipp
   c) Boots
   d) Cow and Gate / Milupa

Some of the wording from the company referred to in question 7

Please send your answers in on a postcard to us, marked ‘Tessa’s Quiz’. The first correct card drawn on 21st December will receive a free 2002 Baby Milk Action calendar. You can’t go 50/50 but you can phone a friend! This competition is not open to those employed by the baby feeding industry.
Baby Milk Action stocks a number of publications, some of which are produced by IBFAN. Below, we review 10 key titles. All the books can be ordered using the enclosed Reply Form, over the phone or from our online shop. (Prices include postage in the UK).

1. **The Politics of Breastfeeding** by Gabrielle Palmer
   This powerful and provocative book is a ‘must read’ for everyone. It explains clearly how infant feeding became commercialised and the impact this has had globally. (£11.00)

2. **Breaking the Rules 2001**
   This IBFAN report, launched in May this year, is based on a survey of 14 countries. It cites examples of artificial baby milk company marketing malpractices, such as donations of free supplies, internet advertising and direct promotions to mothers. (£5.50)

3. **Protecting Infant Health**
   This invaluable guide for health workers, produced by IBFAN, explains concisely just why it is so important that the Code and the WHA Resolutions are adhered to. (The Code and Resolutions are included as an appendix). (£3.95)

4. **Infant Feeding in Emergencies**
   Produced by IBFAN, is a booklet highlighting the dangers of artificial feeding in emergency situations. It explains how well-intentioned donations of baby milks can often lead to more harm than good. (£2.20)

5. **International Code of Marketing of Breast-milk Substitutes**
   This WHO publication (together with the subsequent relevant WHA Resolutions) is the basis of much of the campaign and an essential tool for all those working or campaigning on infant feeding. Beware of industry counterfeits! (£3.00)

6. **Seeing Through the Spin** by Baby Milk Action and Reading International Solidarity Centre
   Designed for use in schools and colleges and lifts the covers off corporate PR. The pack contains 14 lesson plans, background material and case studies on the baby milk issue and many others. (£18.00)

7. **Feeding Fiasco** by the Network for Consumer Protection
   Published in 1998, this report is the result of monitoring in 33 cities and towns in Pakistan and vividly illustrates the unethical marketing activities of the artificial baby milk companies. (£5.75)

8. **Milking Profits**
   This is the story of the Nestlé whistle-blower from Pakistan, Syed Aamar Raza. Milking Profits provides hard evidence of corporate malpractice and gives a unique insight into how a large corporation treats its employees. (£5.00)

9. **The Code in Cartoons**
   This booklet is filled with cartoons and accompanying text which explain simply what the Code says and why it is important. It is dedicated to the memory of Nancy Jo Peck who worked for IBFAN for nearly 20 years and who died this year. (£1.00)

10. **Best-feeding**
    by Mary Renfrew, Chloe Fisher & Suzanne Arms has been completely revised and updated. It has over 250 photos and a wealth of valuable information for all those breastfeeding or helping others to breastfeed. (£14.50)

See page 7 for review of **Holding Corporations Accountable**
**Update**

**Research**

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**Baby Friendly Initiative increases breastfeeding**

A randomised trial (referred to as PROBIT) in the Republic of Belarus assessed the effects of breastfeeding promotion on breastfeeding duration and exclusivity and various illnesses (such as gastroenteritis). The study took place in 31 hospitals and clinics, with a total of 17,046 mother-infant pairs. At 15 of the research sites the usual infant feeding practices were continued. At the other 16 sites an intervention modelled on the UNICEF Baby Friendly Hospital Initiative was introduced, emphasising health worker involvement with initiation and maintenance of breastfeeding.

The results found that women in the intervention sites were more likely to exclusively breastfeed at 3 and 6 months and were more likely to be breastfeeding at 12 months. Their infants were at significantly less risk of getting gastroenteritis and atopic eczema. There was no significant reduction in incidence of respiratory infection. The authors concluded this study “provides an essential scientific underpinning...for future breastfeeding promotion programmes in both developed and developing country settings.”


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**UK infant feeding survey**

Every 5 years (since 1975) a large survey has been conducted in the UK to look at infant feeding practices. The preliminary results of the 2000 survey were published in August. The ‘breastfeeding’ rate for England and Wales is 70%, an increase of 2% from 1995. Scotland and Northern Ireland, although having lower rates overall, have had larger increases, 55% to 63% and 45% to 54% respectively. These figures represent the breastfeeding initiation rate which means that an infant who breastfed after birth but was subsequently artificially fed is included in these figures.

The good news is that in low income households in England breastfeeding rates have increased from 50% to 62%. The Government has been specifically trying to increase breastfeeding rates amongst these families, and has funded some local breastfeeding promotion projects. However, even with this increase, the government spend on breastfeeding promotion (£1.60 per baby born) is dwarfed by the spend on complementary foods. The full report is expected to be published in mid-January and will contain details of feeding practices after 10 weeks of age.

The survey did not look at exclusive breastfeeding rates. More details available from: www.doh.gov.uk

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**Dummies disrupt breastfeeding**

Two studies, both published this year, looked at the effect of pacifier (dummy) use and breastfeeding. One of them was a prospective cohort study in New Zealand (1) and the other was a double blind randomised controlled trial in Canada (2). The New Zealand study (n=350) found that nearly 80% of the mothers offered a pacifier during their baby’s first year of life, and half of the mothers used a pacifier on a daily basis at some stage in the first year of life. Daily pacifier use was associated with increased perceived milk insufficiency and earlier cessation of breastfeeding.

The Canadian study (n=281) confirmed the observation between pacifier use and early weaning, but found that pacifier use was often a marker of breastfeeding difficulties.


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**Chemical Concerns Over Babies’ Bottles**

Environmental campaigners, Friends of the Earth, are calling for tougher regulations on commonly used chemicals, including those found in baby food containers and babies’ bottles.

Plastic bottles made from poly-carbonates contain bisphenol A which is known to affect the hormone system. Research shows that small quantities of this chemical can leak into milk in the bottle, particularly if the plastic is worn or scratched.

Dr Michael Warhurst, Safer Chemical Campaigner at Friends of the Earth, said: “Evidence shows that bisphenol A presents a potential risk to human health. We advise parents not to use scratched or worn bottles when feeding babies, and to look out for bottles made from glass or other types of plastic if they can.”

He also warned of concerns over baby food products as the cans and bottle lids may also leak bisphenol A.

A survey of retailers found that only Sainsbury’s own brand and Nutricia were able to say that their products did not contain bisphenol A.

Further information on risky chemicals, including a free pack for parents and a colourful height chart, is available from Friends of the Earth. Call 0808 800 1111 to request a copy.

* Sainsbury’s no longer produce an own brand artificial baby milk, but do still produce own-brand complementary foods.

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With kind permission: Robert Thompson, The Guardian 16 Aug 2001
Baby Milk Action AGM

The date for the Baby Milk Action AGM is Saturday 26th January 2002. The venue will be Cambridge. Every member will be welcome to attend. Details are enclosed.

Hair today - gone tomorrow!

Hannah Jefferies, 16, from Dunston near Lincoln has had her hair cut off to raise money for Baby Milk Action. Hannah’s hair cut reduced her 1m long hair to a short bob! She has raised nearly £150. Well done Hannah, we hope you’re happy with your new hair-style!

Eamonn Dunne from Liverpool cycled 60 miles to raise money for our work and also raised £150. Thank you Eamonn!

Ella Cole, Rachel Totterdell & Kate Tophill, aged 15 from Sheffield, presented £90 to Baby Milk Action at our stall at the Womad Festival in July. They had been sponsored to drink from babies’ bottles for a week. Thirteen year old Georgina Pravda from Reading also donated £11.56 by being sponsored to dress up as a hippy for a day.

Total for Helen Webster’s Marathon is £880. Thanks to Helen and all those who sponsored her.

If you have an idea for a sponsored event to raise money for Baby Milk Action let us know and we will do all we can to help.

IBFAN Argentina wins prize

Congratulations to IBFAN Argentina (LACMAT Foundation) for being awarded the ‘Magnus’ prize for NGO’s which are recognized as ‘Agents of Social Change.’

2002 Breastfeeding Calendar

Baby Milk Action, in conjunction with IBFAN partners, has produced a breastfeeding calendar for the 7th successive year. It is a very useful resource for health workers, campaigners and breastfeeding mothers. It still only costs £5 and can be ordered using the enclosed flyer, from the on-line shop or by telephone.

If you have any interesting or unusual photographs of breastfeeding mothers which may be suitable for the 2003 calendar please send them to us with your name and address marked clearly on the back.

Thanks Tessa!

After nearly five years at Baby Milk Action Tessa Martyn, our Health Campaigns Co-ordinator is leaving. She will be greatly missed by everyone at Baby Milk Action, not least for helping us to build up the wide network of support we now enjoy with UK health workers. We wish her all the best for the future and hope she will return soon. Here she is answering a call from a midwife on her last day.

Have you seen our websites yet?

www.babymilkaction.org
www.ibfan.org

If you would like to receive Update on-line let us know and we will send you email alerts when new information is posted.

email: info@babymilkaction.org

Round-up