

# Successful strategies to control marketing

Several countries faced with serious bottle feeding problems have adopted stringent marketing regulations. These can serve as models for other nations.

## The WHO/UNICEF code format

India, Sri Lanka and Lesotho are among the countries which formed national code-drafting committees even before the WHO/UNICEF code was officially adopted in May 1981. These committees used either the third or fourth draft of the code — (the version ultimately adopted) — as a starting point and modified it slightly to fit the national context.

The modifications did **not** weaken these codes, despite industry's strong lobbying. Citizen groups can play a major role in supporting government efforts to follow and even strengthen the WHO/UNICEF code in the face of industry pressure.

Lesotho, in addition to developing a strong code based on the international model, recently introduced legislation to provide:

- 90 days fully paid post-natal maternity leave for mothers working in industrial, communal or government jobs;
- 60 minutes breast feeding allowances during work hours for the first year;
- nursing facilities at or near work; and,
- special sick leave if a breast fed infant is ill.

The legislation makes discrimination against nursing mothers a punishable offence.

Sri Lanka, too, has taken additional measures to halt the advance of artificial feeding. In June 1981, the Sri Lankan government launched a campaign to discourage consumption of artificial infant milk. One Sri Lankan newspaper said the campaign would make Sri Lanka:

*"the first Third World country to stand up against the powerful combine of multinational companies marketing infant milk foods."*

Under the guidance of four key Ministries — Health, Food, Plan Implementation and Trade — Sri Lanka began a national advertising campaign, to discourage mothers from purchasing infant milk foods, and urging them to breast feed. The campaign is financed from the Consumer Protection Fund of the Trade Ministry. Sri Lanka has already adopted the WHO/UNICEF code as a national code, and this campaign will provide extra impetus to efforts to improve infant health.

## Prescription only sales

Recognising the limited need for artificial feeding, nations such as Papua New Guinea and Guinea Bissau have combined curbs on promotion with restrictions on both feeding bottles and powdered infant milk. Mothers are required to get a prescription for bottles and milk from a health worker who certifies their need for it and their ability to use it safely. Stores which sell feeding bottles or baby milk to mothers without prescriptions are subject to heavy fines.

In Papua New Guinea, this policy resulted in a dramatic decline in artificial feeding: from 35% of infants in 1976 to 12% just 20 months after the programme began. Moreover, those infants who were being artificially fed were fed properly and safely.

Some doctors have noted, however, that making a product a prescription drug can raise its status. People may view it as a desirable medicine. Therefore, unless a country enforces prescription-only laws, such a policy could be counterproductive.

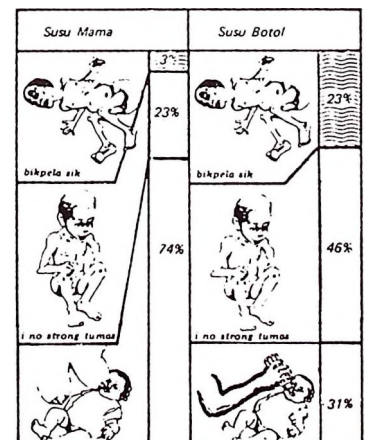
International Herald-Tribune,  
London & Paris  
11 Nov. 1980

### All Infant Milk Ads Banned in Sri Lanka

Reuters

COLOMBO, Sri Lanka — Sri Lanka's government, in an effort to encourage breast feeding, has banned all forms of advertising of infant milk foods.

A Health Ministry spokesman said that the ban, which took immediate effect, followed a recent World Health Organization decision to discourage the use of artificial infant milk foods. He said the ban did not prohibit the sale of infant milk foods provided the tin or packet carried the slogan: "Breast feeding is best."



Drawing from a Papua New Guinea leaflet showing the increased dangers of bottle feeding.

## Demarketing infant formula

A number of countries have decided that commercial interests have no place in the delicate arena of infant feeding. These nations, including Algeria, Mozambique and Tanzania, have demarketed infant milks by importing only the quantity of milk determined to be necessary, re-labelling it with government labels and distributing it to mothers who need it via non-commercial channels such as hospital clinics. No promotion of these milks is permitted.

Although in Algeria no statistics have been published which indicate trends in breast feeding, the Director of Hygiene and Preventive Health has confirmed that imports of infant milks stabilised in 1979. He expects to see imports decline within a year or two, evidence that the government's policy has begun to have the desired effect.

## Industrialised country codes

Far-sighted industrialised nations have recognised that breast feeding must be protected from undue commercial pressure and have enacted codes limiting baby food promotion.

Norway has proposed that the term "breast milk substitute" (implying similarity to breast milk), be replaced by the term "milk mixture for infants". Advertising to the public and distribution of company promotional materials through health facilities will be restricted. (One infant milk firm objects to the proposed regulations because "they might constitute an example that could be followed by the developing countries".)

Sweden has passed legislation stating that infants should receive nothing but breast milk for the first five to six days of life. Sweden also has a voluntary code of advertising in effect, and was one of the first countries to implement such a measure.

In October 1981, the European Parliament of the Common Market recommended strict enforcement of the WHO/UNICEF code throughout all European Economic Community (EEC) countries. The recommendation called for a binding directive to be developed by the EEC Executive "to ensure uniform application of the code". It also urged EEC governments to:

*"take the necessary steps to ensure that companies based inside the community and exporting breast milk substitutes to Third World countries, respect the terms of the code of marketing in all their activities in whatever part of the world."*

A further suggestion was included that sanctions should be considered against companies that fail to observe the code, such as "withdrawal of community or national aid, grants or subsidies", including access to the vast EEC stocks of subsidised skimmed milk powder.

Through these and other successful measures, countries are taking practical steps to control unwarranted promotion of artificial feeding, and to help establish a social setting where breast feeding is again viewed as normal and natural. Much still remains to be done, however. The time is ripe to convert high levels of awareness, visibility and resource availability into meaningful commitment and action on behalf of mothers and infants around the world.

