

The Code and infant feeding in emergencies

OVERVIEW

Emergencies such as droughts, floods, earthquakes, tsunamis, epidemics and wars are characterised by population displacement and food insecurity and they are increasing in number and intensity. Millions of people worldwide are affected annually but it is children under five who are most vulnerable during these times. The care and feeding of infants and young children are often compromised during emergencies and this has contributed to the high disease and death rate among this group.

In all circumstances, and especially in emergency situations, emphasis should be on protecting, promoting and supporting breastfeeding and ensuring timely, safe and appropriate complementary feeding. However, in times of crisis, large donations of infant formula, feeding bottles and teats are often received from various sources. Although intentions are generally good, there is lack of awareness that such donations can do more harm than good as there are neither basic infrastructure nor adequate conditions to reduce the risks linked to the preparation of infant formula and other breastmilk substitutes. Therefore, these donations should be avoided. Instead, suitable substitutes forming part of the regular inventory of foods and medicines must be procured, distributed and fed only to the small number of infants who have to be fed on breastmilk substitutes after a proper needs assessment. This helps prevent situations where excessive availability of breastmilk substitutes results in mothers forsaking breastfeeding when it is in fact a lifeline. In emergencies more than ever, early initiation, exclusive breastfeeding until six months, and continued breastfeeding until two years or beyond, as recommended by WHO, need to be promoted, protected and supported for child health and survival.



CARE Online, Indonesia

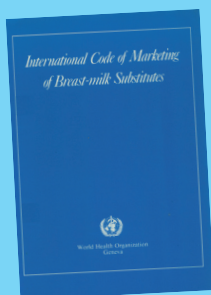
In conditions like this, access to clean water, sanitation and fuel for boiling is limited. Preparation of infant formula is unsuitable and should be avoided.



Reuters, Somalia

Babies who are exclusively breastfed are protected from the worst emergency conditions. Their chances to survive are greatly improved.

Babies who are breastfed have a secure and safe food supply, they are not exposed to disease-causing bacteria and parasites that can contaminate water supplies, and they receive antibodies and other disease fighting factors that help prevent illness.



The International Code of Marketing of Breastmilk Substitutes and its subsequent relevant WHA resolutions (the Code) are important for protecting infants and caregivers from inappropriate marketing of breastmilk substitutes. The Code prohibits promotion of products that replace breastmilk partially or totally such as infant formula, follow-up formula, special formula, cereals, juices, vegetable mixes and baby teas. The Code also covers feeding bottles and teats.

In emergency situations, the Code is especially important for controlling donations, preventing the distribution of unsuitable products and preventing companies from using emergencies to increase market share or for public relations.

Recognising that there are certain situations where breastmilk substitutes may be needed, WHA 47.5 [1994] operative paragraph 2(3), recommends that donated supplies be given only if all the following conditions apply:

- infants have to be fed on breastmilk substitutes;
- the supply is continued for as long as the infants concerned need it;
- the supply is not used as a sales inducement. (For example, there should be no display and companies should not use the donation to promote the brand, company names or logos.)

Beware the bottle



www.daylife.com, China

The use of feeding bottles and teats should be actively discouraged in emergency context due to the high risk of contamination and difficulty in cleaning. Instead, use of cups without spouts should be actively promoted.



The Star, Indonesia

Following an earthquake in Bengkulu, Indonesia free Pigeon brand bottles were widely distributed. Mothers were overjoyed to receive these supplies unaware of the lurking dangers.

CODE VIOLATIONS in times of emergencies

Many Code violations in emergencies have been perpetrated by baby food companies, international and national NGOs, governments, the military and individuals. This typically reflects poor awareness of Code provisions and takes the form of PR campaigns, general distribution to health care facilities and households, failure to monitor breastmilk substitute use and inappropriate labelling.

INAPPROPRIATE MARKETING

- Article 5.1 of the Code forbids advertising and all other forms of promotion of products under its scope.
- Articles 5.2 and 5.4 prohibit companies from giving samples and gifts to mothers.
- Article 5.5 bans marketing personnel from seeking direct or indirect contact with pregnant women and mothers.

Indian Ocean Tsunami, 2004: Indonesia

- A heart-wrenching advertisement in *Nova Tabloid* (Aug 2005) for Sari Husada's 'fight against malnutrition' campaign in Indonesia pledged a donation of 50 Indonesian Rupiah (US\$0.006) for every Sari Husada product purchased, including SGM and Vitalac formulas. In an obvious effort to strengthen its market in Indonesia, the campaign slogan invited parents to "Join hearts to feed the nation's children, because they are our children too."



Capitalising on the image of a malnourished child, Sari Husada made a philanthropic appeal to the public to buy its products for the sake of children in need. Although no reference was made to the devastating aftermath of the Indian Ocean tsunami, it is significant that this advert came out as rebuilding efforts were underway in Aceh, Indonesia.

Sari Husada belongs to the Dutch NUMICO company which is now part of the French Danone.

Hezbollah–Israel Conflict, 2006: Lebanon

- In Beirut, a marketing campaign by Blédina after the war in 2006, involved assigning a paediatrician to check on sick babies at a health centre while company representatives offered mothers gift packages containing promotional leaflets. Mothers also received a card with the Blédina hotline from the attending paediatrician. In another post-war promotional activity, free Blédina gift packages were distributed at a health centre with a high number of refugees.



BTR 2007, Lebanon

Blédina produces infant formula, follow-up formula and many complementary foods. It was acquired by Danone in 1998. In 2007, Danone bought up all of Dutch NUMICO's companies. Since then, Danone and Nestlé run neck-to-neck to dominate the world market.

INAPPROPRIATE DISTRIBUTION OF BREASTMILK SUBSTITUTES, FEEDING BOTTLES & TEATS

- Article 6.2 of the Code bans the promotion of products within the health care system.
- Article 6.3 prohibits the display of products, placards and posters and the distribution of company materials.
- Article 6.5 requires formula feeding to be demonstrated only by health workers or community workers, and only to mothers or family members who need it.
- Article 6.6 provides that donated supplies only be used or distributed for infants who have to be fed breastmilk substitutes.
- Article 6.7 provides that supplies must continue for as long as infants concerned need them.
- WHO Resolution 47.5 (1994) urges an end to free or subsidised donations of products to all parts of the health care system. During emergencies, donations for relief operations may only be given under strict conditions and may never be used as sales inducements.

Civil Unrest, 2002: East Timor

- A large donation of infant formula from a service organisation was channeled through registered clinics in Dili to assist orphaned infants and mothers who are unable to breastfeed. Even if the donated supplies were to meet an identified need, health care facilities should not be used as a channel of distribution because they will be seen as promoting and endorsing the products.



"Our maternity hospitals were flooded with breastmilk substitutes brought in by humanitarian aid agencies. This nearly destroyed our breastfeeding programmes."

Dr. A. Demirchian, Chief, National Programme of Promotion and Protection of Breastfeeding, Armenia, 1996

Indian Ocean Tsunami, 2004: Sri Lanka

- Clinics were held to teach mothers how to use the infant formula that aid agencies had received in large quantities. All mothers who showed up were taught and as word spread, more and more women showed up, even those who were breastfeeding.

INAPPROPRIATE DISTRIBUTION OF BREASTMILK SUBSTITUTES, FEEDING BOTTLES & TEATS *(continued)*

Java earthquake, 2006: Indonesia

- Boxes of food supplies, including infant formula for 0-6 months, were widely distributed to communities, even families with no young children, as part of the general ration. In the Bantul area, infant formula was distributed as incentive/reward for partaking in a measles and tetanus vaccination campaign.



Milk and baby food for all. Companies often use emergency situations to offload products near expiry.



Piles of Abbott formula supplies after Sichuan earthquake.

“Donations of powdered milk in an emergency situation can literally increase the rate of death of young babies, while the people mean to do good.”

Anne H. Vincent,
Head of Health and Nutrition,
UNICEF Indonesia

Jakarta Post, 7 July 2008

Israel-Hezbollah conflict, 2006: Lebanon

- An NGO distributed 1,500 ‘baby kits’ including formula and bottles to hospitals, municipalities (local councils) and directly to displaced households. Post-conflict, the same NGO gave each village municipality ‘village kits’ containing infant formula (25 boxes containing 24 cans each) and baby food (80 units) amongst other items.

Sichuan earthquake, 2008: China

- Companies delivered truckloads of formula and bottles within two hours of the earthquake.

Mass distribution of breastmilk substitutes contradicts all aspects of Code Article 6.5. Families receiving artificial feeding products rarely receive instructions from health professionals on proper handling of the products, advice about the hazards of improper use or the risks of artificial feeding. This is compounded by the fact that labels of donated products are usually in a foreign language (see box on Inappropriate Labelling below).

“Although Sri Lanka is a country with a high exclusive breastfeeding rate, there was a myth among mothers about the inability to produce enough breastmilk when under stress. A major problem was the distribution of infant formula and feeding bottles by donors and NGOs without the appropriate controls to breastfeeding mothers. Donors acted emotionally without any scientific basis, disregarding the dangers of artificial feeding in disasters. Additionally the mass media was very keen on feeding babies so made a public appeal to supply artificial milk and feeding bottles. There was also some difficulty in getting appropriate complementary food to mothers post tsunami. The ministry of health faced many challenges to ensure that breastfeeding mothers continued to do so and did not swap to unsustainable and potentially dangerous infant formula.”

Statement from the Sri Lankan Ministry of Health after the 2004 Indian Ocean Tsunami

INAPPROPRIATE LABELLING

- Article 9.1 of the Code provides that labels must not discourage breastfeeding.
- Article 9.2 requires labels to be in an appropriate language and adhere to specific labelling requirements. In particular, labels need to inform about correct use and handling of powdered infant formula to minimise health hazards and risks of artificial feeding (read together with resolution 58.32 [2005]; operative paragraph 1[3]).

Java earthquake, 2006: Indonesia

- Foreign governments donated 6 cartons each containing 12 tins of formula for 5-12 months labelled only in foreign languages.

Israel-Hezbollah conflict, 2006: Lebanon

- Lebanese government organisations and NGOs received formula with labels written in English and/or Greek, not Arabic.
- Formula distributed by one local NGO idealised artificial feeding in violation of labelling requirements of the Code.



Labels of breastmilk substitutes shipped into Lebanon were in English and French, not Arabic.



A box of donated ‘baby foods’ that a village woman had received in Java, Indonesia.



This milk powder distributed to earthquake victims in Yogyakarta in 2006 was labelled in a foreign language; there were no preparation instructions; nor any age indication.

UNICEF, Indonesia, 2006

EVIDENCE THAT ARTIFICIAL FEEDING IS HARMFUL IN EMERGENCIES

- 93% of infants admitted to hospital with diarrhoea following serious floods in Botswana in 2006 were formula fed. Of all the children admitted 21% died. Risk factors for death included not being breastfed.
- 25% of babies who received formula after the 2006 earthquake in Jogjakarta, Indonesia had diarrhoea, compared to only 12% in babies who did not receive formula.

DONATIONS : NOT RECOMMENDED IN EMERGENCIES

The Operational Guidance on infant and young child feeding in emergencies (version 2.1 2007) - a key policy guidance document developed by the IFE Core Group - aims to help those concerned with emergency response to meet their responsibilities to infants and young children and their carers in emergencies. It draws on technical guidance, empirical evidence, and experience from past emergencies. Key provisions of the Code have been integrated and built upon, to respond to the particular challenges that emergencies pose to Code implementation. The Operational Guidance on IFE goes further than the Code and clearly states that:

“Donated (free) or subsidised supplies of breastmilk substitutes (e.g. infant formula) should be avoided. Donations of bottles and teats should be refused in emergency situations. Any well-meant but ill-advised donations of breastmilk substitutes, bottles and teats should be placed under the control of a single designated agency.”

The Emergency Nutrition Network (ENN) is the coordinating agency of the IFE Core Group. For more information on the IFE Core group members and materials, see www.enonline.net. The Operational Guidance on IFE is supported by an increasing number of organisations and institutions, including UN agencies, NGOs, academic institutions and bilateral donors. Agencies that wish to support the Operational Guidance on IFE can contact ENN or go directly to their website. IFE Core Group members include WHO, UNICEF, WFP, UNHCR, CARE USA, SC UK, SC US, IBFAN-GIFA, Tdh and ACF.

PRACTICAL STEPS TO MINIMISE RISKS OF ARTIFICIAL FEEDING

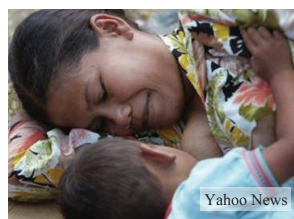
DO NOT...	DO...
✗ Solicit or accept donations of breastmilk substitutes (BMS), feeding bottles and teats.	✓ Purchase needed supplies locally through normal procurement methods.
✗ Distribute unsolicited donations.	✓ Store unsolicited donations until UNICEF, the designated nutrition co-ordinating agency, and the government develop a plan for their safe use or eventual destruction.
✗ Include BMS milk products, bottles and teats as part of a general or blanket distribution.	✓ Distribute BMS to targeted infants requiring it, as determined by a qualified health or nutrition worker trained in breastfeeding and infant feeding issues.
✗ Distribute infant formula without providing education and follow-up to the caregiver.	✓ Provide education, one-to-one demonstrations and practical training by a skilled health worker about safe preparation to caregivers with infants requiring infant formula. Follow-up regularly, including monitoring infants' weight.
✗ Give samples of BMS.	✓ Provide adequate and continued amounts of infant formula, for infants determined to be in need, for as long as the targeted infants require it.
✗ Encourage the use of bottles and teats for infant feeding (high risk of contamination and difficulty cleaning).	✓ Actively encourage the use of a cup for infant feeding and discourage the use of bottles and teats.
✗ Distribute dried milk product as a single commodity.	✓ Distribute dried milk products pre-mixed with a milled staple food.
✗ Use brands that are labelled in foreign languages and do not comply with the Code.	✓ Choose brands that are labelled in a language that may be understood by the users and whose label is in compliance with the requirements of the Code.
✗ Do not stand by idly and witness donations of BMS, bottles and teats.	<ul style="list-style-type: none"> ✓ Actively stop such donations: write to the media, agencies responsible, Ministries, WHO & UNICEF. Share the Operational Guidance on IFE; share this publication. ✓ Monitor and report violations of the Code and the Operational Guidance on IFE during emergencies using the IBFAN-ICDC online monitoring form. (The form can be downloaded from http://www.ibfan.org/site2005/Pages/article.php?art_id=418&iui=1)
✗ Disregard the possibility of breastfeeding, relactation, wet-nurses, or donated expressed milk in emergencies.	✓ Provide funding for programmes to support breastfeeding.

Summarised and adapted from Operational Guidance version 2.1 Feb 2007 available at www.enonline.net. Also consult the World Breastfeeding Week 2009 Action Folder on "Breastfeeding: a vital emergency response. Are you ready?" For more information on what you can do to protect breastfeeding in emergencies (<http://worldbreastfeedingweek.org/>).



Wet-nursing cop hailed a hero!

Jian Xiaojuan, a mother and police-woman, contributed to relief efforts in the 2008 earthquake in Sichuan, China by nursing as many as 8 babies in need. It was the most instinctive and the best thing she could do. Wet-nursing is a viable infant feeding option in emergency situations.



Feed, nurture and support the mother and let her feed the baby

After the tsunami in Indonesia, this mother shows that breastfeeding is possible even under adverse circumstances.

Breastfeeding keeps babies close to their mothers and is a lifeline during emergencies. Mothers must be supported to breastfeed.



Focus is an IBFAN-ICDC series that highlights specific issues relating to the International Code of Marketing of Breastmilk Substitutes and subsequent resolutions. This issue is supported by IBFAN-GIFA and the Emergency Nutrition Network. Special thanks to Heather Beath.

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