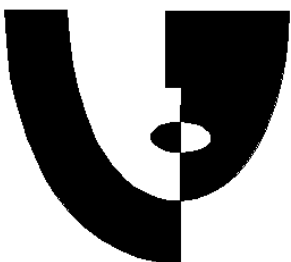
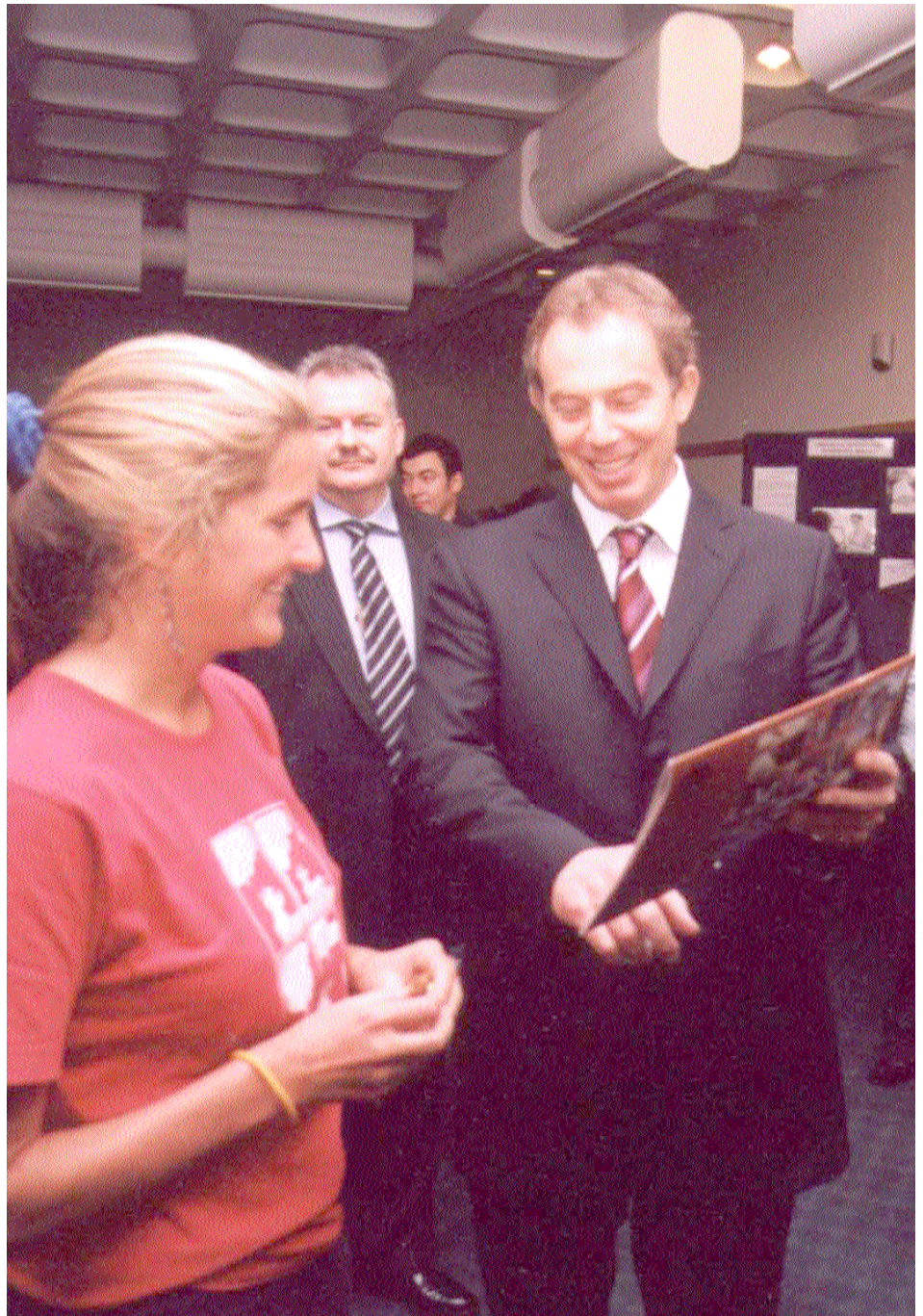


STOP

BABY MILK
ACTION



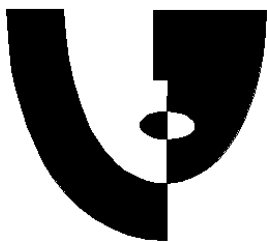
Issue number 32, December 2002
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UN Child Rights Committee tells
UK to ban formula advertising

Pakistan Law at last

Case Studies from 8 countries



Summary and contents

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, Oxfam, Save the Children, SCIAF, the United Reformed Church, UNISON, War on Want and World Vision.

Update 32 was written by Mike Brady, Patti Rundall, and Alison Mortlock. We aim to produce three **Updates** a year, but this is not always possible. We welcome letters and contributions. All material may be used if credited.

Cover: UK Prime Minister, Tony Blair, accepts an IBFAN breastfeeding calendar and fridge magnet from Tessa Martyn at a Royal College of Midwives conference in October. Photo: Matthew Pulzer

Remember: if you think our work is important, please send a donation or join. We take no corporate funding and depend on you.

Just read this...

If you don't have time to read the whole newsletter, you need to know:

- The UK Government has been told by the United Nations Child Rights Committee to implement marketing standards which ban all promotion of breastmilk substitutes (page 3).
- Medical foods, health claims and exclusive breastfeeding discussed at the Codex meeting in Berlin (page 3).
- A Case Study in England shows that weak legislation is an obstacle to increasing breastfeeding rates. Wyeth/SMA's '**Staydown**' is launched (pages 4, 5).
- A Case Study in Brazil shows its broad spectrum of strategies achieve increases in breastfeeding rates and health gains (page 6).
- Mexico, India, Kenya, Bolivia and Belgium were also studied, showing that strengths in one area can be undermined by weaknesses elsewhere (page 7, 8).
- Pakistan's new legislation regulating the marketing of breastmilk substitutes following years of opposition by the baby food industry and campaigning by IBFAN. We ask, will it have teeth? (page 8).
- UNICEF's link-up with McDonalds has caused shock and dismay inside and outside the organisation. UK charity authorities warn of the perils of partnerships with businesses (page 9).
- School's website for Nestlé's 'nutrition' worksheets use Department for Education logo without permission (page 10).
- Wyeth recalls formula infected with *Enterobacter sakazakii*; the latest on HA milks and soya and the campaign to phase out harmful chemicals. (page 10)
- **Research:** studies show that breastfeeding reduces the risk of breast cancer and counteracts the effects of dioxins and PCBs. (page 11).

And Nestlé Boycott News:

- World Development Summit - the Shame Awards.
- The Perrier Awards go flat again for Nestlé.
- Nestlé's union-busting in Colombia.

We are grateful to the family and friends of a former member, Sheila Haddesley, for their generous donations to our work in her memory.

Baby Milk Action

is a non-profit organisation which aims to save infant lives and to end the avoidable 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 200 groups in over 100 countries. Baby Milk Action co-ordinates the International Nestlé boycott.

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.



UN Child Rights Committee calls on the UK to ban advertising of breastmilk substitutes

International instruments such as the International Code and the Convention on the Rights of the Child (CRC) are critically important in the protection of health and sustainable development and can be used to counter the pressures that come with globalisation and increased corporate power.

Breastfeeding advocates in the UK, who have for decades been calling on the Government to ban the promotion of breastmilk substitutes, expressed delight at the *Concluding Observations of the UN Committee on the Convention on the Rights of the Child*, published on 4 October 2002.

The CRC report consolidates the view that violations of the *International Code* are violations of Child Rights. It 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."* If the UK fails to act on the recommendations, when it appears before the Committee again in 5 years time, it will have to explain why.

Since its adoption in 1990, the UN Convention has been ratified more quickly and by more governments (all except Somalia and the US) than any other human rights instrument.

The CRC Committee meets three times a year, reviewing the progress of nine countries

at each session. This time, Poland, Argentina and Burkina Faso were also urged to do more to promote breastfeeding.

The CRC Committee also commented on privatization, calling on the UK to evaluate the impact of privatization of schools on the right of children to education. Baby Milk Action, along with trade unions and others, has been urging the UK Government to take steps to stop the commercialisation of education services, since this can have an enormous impact on children's understanding of what is and is not a healthy diet. (See page 10.)

What about other EU countries?

IBFAN groups in the Netherlands, Ireland and Luxembourg have all used CRC recommendations to press for improvements. There has been some slow progress in support and promotion of breastfeeding, but movement on Code implementation has stagnated if not got worse. Perhaps now is the time to make an concerted effort to finally bring the EU Directives in line with the International Code and Resolutions. For links to IBFAN groups around the world see the site <http://www.ibfan.org>

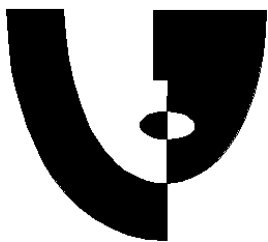


Photo: Martin Mateyard. Chirinos, Peru.

World Breastfeeding Week brings mothers on to the streets in Peru. Is this what's needed in the UK to move Tony Blair?

Stop press - latest from Codex

There were several important infant feeding issues at stake at the Codex Alimentarius meeting in Berlin in November. Codex global standards can be used in trade disputes so are critically important to governments, but all too often trade liberalisation takes precedence over consumer protection. Once again industry representatives (many from Nestlé) were in evidence. Backed by the EU Commission, France and Germany, EU legislation was proposed as a model for the whole world - with two Codex standards - one for infant formulas for *"healthy"* infants and a separate less restrictive one for formulas for infants with medical problems (see *SMA Staydown* p10). The majority of countries who spoke wanted one standard which would ensure strict controls on all formulas. Eventually even EU Member States agreed jointly to accept this. Still, the standard was held back (at Step 3) and Germany was asked to convene an electronic working group to further develop 3 different proposals. Text was, at last, agreed for the scope of cereal-based foods standard: *"generally from the age of six months onwards, taking into account infants individual requirements."* Vitamins, *prebiotics* and *pro-biotics*, *Enterobacter Sakazakii* (see page 10) and the quality of 'science' used, were also hot topics. Baby Milk Action attended as IACFO (the International Association of Consumer Food Organisations).



Infant feeding in the UK

Why does the UK law allow baby food companies to promote their products and what is the impact? Baby Milk Action commissioned a study which attempted to answer this and other questions by seeking the views of key actors who affect UK infant feeding policy and practice.

The UK is an interesting example for a Case Study. As an EU member state with low breastfeeding rates (only 55% of infants are breastfed for more than one week), its law allows a high level of commercial promotion, most of which is channelled through the health care system to mothers.

Since 1981, the UK has publicly professed to endorse the *International Code* and the WHA Resolutions, but until 1995 relied on a voluntary industry code and health circulars which banned free samples and free and low cost supplies. During the formation of the EU Directives (adopted in 1991 and 92), the UK fought behind the scenes for the right of Governments to ban advertising. However, in 1995, by the time the UK Regulations were brought in, the Government's overarching commitment to deregulation had grown stronger along with its terror of being viewed as a 'nanny state.' The recommendations of industry outweighed the advice of the 48 leading health and consumer bodies who called for a ban of advertising.

Despite its strong opposition to this policy at the time the Labour Government, when it came to power, failed to take action.

Today breastfeeding rates in England are much the same as

they were in the 1980s, and 90% of mothers stop breastfeeding before they really want to - largely because they have not been given truly objective advice or support. Until this changes England will remain a bottle feeding culture.

In 1995, when the Labour Party was in opposition, Tony Blair led the opposition to the UK Law saying: *"This House is alarmed at the decision taken recently by Health Ministers to put commercial interests before infant health when it refused to ban the advertising of infant formula in the United Kingdom."*

- The UK has influenced European and global infant feeding policies and health care standards (thousands of overseas health professionals train in the UK and our textbooks are widely used). The Government's commitment to private/public partnerships and its relationship with business – known as *The Third Way* – is also presented as a model.

So what are the obstacles?

The Case Study focused on England and was carried out in the summer of 2002. Views were sought from a wide range of actors: IBFAN, other NGOs, the

Government, health professional bodies and the baby feeding industry.

The main obstacles to breastfeeding highlighted were:

- the lack of Government commitment and funding;
- the presence of industry on Government committees;
- weak legislation controlling promotion of breastmilk substitutes;
- the lack of appropriate training/information for health professionals;
- the influence of media on cultural norms;
- limited maternity legislation;
- the lack of support for women – particularly in the post-natal period.

All of the respondents (except those from the baby feeding industry) believed that the *International Code* and Resolutions are appropriate tools to protect infant health, but *only* if implemented as Law in full. Some felt stricter controls might be necessary. The UK Law in its current form is not seen as useful or effective. *"Too many loopholes"* was frequently cited. Similarly none of the respondents felt that the current monitoring or enforcement of the Law was effective: *"all monitoring of adverts/sales practices etc seems to be after the event and then the damage is done even if the advert is withdrawn."*

Others commented that complaints never resulted in action and that companies could easily circumvent the Law because it is so open to interpretation. A

straightforward ban of advertising was seen as an essential step, which would help enforcement authorities.

Opponents of strengthened legislation argue that without advertising mothers and health workers would be denied information about infant feeding. While those in favour argue that company materials are often misleading and biased and fail to inform about the health risks of artificial baby milks.

One baby feeding company claimed: *"We do not try to compete with breastmilk, our competitors are other infant milk manufacturers"*.

The Case Study identified the way that the issue of sponsorship and public/private partnerships has affected policies and practices relating to infant feeding. Increasingly NGOs are turning to the corporations for funding. For corporations, this is an effective way to silence critical voices while linking their names to prestigious organisations. Some NGOs have used the WHA Resolutions addressing conflicts of interest and the rights of parents (and children) to independent information. The Nestlé



UK Case Study



Boycott, which is strongly supported in the UK, attracts media attention and has brought global concerns into the picture, raising the awareness of the public at large of the importance of

Milupa offers a music system for UK health professionals. The *International Code* forbids such inducements.

breastfeeding and the need for greater control over transnational companies. The mother-support groups and NGOs, all working on minimal funding, fulfill a critical function in relation to companies, and were the most passionate in the call for more support for breastfeeding and better legislation, expressing frustration at the lack of Government action.

Several respondents (particularly health professionals) preferred to blame inadequate maternity

legislation for poor breastfeeding rates, despite the fact that maternity provisions are comparatively generous (and due to improve even more next April 2003).

Successful breastfeeding support schemes have been run in England by enthusiastic midwives, health visitors and breastfeeding counsellors. The UK Baby Friendly Hospital Initiative (set up in 1994) is also a significant factor, supporting breastfeeding and removing much commercial promotion from health care facilities, not only from accredited facilities, but also from the many more seeking to become so.

When questioned on its failure to address marketing and to implement the *International Code* the Government consistently refers to its 'positive' breastfeeding initiatives, which are mostly targeted at low-income mothers. (See the reform of the Welfare Scheme on page 10). The fact that under EU legislation the UK **can** prohibit promotion is ignored. The Food Standards Agency was seen by some to be an important step forward, however, apart from the increased consultation with consumers, has shown no signs - as yet - of changing the Government's policy on infant feeding.

Case Study Recommendations

The Case Study came up with many recommendations which would help ensure that independent information is given and that breastfeeding is again seen as the normal way to feed a baby. The most important recommendation was that the Government should implement WHO's *Global Strategy on Infant and Young Child Feeding* and follow the *Recommendations of the Convention on the Rights of the Child*. It should:

- implement the *International Code* and subsequent relevant WHA Resolutions **in their entirety** as national legislation.
- strengthen the resources of Trading Standards authorities.
- ensure that information on infant feeding is objective, effective and does not promote artificial feeding.
- make all maternity units Baby Friendly.
- ensure best practice standards in health care facilities and train staff to implement them.
- adopt a national standard mechanism for Health Authorities to record infant feeding data.
- forbid the sponsorship by baby feeding companies of information materials for parents.
- remove industry influence from infant feeding committees
- provide 100% funding for infant feeding research.
- ensure that every hospital/maternity unit has a milk bank
- improve maternity legislation.
- require signed parental consent before artificial feeding.
- stop the commercialisation of health and education services.
- **And if all else fails** make baby milks 'prescription only' in generic packaging.

SMA exploits parents fears with formulas thickened with cornstarch

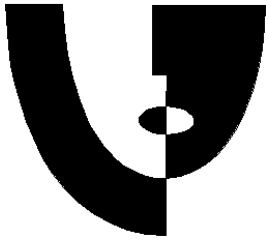
Virtually every baby spits up or throws up some of its feed from time-to-time. It can be messy, but the quantity is usually less than it appears (only 5-10ml). If this happens after every feed, parents become concerned. *Breastfeeding Special Care Babies* by Sandra Lang (see reply form) refers to two conditions where babies vomit frequently. Gastro-oesophageal reflux usually starts from birth and "**appears to be more common in babies who have been tube-fed.**" It "**gradually diminishes, though it may take several months**". The baby should be fed in an upright position and kept upright after feeding. Reassurance for

the parents and a "**robust washing machine**" are also recommended. An underlying physical problem, such as *Pyloric stenosis* would need a simple surgical procedure.

The baby food industry exploits parents concerns with another approach: anti-regurgitation formulas. All over the world these formulas are being promoted with outrageous claims. Wyeth's *SMA Staydown*, was launched in the UK in June 2002. It promises to not only 'stay down' but increase sleep time and decrease crying time. Its pre-cooked corn starch thickens in the baby's stomach.



Stop this with corn starch says SMA. Adverts in UK health worker journals in 2002.



Protecting infant health - what works?

As part of an EU commission co-financed project Baby Milk Action and our IBFAN partners have been carrying out Case Studies examining the state of infant and young child feeding and the strategies that have and have not worked.

The Case Study in Brazil

IBFAN Brazil's Case Study Coordinator, *Sonia de Oliveira Brady* writes: IBFAN Brazil is in close contact with the various sectors working and having an impact on infant and young child feeding and has members experienced in research. However, it was decided to contract an external consultant (an anthropologist) to work on the Case Study to gain from her outside view, as suggested in the protocol. Interviews and focal groups enabled the different sectors to present and re-evaluate their own actions and those of other sectors.

A long history

In Brazil the breastfeeding culture was largely destroyed, principally following the aggressive marketing introduced by Nestlé in the 1920s and 1930s. IBFAN Brazil was formed in 1983 and through awareness raising and lobbying helped to bring about implementation of the *International Code* and Resolutions in 1988. IBFAN monitors the regulations in annual exercises. The Government is now also beginning to monitor using its Health Inspectorate. The work of IBFAN was seen as fundamental by all actors in bringing in the regulations and their subsequent strengthening.



"Confidence" in the doctor and Nestlé's products, but not her ability to breastfeed - Nestlé advertisement in a 1948 health worker journal.



Regulations taking effect

Thanks to the regulations and monitoring, many violations that occur in other countries can be targeted in Brazil. A recent example of success is that companies are removing bears and other humanized images from product labels (see left).

Imaginative promotion strategies

Protection is only part of the story. In Brazil breastfeeding promotion is also strong in many areas. World Breastfeeding Week which began in 20 cities, organised by

Non-Governmental Organisations, is now a national event supported by the Government. The Government has also implemented imaginative strategies such as baby friendly postal workers who spread information on the benefits of breastfeeding and baby friendly fire workers who support the national network of milk banks. The human milk bank network continues to grow and is seen as a model for other countries.

Communication and partnership

There is still much to be done and Brazil is a large country with communication difficulties. Following on from the Case Study IBFAN is trying to work more effectively with partner organisations to promote breastfeeding and spread information on the Brazilian implementation of the Code and Resolutions. The Case Study took place during the revision of the regulations, which were published shortly before the study's conclusion. The new regulations include products for young children up to 3 years of age and attempt to close some of the loopholes exploited by the baby food companies in the past.

As a follow-up activity, the project funded a short summary booklet with the title: *"Improving the protection and promotion of breastfeeding in Brazil - Where are you in the spectrum of strategies"*. Two thousand copies were distributed at the National Milk Bank Congress in August 2002.

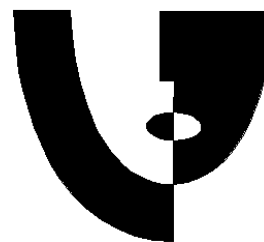
The Case Study highlighted how important it is to work with partners with shared goals, celebrating the fact that action in one area can be re-enforced by action in another. Advocacy for policy is important, but so is work with mothers in the community and every stage in between.

The fact that IBFAN is an international network has strengthened impact within the country. The Government, backed by NGO support and drawing on its extensive independently funded research base, plays a leading role in protecting infant health in global policy setting (see *Update 29*).

Villains of the story

"For each person interviewed, from the most to the least experienced, the companies (infant food, feeding bottles, teats, dummies, pharmaceuticals) were considered the villains of a story in which the use of product marketing is the most important factor in stopping a child being breastfed or in the introduction of other foods during the exclusive breastfeeding period."

Marcia Couto, Anthropologist



Country Case Studies

Studies show importance of broad strategies

Mexico - mother support undermined by industry

Mexico has a widespread Baby Friendly Hospital programme and rights for working mothers:

- 734 out of 919 public hospitals certified Baby Friendly.
- All working mothers have the right to creche facilities from 45 days to 4 years (but only 10% have access as the system is over-subscribed).
- Mothers have the right to breastfeeding breaks.

However, the *International Code* and Resolutions are not implemented in law and reports of violations are simply passed on to the industry body by the Ministry of Health without any enforcement mechanism.

- Free samples of infant formula in private hospitals are widespread (and only three private hospitals are certified Baby Friendly).

- Leaflets on infant formula are



One of the free samples to mothers exposed by IBFAN monitoring in Mexico.

widely distributed.

- Labels do not fully comply.
- Health workers use pens, calendars etc. with company names
- Feeding bottles are advertised and free samples given out in shops.
- Professional bodies are sponsored by the industry.

So while mothers may be supported in a **public hospital** they are targeted by the baby feeding companies as soon as they leave. Women in **private hospitals** are targeted even before giving birth.

Violations in Mexico are well documented by the IBFAN group, which has been working since 1985 in its efforts to strengthen the law. It coordinates the national Nestlé Boycott campaign and conducts training on the Code.

India - a strong law

India's marketing law was introduced after 12 years of hard campaigning by IBFAN and partners. Some violations have been effectively dealt with through the courts, since IBFAN groups are officially

empowered to file charges under criminal law. Sanctions include imprisonment of the Managing Director. The law, however, is being challenged by Nestlé, including parts directly implementing the Code and Resolutions. Small Non-Governmental Organisations are hard pressed to fight legal cases against well-resourced transnationals. But their efforts have stopped some marketing malpractice. Now companies are resorting to aggressively promoting early introduction of cereal foods at four months, and milks for older babies as a way of influencing new parents. Another new strategy is to use health claims.

Health professional bodies including the Indian Academy of Paediatrics, the Indian Medical Association and the National Neonatology Forum refuse any funding from baby food companies, shaming those in other countries which claim they cannot operate without it. However, institutional support for breastfeeding needs improvement - there is a shortage of training courses on breastfeeding and baby food companies are setting up call centres for family counselling on nutrition.

Campaigners in India have used the international IBFAN network to bring media attention to the way that companies have disregarded the Law. This in itself has resulted in some positive changes. (Also see India stories on page 10).

Kenya - breastfeeding culture under attack

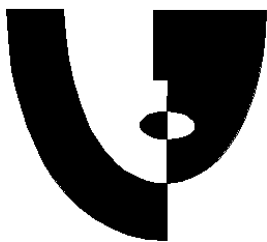
Breastfeeding is still very much the norm in Kenya, but mothers are increasingly reporting 'problems'. While there are regulations implementing the *International Code* and Resolutions, and the steering committee is independent of industry, the authorities are hard-pressed to monitor and enforce these.

Promotion in hospitals and visits by sales representatives takes place and confusing messages are being sent about infant feeding for HIV infected mothers. It is estimated that 18% of mothers are bottle-feeding, but few can afford infant formula and inappropriate milks are used. Exclusive breastfeeding rates are low and this needs to be promoted, particularly as mixed-fed infants have highest risk of HIV transmission. While 232 out of 350 hospitals are Baby Friendly, the health care system is reeling under the HIV epidemic (70% of hospital beds are for HIV related cases). IBFAN is encouraging rural outreach, and the introduction of the benefits of breastfeeding into school and medical curricula. It is also campaigning for the enforcement of European Union export regulations. A worrying trend identified is the impact of trade concerns on health policies.

For more information on IBFAN groups worldwide see www.ibfan.org



While companies boast of growing sales in some developing countries, it is left for others to count the cost in human suffering.



Pakistan, Bolivia, Belgium and political will

Pakistan - action at last, but where does it leave infants?

The military Government in Pakistan, led by President Musharraf, has signed an **Ordinance for the Protection of Breastfeeding and Young Child Nutrition**. This Law could be a major breakthrough in child protection and has been one of the key goals of the Pakistan IBFAN group, the **Network for Consumer Protection**, and its partners for the last decade.

Update readers will recall the campaign's long history in this country with 5.5 million babies born each year and the second highest infant mortality in the region: 95 per thousand births. 67 million people in Pakistan have no access to safe drinking water and only 24% of women are literate.

Against this backdrop the baby food industry thrives, with over 100 brands of breastmilk substitutes sold. In 1992 we reported the flying visit of Nestlé's Geoffrey Fookes from Switzerland in his successful attempt to stop breastmilk substitutes being regarded as medicines. For years Nestlé also plied key members of the Pakistan Paediatric Association with sponsorship and travel expenses whenever important meetings to discuss the law were held.

The Pakistan Case Study has shown the importance of the international exposure generated by Network's

national monitoring report, *Feeding Fiasco and Milking Profits*, the report by Syed Amar Raza, the Nestlé whistleblower, who risked his career, his relationship with his family and even his life to expose the devious tactics of the industry. Network's advocacy and awareness raising work and that of UNICEF at national level combined to increase the pressure on the Government to act.

In May 2000 Amar visited the World Health Assembly, and in November 2000 Network gave a presentation to the first European Parliamentary Hearing on corporate responsibility. The following year the Minister of Health of Pakistan made a forthright appeal at the World Health Assembly for help in countering the pressure being applied by industry to delay and weaken action on the Code.

The Ordinance which was finally passed in October contains some important safeguards, but also some serious weaknesses which have crept in over the many successive drafts. For example, at least one member of the baby food industry must be involved in the committee overseeing the regulations and the ban of promotion is limited and unclear.

"Despite all the flaws, these ordinances are a step in the right direction and indicate the acknowledgement among the official quarters of the



Pakistan's President Musharraf has conflicting demands - how to balance the desire to entice foreign direct investment from transnationals such as Nestlé with the rights of children. A new law, but will it have teeth?

notion "prevention is better than cure". In fact prevention of the incidence of disease may be a better investment in a country that does not have enough resources to deal with the curative needs of the teeming millions. But what would serve this purpose best are clear and strict laws based on the people's need and not half-hearted efforts to balance the interests of people and the companies."

The News 29/09/2002

The influence of the Labour Peer, Lord Ahmed (an advisor to the UK Government on Muslim issues and paid consultant of Nestlé) may never be known. We will be working closely with Network to ensure that the new Law is independently monitored and sharing ideas for establishing procedures of transparency for the committee overseeing the Law.

Bolivia - globalisation causing problems

The *International Code* and Resolutions are implemented as a government policy in Bolivia, but there is no enforcement mechanism and the pressure for trade liberalisation, strongly felt by the authorities, makes this difficult to achieve. Draft legislation has been pending approval since 1999. The Bolivian IBFAN group has official responsibility to monitor the regulations and although promotion continues, the wide publicity given to IBFAN's reports has been effective in stopping violations.

Belgium - lack of political will

Belgium has a national breastfeeding duration rate of about 6 weeks - bottle-feeding is the cultural norm. There are no Baby Friendly Hospitals and distribution of free supplies is commonplace. Yet with its support for working mothers, effective channels for communicating health policy, and a National Committee for Breastfeeding, Belgium has the potential to improve breastfeeding rates. However, as an industrialised country with universal health care, bottle-feeding illnesses have so far been seen as treatable and there is little political will for a preventative public health campaign on breastfeeding. The formula-related infant death in March 2002 may alter this thinking (see UD 31 and Page 10).



McDonalds/UNICEF deal come to an end

The flood of protests from health campaigners, which included a mock wedding staged by Commercial Alert outside UNICEF's New York HQ, have caused this well-respected agency to rethink its partnership and sponsorship deal with McDonalds. Participants at the World Alliance for Breastfeeding Action (WABA) Global Forum in September sent an open letter to UNICEF Director, Carol Bellamy, questioning the wisdom of linking UNICEF's name with *"a company known for its aggressive promotion of foods that contribute to ill health and poor nutrition both in industrialised and non-industrialised countries."* The letter went on: *"Surely all this is contrary to UNICEF's mission and is likely to undermine the World Health Organisation's fight against obesity, cardiovascular disease, hypertension, diabetes and other harmful conditions."* The deal had been struck by the US National Committee and caused concern to UNICEF staff in other countries. A Pan Africa News Alliance report on 8 October quotes Dr. Urban Jonsson, UNICEF's regional director for Eastern and Southern Africa: *"Quite a number of UNICEF people are of the opinion that it is really not appropriate to have any strong agreement or partnership with McDonald's for obvious reasons."*

McDonalds billboards, in Austria in August and currently in Italy, are not linked to the UNICEF deal. However, the Italian ads coincided with World Children's Day. After years of rampant expansion, McDonalds is reportedly closing down 175 outlets in 10 countries. Now it seeks the ultimate image transfer - equating burgers to breastmilk.



Photos: Ann Marie Kern

Partnership Perils warns Charity Commission

As the public concern about corporate responsibility has grown, several organisations have suffered damage to their reputations by failing to take sufficient account of these concerns. The *Charity Trustee's Handbook*, by the Charity's Aid Foundation, cites the example of the National Childbirth Trust losing some of its members because of inappropriate sponsorship, while a new report by the Charity Commissioners, recommends caution and the establishment of ethical policies before accepting commercial sponsorship. The Commission identified several risks, including that charities may be tempted to adapt their values to suit the wishes of a commercial partner – possibly leading to a breach of trust. *Charities and Commercial Partners* is available free on 0870 3330123 or at: www.charitycommission.gov.uk

EU divided - voluntary or regulatory?

The EU Commission has adopted proposals on Corporate Social Responsibility (CSR) which favour a voluntary approach in contrast to the regulatory approach with independent monitoring and enforcement which was proposed by the European Parliament. The Multisector Forum on CSR set up by the Commission met on 16th October with the largest sector being industry (50%).

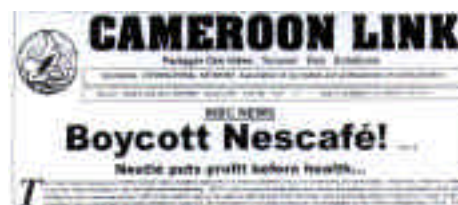
See the EU Parliament's alternative proposals on : www.europarl.eu.int (Report A5-0159/2002) Meanwhile in the UK more than 250 cross party MPs support the CORE Bill, along with charities, unions and the general public. To find out how you can help the campaign visit: www.corporate-responsibility.org or www.foe.co.uk/campaigns/corporates/core/home/join.html

**ACTION
POINT**

Meeting misrepresented - beware

Some companies are prepared to take the image of other organisations without any sort of agreement in an attempt to boost their credibility. At a debate at Sunderland University on 31st October, Nestlé (UK) Senior Policy Advisor, Beverley Mirando, claimed that the group Cameroon Link is a partner of Nestlé and poured scorn on the idea that the group had launched a boycott of the company. Ms. Mirando showed a picture of the now-retired Nestlé Central African representative, Michel Bosshard, in a meeting with Cameroon Link Director, James Achanyi-Fontem, published in the group's newsletter. In reality,

Cameroon Link agreed to the meeting after much pushing by Nestlé and used it to set



out the steps that Nestlé must take before Cameroon Link would end its boycott call. Cameroon Link launched the boycott (above) after finding Nestlé promoting infant formula at health facilities with film shows. When informed of Ms. Mirando's claims by Baby Milk Action, Cameroon Link stressed that it has not called off the boycott in Cameroon. Although Nestlé has promised several times to comply to the *International Code* as prescribed by the WHA, WHO and UNICEF, actions, not promises, are needed in Cameroon and all other countries.



"Education" website's dodgy links



The Department for Education and Skills (DfES) is raising questions over the use of its logo on a website "**Key Skills in Context**", which seems to have been done without approval. Nestlé provides the section on 'nutrition', which boasts "**Nestlé products not only look and taste good but also contribute to our health and well being.**" The site extols the benefits of fruit and links to information on Nestlé's Fruitsome bar which is promoted as high fruit, but Nestlé neglects to mention that it contains only 9% fruit and is 36% sugar. Parents have complained to us.

Johnson & Johnson - bottles out

A few years ago **Johnson & Johnson** was in court in India for promoting a new feeding bottle, violating the law. J&J apologised (perhaps fearing the sanction of imprisonment of its Managing Director) and soon after pulled out of the Indian market.

J&J has now sold its bottle and teat business to **Munchkin**, but it remains a distributor of various brands.

India refuses probiotics

The safety and scientific validity of the promotional claims about 'prebiotic' and 'probiotic' ingredients being used in many countries was discussed at Codex (see page 3). Thankfully Nestlé's application to introduce these ingredients into infant formulas and complementary foods in India has been refused.

Reform of UK Welfare foods scheme

The Department of Health is to reform its Welfare Foods Scheme which was started after war-time shortages in 1940. Renamed '**Healthy Start**,' it aims to remove the financial disincentive to breastfeeding and give low income families greater access to a healthy diet. Breastfeeding and bottle feeding mothers will get the same benefit. See: www.doh.gov.uk/healthystart. Comments by 13th December to: healthystart@doh.gsi.gov.uk.

More soy concern

The UK Government's Committee on Toxicity in Food (CoT) has made a new assessment of the risks of soy in relation to hormonal disruption in infants. CoT suggests strengthening UK advice so that soy milks are prescribed only "**when clinically indicated.**" Perhaps soy baby milks should be prescription only and carry appropriate warnings. Using the precautionary principle phytoestrogens should be removed from formula.

Wyeth recalls 1.5m infected cans

Wyeth (makers of SMA) recalled all batches of milk and soy-based infant formula produced over a period of three months in the US in November following consultation with the US Food and Drug Administration. The formula was found to be infected with *Enterobacter sakazakii*. Earlier this year the FDA reported a study which found that 14% of tins were infected with the bacteria. The bacteria led to the death of a 5-day old child from meningitis in Belgium in March 2002 (see **Update 31**).

- At the Codex meeting in Berlin, in November, the USA requested that the Committee on Food Hygiene be asked to update its **Code of Hygienic Practice for Foods for Infants and Children** (CAC/RCP 21-1979) and to evaluate the need for FAO/WHO expert consultation on *Enterobacter Sakazakii*. We asked Codex to require a warning on labels stating that dried milk formula is not sterile.

- The Croatia Society for Consumer Protection, has stated that soy baby foods should be sold only with '**visible information**' that "**this product may be harmful for children. Do consult your doctor before using it.**"

Comments by 3 December to abimbola.nathan@foodstandards.gsi.gov.uk. The report is on: www.foodstandards.gov.uk/multimedia/webpage/phytoreportworddocs

See also the campaign site: www.soyonlineservice.co.nz

Action on Chemicals

NGOs, over 300 MPs and some MEPs across Europe are joining forces to support important new EU legislation to phase out chemicals that build up in the body. The chemical industry is opposing it, so your help is needed to ensure the directive is as strong as possible. See Page 11 and

for our briefing (also on our website.) See foe.co.uk/campaigns/safer_chemicals/

ACTION POINT

foe.org/activities/chemicals/main.htm

Stop press: HA milks

In August, just before Nestlé was due to launch its **HA** infant formulas in the UK, (**Update 31**) 11 leading health organisations wrote to the Minister of Health, Hazel Blears, to ask about the legality of the **HA** claim. Welcome news is the promise that they will not be placed on shelves, but available only through special order along with a warning that the product is NOT for use for babies with cow's milk allergy. The Minister does not think there is a viable case for legal action at this time. Legal action was taken in the USA after babies became sick through inappropriate, forcing Nestlé to drop the HA claim. Please report to us if and where you see this product.



Breastfeeding protects against breast cancer

A collaborative re-analysis of data from 47 epidemiological studies in 30 countries including nearly 150,000 women has shown strong links between childbirth and breastfeeding and reduced rates of breast cancer. *"The relative risk of breast cancer decreased by 4.3% for every 12 months of breastfeeding in addition to a decrease of 7% for each birth"* the authors report in *The Lancet* (July, 2002). Media in the UK picked up on the study with the assumption that mothers are unable to breastfeed for more than a few weeks because of working conditions, instead of questioning why mothers complain they have to stop breastfeeding early. Countries such as Norway have a rate of exclusive breastfeeding of 80% at 6 months (2002 figures), while in the UK only 21% of 6-month-old babies receive any breastmilk.

Collaborative Group on Hormonal Factors in Breast Cancer (2002), *Breast cancer and breastfeeding*. *The Lancet*;360:187-195

PCBs, Dioxins & feeding

An important long-term study in the Netherlands is showing that breastfeeding seems to counteract the adverse developmental effects of Polychlorinated biphenyls (PCBs) and dioxins. This could be useful in the campaign to protect infants from harmful chemicals (see page 10).

Boersma et al (2000) Environmental exposure to polychlorinated biphenyls (PCBs) and dioxins. Consequences for longterm neurological and cognitive development of the child lactation. *Adv Exp Med Biol* 2000;478:271-87.

How does breastmilk protect infants from HIV transmission?

About 15% of infants of HIV-infected mothers who receive some breastmilk become infected with the virus. However exclusively breastfed infants seem to have no more risk of infection than exclusively artificially-fed infants. (See Coutoudis study in Update 26 and other past newsletters). A new paper in *The Lancet* (19 October) asks how it is that 85% of breastfed infants of HIV-infected mothers do not become infected. The authors note: *"Coutoudis...has..shown that the risk of postnatal mother-to-child HIV*

transmission at 3 months of age for babies who were exclusively breastfed was 45% lower than that of those who were fed a combination of breastmilk and formula, or breastmilk and other foods or liquids. This finding suggests that gut integrity is important in the prevention of mother-to-child HIV transmission during breastfeeding, and leads to the hypothesis that gut growth, maturation, and integrity may reduce the risk of breastfeeding associated HIV transmission." The authors point to erythropoietin (EPO), a factor in breastmilk known to be important for gut development, but which may also have *"growth-promoting, lesion-healing, resistance -to-injury effects"* in the breast, so reducing viral loads in breastmilk. The stimulation of EPO production in the mother using recombinant human erythropoietin (rHuEPO) and/or the delivery of increased amounts direct to the infant could test the hypothesis and may be a suitable intervention for infected mothers who choose to breastfeed.

M. Miller et al. (2002). *Breastmilk erythropoietin and mother-to-child transmission through breastmilk*. *The Lancet*;360:1246-48

Quantifying the benefits

Several summaries of the research evidence on breastfeeding have become available in the last few years. As the volume of published work increases, such bibliographies become useful tools to investigate areas of interest. A 2002 publication jointly from the Pan American Health Organisation and The Linkages Project is *Quantifying the Benefits of Breastfeeding: a summary of the evidence* collects the published evidence on infant morbidity due to diarrhoea, acute respiratory infections, otitis media and other infections diseases; mortality from the same causes; child development; chronic diseases (especially obesity, diabetes, and cancer); maternal health benefits; and economic benefits (unpublished resources are reviewed in this last category, because it is of great interest, and published work is scant).

Papers are summarised, with a helpful section of comments on the methodology of the study. Each abstract explains the definitions of breastfeeding used. This is an invaluable aid in this field where the devil is often in the definition. There are also some helpful introductory remarks about the nature of the evidence in the areas covered.

Review by Magda Sachs

See Reply Form (UK only) or via linkages@aed.org or www.linkagesproject.org



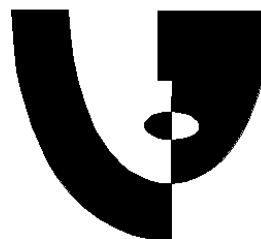
Reduced risk of SIDS for breastfed infants

A new Scandinavian study on Sudden Infant Death Syndrome has strengthened the argument that breastfeeding reduces the risk. *Pulse* magazine reports: *"Babies who had been exclusively breastfed for four months or more had the lowest risk of dying from SIDS. The risk increased as the period of breastfeeding shortened... For babies breastfed for less than*

one month this increased to five times." A New Zealand study had similar findings, but this has not been confirmed in England or Scotland. It is still not clear if the reduced risk is directly associated with breastfeeding or if breastfeeding mothers are more aware of health risks, such as avoiding overheating. Alm B et al (2002). *Breastfeeding and the sudden infant death syndrome in Scandinavia, 1992-95*. *Arch Dis Child*;86:400-2 (June).

Update

Round-up and merchandise



Bye bye Andrea

We say a sad goodbye to Andrea Hill who joined Baby Milk Action as Campaigns Officer earlier this year. Andrea worked on grass roots action and the Nestlé Boycott and has joined Jon Dorsett in the Oxfam office in Leeds.

Baby Milk Action's Annual General Meeting will take place on Saturday 18th January in Cambridge from 10.30 until 17.00. Members will receive additional details or telephone 01223 464420

Welcome back Mike & Sonia

Mike Brady, Campaigns and Networking Coordinator, has returned to the Cambridge office after 18 months in Brazil. He brings with him his new wife, Sonia de Oliveira, past Coordinator of IBFAN Brazil and a paediatrician with particular experience of human milk banks. In her capacity as IBFAN Brazil Coordinator, Sonia was responsible for the case study on the implementation of the Code and Resolutions in Brazil (see page 6) and we look forward to drawing on her experience.

12th Breastfeeding: Practice and Policy Course - 16 June to 11 July

This internationally renowned course is run by the Centre for International Child Health in London in collaboration with the World Health Organisation and UNICEF. A four-week master's level course, it is designed for senior health professionals who are in a position to influence policy and practice, train others or act as advocates for optimal infant feeding.

For further information contact: cich@ich.ucl.ac.uk or see www.cich.ich.ucl.ac.uk or phone 020 7905 2122 or write to Centre for International Child Health, University College London, 30 Guilford Street, London, WC1N 1EH.



2003 Breastfeeding Calendar

The IBFAN Breastfeeding Calendar 2003 features 12 beautiful photos of mothers and babies from around the world. Still only priced at £5.00 it can be ordered by telephone, through our on-line Virtual Shop or by using the Reply Form or other leaflet enclosed. Please contact us for prices for bulk or overseas orders. If you have any interesting or unusual photographs of breastfeeding mothers which may be suitable for the 2004 calendar please send them to us with your name and address marked clearly on the back.

For updates in between
Updates see:

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

Wake up Nestlé

A public gathering will be held outside Nestlé (UK) HQ in Croydon at the end of UK Breastfeeding Week, on Friday 16th May 2003 and again on Saturday 17th May 2003, from 11.00 to 12.00.

All are welcome. Bring a musical instrument or something to make a noise to mark the unnecessary death of an infant somewhere in the world every 30 seconds. Send a message to stop the aggressive marketing of breastmilk substitutes by Nestlé and its competitors. If you can't make it to Croydon, contact Baby Milk Action for information on your local factory.