

Examples of successful action

BRAZIL

- Brazil is among the leaders in breastfeeding initiatives. Aggressive baby food marketing and pressures to bottle feed started early in the 20th century. By the 1980s high rates of infant malnutrition and death prompted government action. Activists led the way by educating politicians about breastfeeding. Big media campaigns and support systems were developed. Breastfeeding promoters learned early that without real Code implementation, improvements could not be sustained. The Brazilian Law was clearly written by skilled legal drafters, but it still went through revisions after monitoring exposed loopholes. Compliance is good but campaigners dare not be complacent. In 2004, industry tried to weaken the law. Thanks to a consistent flow of accurate information from concerned experts and activists, the law continues to protect Brazilian families and breastfeeding rates in Brazil continue to improve.

INDIA

- India's breastfeeding and consumer groups successfully convinced politicians about the health benefits of making the Code into a strong law. They also used monitoring to expose loopholes. The Indian law (brought into force in 1993) gives authority to these consumer groups to monitor and legally challenge companies. Tenacity for working patiently through the legal processes has led to successful challenges. For example in 1990, Johnson and Johnson were quickly persuaded to withdraw advertising campaigns for bottles and teats. The company stopped the promotion and then withdrew from the market.

TANZANIA

- Tanzania has taken on the biggest baby food company, Nestlé, and succeeded where richer countries have failed. In 2005 the Tanzania Food and Drug Authority banned the import of Nestlé's infant formula tins with the famous 'birds on the nest' and the 'blue bear' logo on Cerelac cereal. Both labels contravene the ban on idealisation of artificial feeding. Nestlé changed its labels. Tanzania has the Code as law and the political will to protect infant feeding decisions from marketing pressures.

GEORGIA

- After the break up of the former Soviet Union in the late 20th century, central and eastern Europe countries were bombarded with company promotion. For example in Armenia, Nestlé distributed free baby clothes, imprinted with '*I love my Nestlé mommy*', in maternity facilities. The Georgian National Breastfeeding Coordinator of the Ministry of Health and a non-governmental organisation (NGO), have worked together to make the Code into a strong law. Now they liaise with all the Ministries to form a Supervising Council to ensure implementation. The NGO has the responsibility to monitor compliance and inform the Council of violations.

These four examples of success come from very different countries. The challenges are often the same: the hidden pressures on governments by companies whose marketing budgets often exceed the health budgets of a nation.

PROGRESS THROUGH PERSISTENCE

In 1990 only nine governments had adopted the Code into law. By 2006 more than 70 governments had all or many of the Code's provisions as law. NGOs and community groups such as the International Baby Food Action Network (IBFAN) have pioneered Code-monitoring, documentation, training and support to those responsible for achieving national regulation.

IBFAN SCALE: The Code in 193 countries



Code protection for the child who is not breastfed

Every child has the right to the highest attainable standard of health. Because artificial feeding is a risk, decisions about product and feeding method must be scientific and impartial, untainted by commercial interests.

Even when we achieve a society where every mother is supported to breastfeed, it is likely that there will be some need for artificial feeding. There are orphans and abandoned babies or those of severely ill mothers. There are HIV-infected mothers who decide not to breastfeed. Very exceptionally there are babies born with rare metabolic disorders who cannot take breastmilk. Except for the last category, donated pasteurised breastmilk from a human milk bank would be the ideal product but this is not always available. Breastmilk substitutes are therefore necessary. Their distribution must be carefully regulated and their quality controlled to the highest possible standards. Current products on the market can be intrinsically dangerous. It is now known that powdered infant formula can contain life-threatening bacteria within the unopened can. Babies born into supposedly the best conditions have died as a result. The United States recommends that powdered infant formula should not be used in neonatal units.

The Code protects artificially fed infants through product quality control, accurate scientific information and hazard warnings on labels.