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Research article

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Abstract

Background: Optimal breastfeeding practices and appropriate complementary feeding improve child health, survival and development. The countries of the Eastern Mediterranean Region have made significant strides in formulation and implementation of legislation to protect and promote breastfeeding based on The International Code of Marketing of Breast-milk Substitutes (the Code) and subsequent relevant World Health Assembly resolutions.

Aim: To assess the implementation of the Code in the Region.

Methods: Assessment was conducted by the World Health Organization (WHO) Regional Office for the Eastern Mediterranean using a WHO standard questionnaire.

Results: Seventeen countries in the Region have enacted legislation to protect breastfeeding. Only 6 countries have comprehensive legislation or other legal measures reflecting all or most provisions of the Code; 4 countries have legal measures incorporating many provisions of the Code; 7 countries have legal measures that contain a few provisions of the Code; 4 countries are currently studying the issue; and only 1 country has no measures in place. Further analysis of the legislation found that the text of articles in the laws fully reflected the Code articles in only 6 countries.

Conclusion: Most countries need to revisit and amend existing national legislation to implement fully the Code and relevant World Health Assembly resolutions, supported by systematic monitoring and reporting.

Keywords: International code of marketing of breast-milk substitutes; breastfeeding; child health; malnutrition; infant milk formula

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Introduction

Optimal breastfeeding and appropriate complementary feeding improve child health, survival and development (1). Globally, breastfeeding has the potential to prevent about 820 000 deaths annually among children aged 1 year; products that WHO guidance considers to be breast-milk substitutes that should be covered by Code-implementing legislation (12). The articles about definitions, information and education were present in 14 national legislations (Table 1). Although the Code contains clear and direct guidance on banning promotion to the general public and prohibiting manufacturers and distributors from seeking direct contact with pregnant women and mothers, and giving financial or material inducements to health workers or members of their families to promote designated products, only 13 national legislations had banned this promotion. Completely prohibiting free samples or low-cost supplies for health services was stated in 15 national legislations. Fifteen countries required labels of designated products to include messages on the recommended age for introduction, need for medical advice on the product, and need for appropriate preparation and use. Articles about the necessity for all products to be of high quality and take account of the climate and storage

conditions of the country where they are used were stated in 12 national legislations. Only 10 countries had legal provisions that facilitate the establishment of a formal monitoring and enforcement mechanism. Afghanistan, Egypt, Jordan, Kuwait and Lebanon had articles about duties of persons employed by manufacturers and distributors. This low level of implementation of specific Code articles means that countries have not fully translated the Code into their domestic legislation, and are therefore, not fully protecting breastfeeding and optimal infant feeding, as national legislation should go beyond the minimum standard set by the Code.

Comparison of number of articles and words in national legislation and the Code

The national laws in Bahrain, Islamic Republic of Iran, Iraq, Oman, Occupied Palestinian Territories and Tunisia had less than half the number of words of the Code (Figure 2). The national legislations of Afghanistan, Djibouti, Lebanon, Saudi Arabia and Yemen had more than double the number of articles of the Code (Figure 3). Although the length of the Code has no direct relationship with its applicability and effectiveness, it is imperative for countries to follow the Code as a minimum standard when enacting laws, as countries that implemented shorter legislation did not cover all the provisions of the Code.

Discussion and recommendations

1. The development of national legislation to regulate the marketing of breast-milk substitutes is a key component of a comprehensive strategy to protect, promote and support breastfeeding in the Eastern Mediterranean Region. Although 17 countries in the Region have taken some action to implement the Code, monitoring and enforcement are still inadequate, particularly in countries where both laws and legal systems are weak. Many of the national legislations were enacted many years ago and it is therefore imperative for countries to update and amend existing legislation following the World Health Assembly resolutions. However, national laws that do not support implementation of the Code in its entirety have allowed inappropriate marketing practices to prevail. Only effective national legislation, properly enforced, can prevent artificial feeding, which is vastly inferior, from competing unfairly with breastfeeding (11). The results indicate that all countries in the Region, except Somalia, due to long internal conflict and weak government, have been working hard to protect breastfeeding by developing and updating laws and regulations following the Code. However, Member States are urged to implement the Code (11) in its entirety and subsequent relevant World Health Assembly resolutions by developing, enacting and enforcing national laws, regulations or other appropriate measures covering all provisions in the Code, and scaling up efforts to monitor and enforce its implementation. WHO recommends that all infants should be exclusively breastfed for the first 6 months. However, it is estimated that this practice is followed for only 32% of infants in the Region (11). Only about half of children aged 20–23 months are breastfed despite the recommendation that breastfeeding should continue for up to 2 years of age or beyond. The global breast-milk substitutes market exceeds US$ 44.8 billion per annum, and is expected to rise to US$ 70.6 billion by 2019 (12). The total absence or presence of weak legislation to protect and promote breastfeeding, along

with strong sociocultural beliefs or taboos and powerful marketing strategies of companies manufacturing breast-milk substitutes hamper efforts to promote breastfeeding. The Code and subsequent relevant World Health Assembly resolutions are vital tools to regulate and reduce inappropriate marketing. To enforce implementation of the Code in the Region, Member States are urged to generate more support from influential policy-makers, nongovernmental organizations and civil society at different levels in each country to: (a) amend, strengthen and enforce existing partial Code-related legislation to ensure that all Code provisions and recommendations and subsequent relevant World Health Assembly resolutions are incorporated; (b) urge countries that have been studying but have not yet adopted legal measures to finalize national legislation; and (c) form partnerships, political participations, advocacy and monitoring mechanisms to reinforce implementation and enactment of legislation in countries that lack it.

2. Allocate national and international resources for legislation, monitoring and enforcement.

3. Parliamentarians and policy makers must be sensitized to the importance of Code monitoring and enforcement, and to their specific roles and support, including legislating for the Code, budgetary review, approval and oversight, and political advocacy with constituents.

4. Establish systematic monitoring and reporting mechanisms to support the implementation, monitoring and enforcement of legislation on the Code.

5. Train decision-makers, healthcare providers and relevant officials on the specifics of the Code and its monitoring. This will enhance enactment of the right laws, effective monitoring, and reporting in case of violations.

6. Work on national implementation and revival of the Baby-Friendly Hospitals Initiative to support implementation of the Code in healthcare facilities.

7. A critical mass of civil society organizations is necessary to engage and influence enactment of the proper laws and make amendments in existing laws to address salient issues impeding Code implementation and enforcement.

8. Countries must scale up their efforts to monitor and enforce national legal measures through strong, sustainable multisectoral processes and mechanisms, in particular: (a) funding for monitoring bodies and their activities should be incorporated into relevant national budgeting processes, so as to ensure sustainability; (b) countries should increase capacity for monitoring among designated staff at subnational levels; (c) funding for monitoring bodies and their activities should be incorporated into relevant national budgeting processes, so as to ensure sustainability; and (d) countries should increase capacity for monitoring among designated staff at subnational levels.

9. Technical and legal assistance must be made available to countries through collaborative and coordinated efforts, so as to pool available external expertise and avoid fragmentation. Partnerships among UN agencies and organizations, nongovernmental organizations and other relevant partners must be strengthened, while recognizing the need to avoid conflicts of interest. In this context, the recently established Global Network for Monitoring and Support for Implementation of the Code (NetCode), coordinated by WHO and UNICEF, provides a timely opportunity to forge and strengthen alliances in support of Code implementation in the Region.

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Mise en œuvre du Code international de commercialisation des substituts du lait maternel dans la Région de la Méditerranée orientale

Résumé

Contexte : Des pratiques d’allaitement optimales et une alimentation complémentaire appropriée améliorent la santé de l’enfant, ses chances de survie ainsi que son développement. Les pays de la Région de la Méditerranée orientale ont réalisé d’importants progrès dans la formulation et l’application des législations afin de protéger et de promouvoir l’allaitement maternel sur la base du Code international de commercialisation des substituts du lait maternel (le Code) ainsi que des résolutions pertinentes ultérieures de l’Assemblée mondiale de la Santé.

Objectif : Évaluer la mise en œuvre du Code dans la Région.

Méthodologie : L'évaluation a été conduite par le Bureau régional de l'OMS pour la Méditerranée orientale sur la base d'un questionnaire standard de l'OMS. Les données issues des questionnaires et de l'étude approfondie du contenu des codes et réglementations nationaux ont été recueillies et analysées.

Résultats : Dix-sept pays de la Région ont adopté une législation visant à protéger l'allaitement maternel. Seuls six pays possèdent une législation complète ou d'autres mesures juridiques reflétant l'ensemble ou la plupart des dispositions du Code ; quatre pays disposent de mesures juridiques incluant un nombre important de dispositions du Code ; sept pays disposent de mesures juridiques contenant quelques dispositions du Code ; quatre pays étudient actuellement la question ; et seulement un pays n'a mis aucune mesure en place. Une analyse plus poussée de la législation a révélé que les articles des lois ne se conformaient pleinement aux articles du Code que dans six pays.

Conclusions : La plupart des pays doivent revisiter et modifier leur législation nationale actuelle afin de mettre pleinement en œuvre le Code et les résolutions pertinentes de l'Assemblée mondiale de la Santé, avec l'appui du suivi et de la notification systématiques.

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