



Infant Feeding in the Developing World



Introduction Peter Brabeck



Breastfeeding is best for babies. Chemist Henri Nestlé stated this in his Treatise on Nutrition soon after founding our company in 1867, and it is still true today.

The Nestlé Company began when Henri Nestlé invented a milk and cereal food that saved the life of a neighbour's baby who could not be breastfed. Today, infant formula makes up about 2% of Nestlé's sales but, for about the first 40 years of the company's life, it was our principal product. It is still a product that saves the lives of untold numbers of babies around the world every day.

It became apparent in the 1970s that infant formula (often referred to as 'babymilk') is a product that deserves special treatment in terms of marketing in situations where sanitary conditions could result in its misuse. The concern arose at the time that advertising or promotion of infant formula to the public could lead to unsafe use by women who did not have access to clean water and who over-diluted the formula in an effort to save money. As access to communications became more widespread among populations in developing countries, it became clear that the promotion of infant formula to the public was reaching such mothers, and that such promotion should be stopped.

As a result, Nestlé stopped advertising and promotion to the public in these countries in the late 1970s, and the International Code of Marketing of Breast-milk Substitutes, drafted by the World Health Organisation, was passed as a complete set of recommendations to

governments in 1981. It lists the responsibilities of health care systems, health care professionals and companies in regard to the promotion of breast-milk substitutes and the provision of information concerning its proper use.

Having learned the lessons of the 1970s, Nestlé was the first company to voluntarily implement the Code throughout the developing world in 1982, and we developed specific instructions to our staff on how to do this. These instructions were reviewed and refined in 1984 in consultation with the WHO and other UN agencies.

Our policy and practice in developing countries since that time has meant no public promotion, including no advertising, no in-store promotions, no advertising leaflets, no 'milk nurses', no samples to mothers, and a very restrictive policy on free formula for evaluation by health professionals. We leave communication to mothers about infant formula in developing countries completely up to health professionals. In developed countries, we follow national regulations implementing the International Code, including the EU Commission Directive of May 1991, which implemented the Code within the EU.

We also carry out annual audits on WHO Code compliance with a sample of Nestlé companies, and we investigate any substantiated claims made by those who believe we have broken the Code.

Many of these we find to be inaccurate but, in a company of over 225,000 individuals,

mistakes can be made. If we find that the Code has been deliberately violated, we take disciplinary action.

As CEO, I personally review any reports of Code violation discovered either in our audits in the developing world or through reports from other organisations, and I make sure the appropriate action is taken.

I hope this booklet provides a deeper understanding of the realities of infant feeding in the developing world and of Nestlé's marketing activities.

We are committed to ensuring that the best interests of mothers and babies are served by our employees around the world, three of whom have contributed to the writing of this booklet.

Peter Brabeck
Chief Executive Officer, Nestlé

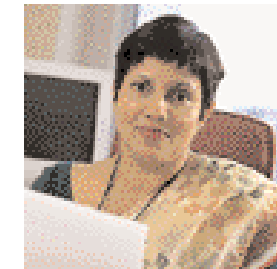
Contributors

Three Nestlé managers from Africa, Asia and Latin America have contributed their own thoughts and comments to this document.



Pindelwa Mda,
Nestlé South Africa

Pindelwa Mda is from Umtata in the Eastern Cape in South Africa. She studied in Johannesburg and has worked for Nestlé since 1994, in South Africa, Ghana and Switzerland. She is the mother of a 10 year-old son and is currently infant food marketing manager for the Southern Africa region.



Beverley Mirando
Nestlé Sri Lanka and Nestlé UK

Beverley Mirando has worked in Nestlé Lanka since 1990, as Legal Officer and Company Secretary. Since 1999, she has been on secondment to Nestlé UK, working in corporate affairs. She is the mother of two teenage daughters.



Marisa Armada
Nestlé Mexico

Marisa Armada is marketing manager for the infant nutrition unit of Nestlé Mexico. She has worked for Nestlé for over four years, having graduated in Biochemistry and Food Processing Engineering.



Breastfeeding and infant formula

Nothing is more important for a mother than assuring the best start in life for her baby. Nutrition is perhaps the most vital aspect of this. Most women choose to breastfeed their children, as breast-milk is the best and most natural food for babies.

However, some mothers, for a variety of reasons, do not breastfeed. For those women, infant formula is the only product recognised by the United Nations Codex Alimentarius Commission (the body which sets international standards for foods) as a suitable breast-milk substitute.

Infant formula is often referred to as 'babymilk' or 'bottlemilk', but this can lead to some confusion as many babies are given other milk, such as cow's or goat's milk, from an early age.

Infant formula is the only substitute that can by itself provide all the nutrition necessary for a baby during the first 4-6 months of life.

All women should be encouraged to breastfeed for as long as possible or practical

But, although it can be used as a substitute for breast-milk, infant formula is no equal to the most natural and nutritious food for babies – mother's milk – and given the health benefits for both mother and baby, all women should be encouraged to breastfeed for as long as possible or practical.

What is infant formula?

Sometimes called 'babymilk', infant formula is the only product recognised by the WHO/FAO Codex Alimentarius as a nutritionally complete substitute for breast-milk.

Infant feeding in South Africa Pindelwa Mda



Most rural South Africans live far from clinics and hospitals – I used to live in a community where the nearest clinic was 8km away and the nearest hospital 34km away. Most women preferred to get advice from community elders who had been through childbirth and infant feeding. Even though some rural mothers are illiterate, they are intelligent enough to know that breastfeeding is the best way to feed a baby and that it costs nothing. If for any reason a mother cannot breastfeed, alternatives are found. For mothers with very limited income, infant formula is not even a consideration. Mothers use fresh cow's milk, rooibos (herbal tea), maize-meal porridge and samp water. These are used out of necessity rather than choice.

Urban life has different complications. The legacy of apartheid is that most black South Africans live in townships far away from the cities. Many women work as domestic servants in white homes or as factory labourers. They are sometimes the sole breadwinners in the family. For them to be on duty by 7am, they must leave their homes around 4 am. Many of these women do not get any maternity leave. Babies are often left in the care of their grandmothers, other family members, neighbours or childminders. Few companies have nurseries in work places.

For many mothers, therefore, a breast-milk substitute is a necessary option, and infant formula is the best possible substitute to feed their babies.

Fact:

More infant formula is sold in Belgium, which has a population of 10 million, than in the whole of sub-Saharan Africa, which has a population of over 650 million.

Is infant formula a necessary product in developing countries?

For working mothers in the developing world who can afford it, infant formula can be a vital product, as mothers often have to return to work when their baby is a few months old, and may be away from their babies from sunrise to sunset. This is also true for women who, for medical or other reasons, cannot breastfeed. The WHO estimates that 600,000 women die each year from complications related to pregnancy and childbirth. Infant formula is often used as the best alternative to breast-milk for the babies left without a mother.

However, the vast majority of mothers in developing countries do not have the means to buy infant formula and feed their babies inferior traditional substitutes for breast-milk, including whole cow's milk, rice water, cornstarch water, or cassava flour and water. These substitutes can be dangerous because they lack the required nutritional content and balance.

Breastfeeding and water

The breast versus bottle controversy has unfortunately obscured the true picture of infant feeding in developing countries. The vast majority of women breastfeed, and at the same time give their babies the above-mentioned traditional foods, or just plain water. In fact many of the countries with the lowest exclusive breastfeeding rates are also those with the lowest formula use.

It has been estimated that in parts of South Africa, 90% of women breastfeed, but only 10% do so exclusively in the first month. This rate of exclusive breastfeeding drops further to 2% by the fourth month, with plain water being the most

common additional substance used. Very few women use infant formula.

This typical pattern is a major reason, together with socio-economic factors, why infant mortality is actually highest in countries with the highest breastfeeding rates. Also, serious levels of diarrhoea and malnutrition actually become most pronounced during the second 6 months of life because of low quality and unhygienic complementary (weaning) foods. This crucial fact is also obscured when the infant nutrition issue is portrayed as 'breast vs. bottle'.

Use of infant formula

The fact that more infant formula is sold in Belgium, which has a population of 10 million, than in the whole of sub-Saharan Africa, covering a population of over 650 million, puts the sale and use of this product in developing countries into context. Even within sub-Saharan Africa, the sale of formula is highly concentrated in more affluent urban areas, including the approximately 10 million South Africans who have a middle or upper class standard of living. The sale of infant formula is low in Africa and is not growing, primarily because the ability to purchase it is low. The majority of women resort to traditional foods to supplement or substitute breast-milk.

It may seem paradoxical to some, but the developing countries that have the highest use of infant formula also have the lowest rates of infant mortality. This is obviously not a cause and effect relationship – what the two statistics show is that as a country develops economically and as more women enter into paid employment, infant health and nutrition improves and the use of infant formula increases.

Fact:

The overwhelming majority of babies – both breastfed and non-breastfed – by tradition are given water (alone or mixed with local foods) from the first months of life. This is the real reason why teaching exclusive breastfeeding for the first 6 months of life is so important.

Nestlé leaves the recommendation of breast-milk substitutes to health professionals and does not promote infant formula to the public in developing countries at all.

public in developing countries at all. This commitment to a ban on promotional activities means: no advertising, no in-store promotions, no sampling programmes, no price incentives, no 'milk nurses' and no educational materials mentioning infant formula.

Nestlé's marketing

In order to reach mothers who do need infant formula, while not promoting it to those who do not, Nestlé leaves the recommendation of breast-milk substitutes to health professionals and does not promote infant formula to the

"1.5 million babies..."

One statistic – that the lives of 1.5 million babies could be saved if exclusive breastfeeding was successfully promoted – is often distorted to suggest the fault lies with infant formula marketing. This statistic is often attributed to the World Health Organisation. In fact, the WHO has clarified that it has never

"WHO has made no statement quantifying the impact on either morbidity or mortality of infants being fed on bona fide infant formula, i.e. breast-milk substitutes manufactured in accordance with the relevant standards of the Codex Alimentarius.

In contrast, WHO has estimated that [this] number of infant deaths ... could be averted annually through effective breastfeeding promotion, and this irrespective of the breast-milk substitutes used to feed them, or for that matter, the feeding utensils employed for this purpose."

WHO, 1992

made such a statement either in relation to infant formula or to bottle feeding in general (see box below left).

As exclusive breastfeeding has been shown to be relatively rare, the WHO statement stresses the importance of promoting exclusive breastfeeding for as long as possible. Dietary surveys show that the vast majority of young infants are given water, rice water, starch water and whole cow's milk whether they are breastfed or not.¹ Promotion of exclusive breastfeeding is needed to help change these practices; extending the time of partial breastfeeding is also important.



Nestlé's breastfeeding promotional material in China.

¹ For example, the World Health Organisation estimated in 1996 that, although the median duration of breastfeeding in Africa was 21 months, 81% of mothers were already giving their babies additional foods in the first four months.

Nestlé supports the promotion of breastfeeding. A little-known fact is that Nestlé is a major producer of breastfeeding promotional material in many of the countries in which we operate. Nestlé is also the largest private distributor of the WHO Code of Marketing of Breast-milk Substitutes in the world, having distributed tens of thousand of copies to educate both our staff and the health systems we deal with.

The WHO Code

In the early 1970s, concern was raised about declining breastfeeding rates in the developing world. Women's groups, charities and other organisations highlighted the issue and cited the advertising of infant formula as a contributing factor, alongside other sociocultural factors.

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There was a concern that, in developing countries, women would be persuaded to try the product instead of breastfeeding. There was a risk that women who couldn't really afford the product would try it as a

result of infant formula promotion and then be unable to afford to continue it or would dilute it to make it last longer. And with higher illiteracy rates in the developing world, some mothers would be unable to understand properly the safe usage instructions on the product labels. There was concern in particular that women who did not have the proper conditions for preparing infant formula would mix it with water that had not first been boiled properly.

At this time, promotion of infant formula to the public, including radio and print advertisements, was taking place in some developing countries. These were intended for the more affluent mothers who were able to afford formula, but there was clearly a risk that poorer mothers would also want to try the products being advertised.

In response to these concerns, the World Health Assembly (WHA) in 1978 took up the issue and recommended that its member states should give priority to preventing malnutrition in infants by promoting breastfeeding. The Assembly also recommended that members "regulate inappropriate sales promotion of infant foods that can be used to replace breast-milk."

A meeting was convened in October 1979 that was attended by 150 representatives of governments, NGOs, infant food manufacturers and nutrition experts.

These talks were based on encouraging breastfeeding. Nestlé participated in these talks, which considered a very emotive issue in a serious and scientific context. From these talks, the WHO Code was drafted.

In January 1981, the Executive Board of the World Health Organisation (WHO) endorsed the fourth draft of the Code. It recommended to the WHA of the same year that the draft Code be approved as a recommendation to governments. It was passed as a recommendation in May 1981.

What is the WHO Code?

In 1981, the World Health Organisation published a set of recommendations to its member states. The aim of these recommendations, entitled the International Code of Marketing of Breast-milk Substitutes, "... is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary..."

Working mothers in Sri Lanka Beverley Mirando



In Sri Lanka, legislation provides paid maternity leave of 84 working days for the first two children and of 48 working days for the third child onwards. As the numbers of working mothers is ever increasing, doctors recognise that infant formula has a legitimate place, when mums return to work. Being a working mother, I too gave my daughters infant formula when I went back to work.

The use of boiled water is vital in preparing infant formula. The majority of women using this product are literate and educated, so the instructions initially given by the health worker and printed on the label (which is in all three local languages, and pictorially too), are readily followed.

In Sri Lanka, where costs of basics like food, electricity, clothing and education absorb a major portion of a family income and where it is a necessity rather than a luxury to have two incomes, a mother would not resort to purchasing infant formula unless she had to, when breast-milk is "freely" available.

Most Sri Lankan mothers who do not breastfeed use breast-milk substitutes such as cow's milk or full cream milk powder. Doctors agree that these substitutes are not appropriate for babies and that infant formula is preferable if mothers can not breastfeed.

Nestlé's publication, 'Breastfeeding my baby', in Mexico. The Director of Reproductive Health of Mexico has stated that "Nestlé has become an extraordinary partner for breastfeeding, perinatal health, and reproductive health programmes."



What does the WHO Code recommend?

The Code, which has the overall goal of protecting and promoting breastfeeding, recognises a 'legitimate market for

The Code recognises a 'legitimate market for infant formula'

infant formula' but acknowledges that this product needs special treatment in marketing.

The Aim of the Code, as stated in Article 1, is 'to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.'

The Code is addressed to governments, healthcare systems, health workers, NGOs and companies. Governments are urged to implement the recommendations of the Code according to their legislative and social frameworks and are given the responsibility to properly monitor the Code's implementation.

Has the WHO Code changed since it was introduced?

The WHO Code is published and distributed by the WHO in the same form today as in 1981, with no amendments having been made to it.

Since the Code's introduction in 1981, the World Health Assembly has passed various resolutions on infant and young child feeding and nutrition. These resolutions were not passed as amendments to the Code, but do have the same status as the Code – they are recommendations to all of its member governments.

This was clarified by the WHO Director General in 1998, who said that "the International Code and Assembly resolutions have the same force, the same value. In other words, neither the Code nor any resolution has a real impact and lasting meaning unless countries implement them according to their national laws and practice."

For many years the ambiguity surrounding the duration of exclusive breastfeeding has been a source of ongoing conflict.

Some organisations have claimed that the WHO recommendation of "4 to 6 months" was changed to "about 6 months" in a WHA Resolution 1994. WHO made clear that this was not the case.

This conflict has hopefully been solved recently. As a result of a WHO Expert Consultation, the May 2001 World Health Assembly adopted a new recommendation regarding the duration of exclusive breastfeeding. The WHA Resolution on "Infant and young child nutrition" says,

"The Fifty-fourth World Health Assembly... URGES Member States... to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO Expert Consultation¹ on optimal duration of exclusive breastfeeding, and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond, emphasising channels of social dissemination of the concepts in order to lead communities to adhere to these practices;..."

¹ As formulated in the conclusions and recommendations of the expert consultation (Geneva, 28 to 30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4).

Nestlé fully supports the implementation of this WHA recommendation by all Member States of the World Health Organisation.

In over 150 developing countries where we unilaterally and voluntarily implement the International (WHO) Code of Marketing of Breast-milk Substitutes we will consequently change labels on complementary foods marketed for introduction between 4 and 6 months, to reflect the findings of the expert consultation and the new recommendation of 6 months.

In Europe, and in the United States, Canada, Japan, Korea, Australia, Singapore, Hong Kong and Taiwan, Nestlé supports the adoption of this recommendation into existing national measures and will follow those norms once implemented by governments. (All these have among the lowest infant mortality rates in the world.)

We hope the new WHA recommendation will contribute to an ending of the long-standing debate on this issue and will enable dialogue between governments, health professionals, NGOs and industry to move forward.

How does Nestlé support and implement the Code?

After the WHO Code was adopted in 1981, Nestlé developed internal Instructions on how to comply with its recommendations in developing countries. Nestlé did this because the Code's language is not in operational terminology and because we knew it could take a long time for some countries to implement the Code through national measures.

The Instructions were reviewed and refined in 1984 in consultation with WHO, other UN agencies and the International Boycott Committee, they were revised in 1996 (see page 12, 1994 WHA Resolution) and will be revised again when WHO makes clear policy changes.



In some developing countries, governments have introduced some aspects of the Code, but not others. Nestlé's policy is that, where the national implementation is weaker than our own internal rules, we implement our Instructions.

People often assume that we do not want governments to introduce national rules based on the Code's recommendations. This is not the case. We strongly support governments in their efforts to implement the Code, as it provides clarity for us and ensures that all companies meet the same marketing standards.

We also strongly support countries setting up official Code monitoring bodies, which the WHO has recommended.

So far only seven countries worldwide – Switzerland, the Philippines, Zimbabwe, Malaysia, Singapore, Australia and New Zealand – have set up formal monitoring bodies. Nestlé markets infant formula in all of them except New Zealand. Interested parties can report complaints to the monitoring bodies, who then require the companies to investigate and, if necessary, take remedial action. Nestlé welcomes such bodies because they provide clarity on national laws and help ensure better Code compliance.

Nestlé strongly favours both clear national codes implementing the WHO recommendations and government-sponsored monitoring.

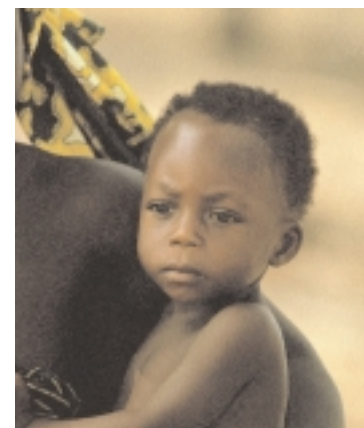
Does Nestlé provide free samples and supplies of infant formula?

Nestlé does not provide mothers in the developing world with free samples of our infant formula products – in fact, Nestlé has no contact at all with mothers with regard to these. If any of Nestlé's infant formula staff were found to be making direct contact with mothers, they would have to answer to strict internal disciplinary procedures.

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The situation with medical facilities is similar, except for acute social welfare cases. A 1994 WHA Resolution recommended to governments a total ban on free supplies to hospitals. Nestlé agrees with this recommendation in principle as it aims to reinforce the primacy of breastfeeding.

However, Nestlé also agrees with the way many governments have implemented this Resolution, allowing donations for orphans, multiple births and disaster relief. Even in these exceptional circumstances, the validity of each request is thoroughly checked to ensure that free supplies are provided only in very exceptional circumstances. Request forms have to be completed, detailing exactly why the formula is required in each case, and we do not agree to every such request.



How is the Code implemented around the world? Beverley Mirando



Ideally, the WHO Code should be implemented in the same way by all governments – that would make it easier for everybody, including Nestlé. But as the Code was adopted as a Recommendation to Governments, it only becomes legally binding when translated into national rules and regulations, and governments differ in how they wish the Code to be implemented.

The Code was introduced to protect and promote breastfeeding and to promote safe use of infant formula when it is needed. Many such countries implemented the Code into national law in almost exactly the same form as the WHO recommendations. Others chose to implement even stricter controls on the marketing of breast-milk substitutes.

One such country is Sri Lanka where local legislation, the Code for the Promotion of breastfeeding and Marketing of Breast Milk Substitutes and Related Products of 1983, goes beyond the WHO Code in some ways.

Just as governments are free to implement as much or as little of the Code as they choose, they are also free to go beyond the scope of the Code when translating it into national law, which is what Sri Lanka did. Nestlé Lanka therefore abides by the local Code.



Free supplies and samples of infant formula Beverley Mirando



The Baby Friendly Initiative with the Government of Sri Lanka was signed on 27th January, 1993. The agreement was between the Ministry of Health, the Ministry of Policy Planning and Implementation, manufacturers and distributors of infant formulae, as well as medical and nutritional experts and representatives from NGOs.

The Baby Friendly Initiative is working well with over 80% of the Health Facilities now following the guidelines strictly as compared to 65% in 1997. It is expected that the rest will adopt the system in the near future. Nestlé Lanka does not issue free supplies to health facilities or for professional evaluation. However, if a request is made on the birth of triplets, along with a letter of recommendation from a paediatrician, such a request would be considered, but only if it is channelled through the office of the doctor.

The Baby Friendly Initiative, together with the excellent breastfeeding campaign carried out by the Government, has resulted in the current exclusive breastfeeding rates being over 92% for the first four months.

How does Nestlé monitor its implementation of the Code?

Nestlé has put in place auditing procedures aimed at verifying that we practice what we preach. Nestlé set up an independent external audit commission in 1982, which helped to establish and verify Nestlé's implementation of the WHO Code during the first ten years of its existence.

A formal Nestlé internal auditing process now exists which closely examines a sample of Nestlé companies every year.

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Nestlé commissioned one such audit in March 2000 after serious allegations were made against Nestlé Milkpak in Pakistan.

The allegations were originally investigated in 1998 by Nestlé Milkpak and Nestlé S.A. in Switzerland. But, because the multiple allegations questioned the systems and procedures for Code compliance in Nestlé Milkpak, we decided that an independent external audit was warranted.

EME (Emerging Market Economics), a firm of economic, financial and management consultants, was commissioned to examine Nestlé Milkpak's compliance with the WHO Code. Some minor breaches of the Code were found, but these were described as violations of the 'letter' of the Code, not the 'spirit' of the Code. EME's conclusion was that "the Code is deeply embedded in the culture and operations of the company."

Our website www.babymilk.nestle.com, contains further information on this and other investigations into alleged Code violations.

Monitoring our practices Marisa Armada



We at Nestlé Mexico make every effort to ensure that our marketing practices for infant formula are in the best interest of infant health and meet the World Health Organisation Code and all national standards. For this reason we take allegations extremely seriously.

We welcome any information telling us if we're doing something wrong, as long as we are given enough evidence about how, where and when alleged infractions occur. This helps us to keep our practices in line with our policies, and to correct them where necessary.

If any allegations are found to have merit, we deal with them as quickly as possible and disciplinary action is taken against those responsible for breaking our policy intentionally. These actions can go from a reprimand, to freezing salary, or even dismissal, depending on the magnitude of the fault.

Some of the allegations made are found to be wrong. For example, it was alleged that in Mexico we gave free supplies of infant formula to mothers. In fact it was not Nestlé Mexico who provided samples, but the Government itself. The Government bought formula from us so they could support those mothers who need the product but can't afford to buy it.

When I was hired to work in the Infant Nutrition Unit, one of the aspects covered in my induction, on my first day at work, was how important breastfeeding is to Nestlé, since the company's foundation. It was also explained that the marketing of our infant formula is very different from the rest of the products that Nestlé sells, so as not to discourage breastfeeding.

All staff in the Infant Nutrition Unit receives a full explanation about our policy and the reasons behind it as part of their training. They regularly have meetings to discuss what may be considered a violation of the Code and to clarify any uncertainties.

How does Nestlé label its products?

All tins and packets of infant formula contain the phrase 'breastfeeding is best for your baby'

An important part of the WHO Code is the section on labelling, which stipulates what important information should go on each infant formula product.

Nestlé puts all this information on all infant formula products, in line with the WHO recommendations and national regulations. All tins and packets of infant formula

contain the phrase 'breastfeeding is best for your baby' and the labels include clear instructions on how to prepare the formula. These instructions are also presented pictorially to ensure the important information is properly understood.

The Code specifies that the label should be printed in 'an appropriate language'. However we recognise that more than one language will be needed in some countries. Where there are dozens of languages, it can be difficult defining the most "appropriate language." The best way of deciding which language(s) should be used is to discuss it with the Government of each country.

In 1999, we changed our labelling policy after concerns

were raised that, in some countries, the most appropriate languages were not being used. We now ensure that, subject to government approval, the 'primary common language' is used, either on its own or together with other languages that are widely spoken. This is because the 'official language' of a country might not necessarily be the most widely spoken or common language.



A label from an infant formula product in Swaziland, showing the important information in different languages and in pictorial form.

This policy is implemented regardless of pack size – if, on smaller pack sizes, there is not enough room for all necessary languages, we make sure that the instructions are inside.

Why does the issue still persist?

While Nestlé makes great efforts to teach the WHO Code to its employees and to make sure it is followed, we are not perfect and, with over 225,000 employees, mistakes can be made. When violations are discovered through our internal audits or reports from other organisations, we take corrective action.

However, we find that the allegations about Nestlé result primarily from an interpretation of the WHO Code (and other WHO recommendations) which we believe is contrary to the Code itself.

Most allegations deal not with infant formula, but with cereals and other baby foods which are not marketed as breast-milk substitutes. One of the main reasons this issue

In summary there is a clear tendency, when accusing Nestlé of improper marketing practices, to ignore the application of the International Code by governments.

still persists is that, since the WHO Code was introduced in 1981, some groups have made a conscious effort to apply the Code not just to products marketed as breast-milk substitutes, but to any commercial foods for

children under the age of 2 (or even 5).

Other allegations deal with Nestlé marketing practices in developed countries. We continue to believe that it is the intent of the WHO that where governments, such as those of the United States and EU countries, have clearly decided on how and to what extent to implement the Code, it is not appropriate for individual companies to implement the Code in contradiction to the ruling of governments.

In summary there is a clear tendency, when accusing Nestlé of improper marketing practices, to ignore the application of the International Code by governments. Those groups are applying standards out of keeping with the decisions of member states of WHO, as well as extending the Code to products not marketed as breast-milk substitutes.



Labelling in South Africa Pindelwa Mda



South Africa is a good example of how it is not always easy to get the language requirement right on our labels. But we now think we have got it right.

South Africa has eleven spoken languages. The South African government has stated that they require labels on infant formula products to be in one of the eleven spoken languages. English and Afrikaans are the languages primarily taught in schools and are therefore recognised by the majority of literate South Africans.

Previously Nestlé produced the majority of labels for the South African market in English, with the mixing instructions in one or two other languages. Since the beginning of 2000, we have produced labels and instructions for larger packs in English, Afrikaans, Zulu and Sesotho, whilst the smaller packs have English, Afrikaans and Zulu translations.

We are currently developing other labels to carry four languages, regardless of the size of the pack.

Moving forward to improve infant health

Improved collaboration between governments, industry, health professionals and NGOs to implement and monitor implementation of the WHO Code is certainly one important step. Nestlé favours government-sponsored monitoring to

For those mothers who do use substitutes, the aim of the WHO Code is to “ensure the proper use of breast-milk substitutes, when these are necessary, through adequate information.”

make sure that health systems, health professionals, and all companies comply with nationally binding codes.

For those mothers who do use substitutes, the aim of the WHO Code is to “ensure the proper use of breast-milk substitutes, when these are necessary, through adequate information.” However,

focusing on the marketing of formula is only a small part of what needs to be done, because infant mortality is actually highest in developing countries where infant formula consumption is low. In these countries, breastfeeding women

typically give other foods or liquids to their babies at an early age and complementary food practices are often poor.

There are already some promising models of inexpensive education programs that, if implemented on a broad scale, could greatly improve infant feeding practices.

In Bangladesh, for example, breastfeeding is nearly universal, yet infant mortality is among the highest in the world, partially due to mothers giving water or traditional foods to their infants at too early an age. Infant formula use is very low. A project described in the medical journal *The Lancet*¹ showed how exclusive breastfeeding rates in Bangladesh were dramatically increased through a low-cost education programme using village peer counsellors who had been given two weeks of training.

¹ “Effect of community-based peer counsellors on exclusive breastfeeding practices in Dhaka, Bangladesh: a randomised controlled trial”; *The Lancet*, Vol 356, Number 9242, 11 November 2000.

Through this program, conducted by the London School of Tropical Medicine, exclusive breastfeeding at 5 months of age was increased from 6% to 70%.

As clarified in this document, the WHO's call to save the lives of 1.5 million babies referred to the potential effects of such education programmes promoting exclusive breastfeeding during the first 6 months of life, and partial breastfeeding for as long as possible. Because infant mortality is actually highest after 6 months of age, efforts to improve complementary feeding practices – introducing more nutritious foods prepared in a more hygienic way – are equally important.

Nestlé takes very seriously its responsibility for marketing infant formula appropriately. However, it is counter to the interest of children to allow a controversy about the marketing of breast-milk substitutes to divert attention from the realities of infant feeding and from what really can be done to make major improvements in child health and mortality. Tackling the root problem, proactive educational efforts about proper infant feeding are among the solutions that offer the most hope in improving infant health.



Glossary of terms

Breast-milk substitute

Any food being marketed or otherwise represented as a partial or total replacement for breast-milk, whether or not suitable for that purpose.

Codex Alimentarius Committee

The United Nations committee that sets standards in foods.

Code monitoring bodies

The WHO Code recommends that national governments set up Code monitoring bodies to monitor the implementation of the Code in their countries. Different countries have different rules for who should be included on such bodies and what their remit is. Many countries have no monitoring procedure in place.

Complementary food

Any food, whether manufactured or locally prepared, suitable as a complement to breast-milk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called 'breast-milk supplement', and was traditionally called 'weaning food'.

Free samples

Single or small quantities of a product provided free of charge.

Infant formula

A breast-milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to and between four and six months of age, and adapted to their physiological characteristics.

Marketing

Product promotion, distribution, selling, advertising, product public relations and information services.

Nestlé Instructions

The internal instructions that Nestlé formulated to ensure that the WHO Code was implemented in the developing world even where governments had not translated the recommendations in to national law.

Supplies

Quantities of a product provided for use over an extended period, free or at low price, for social purposes, including those provided to families in need.

WHA

The World Health Assembly convenes every year to discuss and decide on major matters of policy in relation to the work of the WHO.

WHO

The World Health Organisation is a specialised agency of the United Nations with primary responsibility for international health matters and public health. It fulfils its remit through enhancing co-operation between its Member States and by issuing recommendations on health policy.

WHO Code (or 'the Code' or 'International Code')

The WHO published the International Code of Marketing of Breast-milk Substitutes after the World Health Assembly approved it in 1981. It is a recommendation to member Governments on how breast-milk substitutes should be marketed. The Aim of the Code, as stated in Article 1, is 'to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.'

What if I think Nestlé has broken the Code in a particular country?

The Code encourages individuals and organisations who believe that a company has violated the Code to submit evidence to the company and to the national government or Code monitoring authority in the country where the violation occurred.

If you do not have the address of the Nestlé company in a particular country, please contact our head office in Switzerland at:

Nestlé S.A.

Code Implementation

Avenue Nestlé 55

CH - 1800 Vevey

Switzerland

We are always willing to receive information about Nestlé's compliance with the WHO Code in the developing world. We investigate all alleged violations thoroughly and, if necessary, take immediate corrective action.

How can I get more information?

For more information about infant formula and Nestlé's implementation of the WHO Code, please visit our website at www.babymilk.nestle.com where you will find links to other websites and to key documents such as the WHO Code itself.

