



Baby Milk Action comments to Global Strategy for Women's, Children's and Adolescent's Health June 2015

Baby Milk Action is the UK member of IBFAN, a 35 year-old global network of 273 groups in 168 countries that works to protect, promote and support breastfeeding and food-based complementary feeding to realize a child's rights to health and adequate food and nutrition. IBFAN is committed to working with governments, the United Nations and other organizations to help ensure child survival and to draw the world's attention to strategies that tackle malnutrition in a just, equitable and sustainable way, prioritizing to peoples' ability to locally produce and access nutritious foods.

1. General comments on the zero draft of the Global Strategy as a whole:

Despite references in the Zero draft to human rights, nutrition, education, inequities, women's empowerment and water and sanitation, there are several major flaws in this document:

- Failure to address the risks of (and promotion of) the 'multi-stakeholder' approaches.
- Lack of any reference to breastfeeding as a cornerstone of children's survival, health and development and maternal health or the need for its protection and support.
- Lack of any mention of the need for governments and UN bodies to have strong Conflict of Interest safeguards in place to ensure that policy setting processes and their implementation is as free as possible from commercial influence.
- Failure to establish clearly the obligations of States and non-state actors regarding the right to health and other related rights and failure to provide strong accountability mechanisms to ensure that these rights are made enforceable

With no references to such safeguards the references to health protection, Human Rights and inequalities are totally undermined - since all are open to exploitation from commercial entities. The uncritical promotion of the involvement of commercial entities is likely to result in significant adverse implications on health and human rights.

Inequalities: The Global Strategy should explicitly recognise that inequalities are a political issue. Governments should be alerted to the fact that corporations are using Corporate Social Responsibility (CSR) strategies such as Breakfast Clubs, Food banks and 'nutrition education' to blur the boundaries with marketing and exploit the poor and vulnerable.¹ For example: Despite the fact that the European Commission has criticised the branding used in Nestlé's EPODE nutrition education programme the company refuses to stop it, and furthermore has renamed its programme as *Epode for the promotion of Health Equity*.

2 Suggestions where emphasis on breastfeeding can be made are provided below.

Defined by the WHO, optimal breastfeeding practices comprise early initiation of breastfeeding within an hour after birth, exclusive in the first 6 months and continued breastfeeding up to 2 years of beyond.

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² Linnecar A, 1989, WHO, 2008; IPCC, 2014a, *Formula for Disaster* <http://bpni.org/ibfan-newswire-2014/9>
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Since breastfeeding constitutes one of the single most effective interventions in order to fulfill the child's rights to life and to the enjoyment of the highest attainable standard of health, and is critical to the attainment of the goals of the Strategy, the authors of this Zero Draft must explain why it has not been specifically referenced.

Breastfeeding is not only a cornerstone of children's survival, but it is also a powerful equalizing intervention, ensuring that all children everywhere, girl or boy, from a rich country or a poor one, receive the best start in life. It also helps to prevent obesity and underlying factor in non-communicable diseases, another issue that is missing from the Zero draft, yet is fast consuming national health care system and family budgets in rich and poor countries alike. It make no sense to promote Public Private Partnerships, yet ignore this key global health issue that is exacerbated by the aggressive marketing of food and drink corporations.

Breastfeeding also protects maternal health, helping to reduce the risk of breast- and ovarian cancer and risk of postpartum hemorrhage, and helping with birth spacing.

Commercial misinformation The need for protection from commercial misinformation is a cross cutting issue that applies to everyone – adolescents and all women - those who breastfeed and those who decide to bottlefeed. There is a widespread misconception that the International Code and WHA Resolutions are designed to withhold essential information and force women to breastfeed against their wishes. Nothing could be further from the truth. The International Code is designed to ensure all women and carers access to the independent and sound information they need to make wise decisions.

How Breastfeeding is impacted by Global Trade

The Global Strategy should highlight the fact that breastfeeding is de facto competing with the highly profitable market of breastmilk substitutes (BMS) estimated to be worth US\$ 41 billion a year. In order to protect this crucial intervention against undue commercial pressures, the *International Code of Marketing of Breastmilk Substitutes* (IC) and the subsequent relevant World Health Assembly (WHA) Resolutions should be implemented and enforced as a minimum requirement by all Member States. The need to protect breastfeeding becomes more urgent in emerging markets where marketing of BMS is very aggressive and almost systematically supported with unfounded health claims.

The strategy should provide help to governments who seek to fulfil their obligations to safeguard public health and human rights through the regulation of corporations to counter threats from trade agreements such as the Transatlantic Trade and Investment Partnership (TTIP), Trans-Pacific Partnership (TPP), and Comprehensive Economic and Trade Agreement (CETA) These agreements are set to allow corporations to sue governments if their regulations interfere with their current and future profits.

Protection from Commercial Influences - Implementing the *Convention on the Rights of the Child*

A holistic approach that includes mechanisms to protect, promote, and support breastfeeding is critical to the protection of infant ,young child and maternal health. One of the major obstacles in achieving optimal infant and young child feeding is aggressive marketing practices of baby food companies. In order to 'protect' breastfeeding and ensure that its promotion and support is effective and not wasted, the implementation and enforcement of the International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions ("the Code") are essential. The WHA in Resolution WHA 34.22 [1981] stresses that breastfeeding should be protected and promoted in all countries and that the adoption of and adherence to the Code is a minimum requirement. The implementation of the Code is also specifically mentioned as a recommendation in the "Recommended Actions to Promote, Protect and Support Breastfeeding" in the Second International Conference on Nutrition (ICN2) Framework for Action. Moreover, the Convention on the Rights of the Child requires countries to implement and enforce the Code through its introduction into domestic law, and private companies to comply with it.

The article 24 of the *Convention on the Rights of the Child* also calls on governments to provide parents with information on nutrition and breastfeeding and the CRC General Comment No. 15 on the right of the child to the enjoyment of the highest attainable standard of health (art. 24) stresses that obligations of States are defined in the 'protect, promote and support' set by the *Global Strategy for Infant and Young Child Feeding*

(GSYICF). The General Comment also urges States to implement and enforce the IC and subsequent relevant WHA resolutions and sets a direct obligation to companies to comply with them.

The International Code and subsequent relevant WHA Resolutions are embedded in many global declarations, standards and strategies, including the ICN2 Political Declaration and Framework for Action and the OHCHR Technical Guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age (mentioned in the GSWCAH current draft).

Environmental impact, Conservation and Sustainability: Breastfeeding is the most sustainable and environmentally friendly way to feed infants and young children. It also provides an essential means of food security for infants and young children and improves their resilience in emergency situations. It is the first and perfect 'food system.' Indeed there is no food more locally produced or sustainable than breastmilk.

The protection of breastfeeding and strict control of the marketing of formulas and processed foods for babies should be considered as an integral part of a package of measures to conserve carbon and water. It takes 800 litres of water to manufacture a 1 litre of milk and 4700 litres of water to make a kilo of milk powder. The water usage on dairy farms used in the production of formula is also substantial. At the household level, a litre of water is needed each day to prepare the feeds for a three month old baby. Two litres are needed to boil bottles and teats that should be boiled for 10 minutes (up to 60 minutes per day), and more to wash and rinse them afterwards.²

Breastfeeding is cost saving: Aside from the acknowledged risks of artificial feeding, the economic impact of low breastfeeding rates is substantial. Investing in services that support women who want to breastfeed is potentially cost saving. For example, increasing the number of months breastfeeding has potential cost savings of at least £31m (at 2009-2010 value) in breast cancer treatment in women.³ In addition, a study revealed that if 90% of US families could comply with the recommendation to breastfeed exclusively for 6 months, the USA would save \$ 12 billion per year and prevent 911 deaths, nearly all of which would be in infants (\$10.5 billion and 741 deaths at 80% compliance).⁴ See also IBFAN's World Breastfeeding Costing Initiative.⁵

Specific places where Breastfeeding should be mentioned:

It may be considered implicit **that** the protection, promotion and support for breastfeeding is covered in several of the strategic actions of the Strategy. However, given its critical importance, it should be specifically referenced in the Strategy, at least in the following places:

- 1) Page 6, bullet 1 (saved lives, improved health): Better protect, promote and support breastfeeding. Suboptimal breastfeeding practices in the first 2 years of life are related to the deaths of almost 12% of deaths in children under 5; or about 800,000 deaths in 2011 (Lancet Nutrition Series, 2013). Breastfeeding also supports birth spacing, and is proven to contribute to lower risks for breast- and ovarian cancers, saving mothers' lives.
- 2) Page 6, bullet 2 (better nutrition): Increase the rate of children breastfed up to 2 years or more. Continued breastfeeding after 6 months has proven to have a protective effect against overweight

² Linnekar A, 1989, WHO, 2008; IPCC, 2014a, *Formula for Disaster* <http://bpni.org/ibfan-newswire-2014/9>
<http://www.eea.europa.eu/soer-2015/synthesis/report/5-riskstohealth#section5-4>
<http://www.euro.who.int/en/health-topics/environment-and-health/water-and-sanitation/data-and-statistics>
<http://www.eea.europa.eu/soer-2015/synthesis/report/5-riskstohealth#section5-4>

³ *Potential economic impacts from improving breastfeeding rates in the UK.* Pokhrel S, et al. Arch Dis Child 2014;0:1–7. Doi:10.1136/archdischild-2014-306701
<http://adc.bmj.com/content/early/2014/11/12/archdischild-2014-306701.full.pdf+html>

⁴ Bartick M, Reinhold A, The Burden of Suboptimal Breastsfeeding in the United States: A Pediatric Cost Analysis. <http://www.ncbi.nlm.nih.gov/pubmed/20368314>

⁵ <http://ibfan.org/wbti-and-wbci>
<http://worldbreastfeedingtrends.org/>

and obesity in children and is linked to higher IQ. A relation with higher income at 30 years was also demonstrated, showing the social and economic importance of this practice..

- 3) Page 7, Child Health Challenges box: include a mention of the fact that globally, more than 60% of infants are not exclusively breastfed until 6 months of age.
- 4) Page 10, bullet point 4: “Build on past work, including *the Global Strategy on Infant and Young Children* and the 11 indicators...”
- 5) Page 14, transformative action and people-centered movements: in several countries, citizens have demanded legislation on the marketing of breastmilk substitutes.
- 6) Page 16, Figure 7:
Adolescent and Women: “healthy behaviours *and eating habits...*” and “comprehensive sexual education *that includes information on breastfeeding*”
Pregnancy: “counseling and birth preparedness *including information on breastfeeding optimal practices...*”
Labour and birth: include explicit mention of early initiation of breastfeeding for referral and first level facility
Postnatal mother/baby: include explicit mention of breastfeeding counselling and support for each facility level
Child: “promotion of optimal care for child at home *including information on exclusive and continued breastfeeding*”
- 7) Page 17, Figure 8: include progress related to optimal breastfeeding practices

The risks of Multi-stakeholder initiatives and PPPs.

The Zero draft and its Timeline contains numerous references to multi-stakeholder initiatives, Public Private Partnerships and the business term ‘stakeholder.’ Nowhere in the Zero Draft is there any reference to the risks of such approaches, nor any reference to the need for governments and UN bodies to have strong **Conflict of Interest** safeguards in place to ensure that policy setting processes as free as possible from commercial influence.

The participation of corporations and their front group as equal “stakeholders” in public health policy setting and planning is a threat that is contrary to the spirit behind conflict of interest regulation. It obscures the fact that corporations “primary interest” is not to act in the public interest (Jonathan H. Marks 2013) and that their legal fiduciary duty is to maximise profits for their shareholders. Corporations are not “stakeholders” in public affairs, and should not be made so through principles of “inclusiveness”

According to David Michaels, appointed by U.S. President Obama to head the Occupational Safety and Health Administration (OSHA), “*I am convinced that conflict of interest cannot be “managed”. It must be eliminated. Too much is at stake.*”

Effective conflicts of interest safeguards and accountability mechanisms based on globally agreed upon actions and commitments, including the WHO International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions are essential. It should be highlighted that accountability mechanisms that are led in partnership with corporations are problematic. How can a remedy for abuses be effective if the commercial entity itself is both judge and party? A deterrent sanction mechanism should be put in place that ensures effective accountability of every involved party, including the private sector.

The Global Strategy could highlight IBFAN web tools that have been designed to assist governments in their efforts to protect, promote and support breastfeeding: the World Breastfeeding Trends Initiative (WBTi) and World Breastfeeding Costing Initiative (WBCi) The WBTi is an innovative Tracking, Assessing and Monitoring (TAM) web tool that provides objective scoring and colour coding of countries progress in implementing measures to protect, promote and support breastfeeding. Launched by IBFAN in 2004/05 in South Asia and then to other regions, it has been used in 82 countries. The WBCi *can assist* Financial Investment in Children's Health and Development through Universalising Interventions for Optimal Breastfeeding.

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