

Clarification on Sponsorship of Health Professional and Scientific Meetings

The purpose of this online consultation is to gather relevant information from affected stakeholders and civil society to ensure the clarification is fit-for-purpose, acceptable and feasible, and to identify potential unintended consequences of this clarification for the implementation of WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children welcomed by the 69th World Health Assembly.

<https://apps.who.int/nutrition/publications/infantfeeding/manual-ending-inappropriate-promotion-food/en/index.html>

https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R9-en.pdf

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6. Is the meaning of the document clear?

Yes

No (add comments below)

7. Please explain what is unclear and / or make suggestions for making it clearer.

- a. The document does not cover all products within the scope of the Code, including what is covered in WHA 63.23 (2010) and WHA 69.99 (2016). The code violators nowadays are promoting their products not only with infant formula but using cross promotions by creating unnecessary products such as special milk for pregnant and breastfeeding mothers, producing instant complementary products and promoting it with the same tactics as infant formula by fear-mongering mothers' capabilities providing nutrition to the family. The messages by the industry are not only in formal scientific meetings but are heavily prepared and channeled through health workers via many education/communication platforms. To name a few, here are the hidden marketing practices that involve health professionals and their associations in Indonesia: <https://indonesia.wyethnutritionsc.org/>, <https://enutri.danone.id> a local midwifery education certification apps, and midwifery training. These soundly scientific websites, applications, meetings, conferences, and education programs on MCH and IYCF must be included in the document.
- b. Many health workers are giving disclaimers publicly that they are not involved with the industry, and they are aware of it by not displaying the industry's logo/brand in their messages. For example, some well-known pediatricians in Indonesia are using Instagram to 'educate' mothers about the importance of growing up milk (which is clearly an unnecessary product for children up to 24 months and all products for children up to 36 months should not be marketed according to WHA 69.9). These doctors also heavily promote instant complementary food by renaming it "fortified complementary food for baby," which sends messages to the audience that this product is nutritious and better than homemade food. The doctors/influencers with a large number of followers always stated that she/he never accepts sponsorships from the industry, but she/he always cites studies that are done by the industry (and she/he is involved in them).

8. Is there some type of sponsorship that is not discussed in the document but should be?

Yes (add comments below)

9. Please explain what type of sponsorship is not discussed in the document but should be?

Health professionals organizations should not have a point of sales of products under the scope of the Code even if they created another division, this is happening in Indonesia where health professionals organizations created a small medium enterprise with different names where they can sell infant formula, bottles and many more, example: <https://tokokamas.id>. This is considered giving benefits indirectly from the sales of products under the

scope of the code and creating a conflict of interest between the industry and the organization.

10. Are there setting specific or contextual issues that should be considered?

Yes (add comments below)

11. Please explain the setting specific or contextual issues that should be considered and describe how the content could be changed to accommodate them.

- a. The document should include health degree programs that are financially and/or technically supported by BMS companies. It is common that BMS companies provide scholarships to midwifery and medical doctor students as well as support the school. For example, the Indonesian Pediatric Association had a partnership with Nestle Nutrition Institute (NNI) to provide postgraduate scholarship (<https://www.idai.or.id/newsletter/post-graduate-program-in-pediatric-nutrition>), and under its local subsidiary, Danone provides a scholarship for midwifery students (<https://pelanggarankode.org/statistik>)
- b. The industry not only sponsors the health-related sectors. In Indonesia, the industry sponsors the Ministry of Education by promoting GUM in schools. The industry also places its brands in many sports events to give its product a healthy image; for example The World Major Marathon was sponsored by Abbott, which now has a bad reputation in the US after some cases of contamination.

12. Are there implication for implementation or feasibility that we should consider?

Yes (add comments below)

13. Please describe the implications for implementation or feasibility that we should consider.

Scientific meetings, training, educational programs, health degrees, and other programs can be done without any support or sponsorship from BMS companies. HP associations can utilize other funds such as from the membership fee or getting support from non-BMS companies and their affiliations. The World Health Organization and UNICEF at the country level must ensure that the government clearly governs through its national regulation, monitors the implementation, and ensures that BMS companies do

not provide any sponsor to health professionals and their associations; and that HPs and their associations are aware of the reciprocal effects from such support from BMS companies.

14. If there is something else you would like to say about the content, please write it in the box below.

The code violators in Indonesia always hide under national regulations, and they are lobbying the government to make the policy favoring their acts. At the same time, the government does not have a strong national regulation that fully incorporated the Code and its subsequent WHA resolutions. While UNICEF and WHO at the country office have done a great effort to ensure the compliance of the Code, we suggest for they to be more active and have measurable indicators/activities to ensure that the government creates a strong policy to protect IYCF from the influence of the industry.