Feeding Fiasco

Pushing commercial infant foods in Pakistan

The **Network**

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Report of company compliance in Pakistan with the International Code of Marketing of Breastmilk Substitutes and the SAARC Code for the Protection of Breastfeeding and Young Child Nutrition

The NETWORK

Association for Rational Use of Medication in Pakistan

Reviews

...(The manufacturers of breastmilk substitutes) seem to be solely guided by profit motives and are, therefore, likely to violate the International Code and the SAARC Code to increase their sales, if they can get away with it. The Network report amply demonstrates the various direct and subtle ways in which the manufacturers of breastmilk substitutes and infant foods are violating the Codes while promoting their products in Pakistan.

...It is, therefore, very important that medical professionals, NGOs and consumers pressure the government not only to introduce appropriate legislation in this regard at the earliest but also to take effective measure to ensure its compliance....

Prof. Akhlaque un Nabi Khan

Chairman, The Network — Association for Rational Use of Medications in Pakistan

The report compiled by The Network reveals a disturbing situation. Sixteen years after the International Code Substitutes was overwhelmingly adopted by the World Health Assembly, setting out the minimum standards which every baby food manufacturer and distributor should operate by, there should not be such blatant violations of the Code in a country like Pakistan. Independently of any other steps taken by the Government of Pakistan to legislate, all the companies have a moral obligation to stop violating internationally agreed standards in Pakistan.

Urban Jonsson

Regional Director UNICEF, Regional Office for South Asia

The Network's monitoring report is a reminder of what all the sectors of Pakistan society - political leaders, government, civil society and the private sector - need to do to protect children and women's breastfeeding rights. UNICEF is committed to the promotion, protection and support of breastfeeding and urges commitment and action from everyone.

Stephen Umemoto

UNICEF Representative for Pakistan

The report is ... an eye opener for many of us who are committed to the promotion of breastfeeding and child nutrition in Pakistan.... It clearly points to the need for expediting all efforts to regulate this area. The Ministry of Health has taken up the draft legislation for enforcement of the Code with renewed commitment on priority basis. In recent months, the dialogue between Ministry of Health, Pakistan Medical Association, infant formula industry and other stakeholders have been reinitiated to finalize the legislation.... We hope to continue to work with other partners for the promotion of breastfeeding and child nutrition in Pakistan and offer our support and assistance to all sincere efforts to achieve this objective.

Dr. Mubbashar Riaz Sheikh

Deputy Director General Health, Federal Ministry of Health, Islamabad

"If you think this is bad, go see what is happening in Pakistan," I was told by a Nestle executive who was attending the same pediatric conference in Singapore more than ten years ago.... "Cut-throat competition" were his words. "Why?" I asked. "Look at the birth rate," he said. At that time IBFAN had no contacts in Pakistan but as soon as we could, we sent a monitor on a fact-finding tour. He found the whole gamut of Code violations: posters, gifts, samples and supplies in hospitals and clinics, labels with baby pictures, billboards and media advertising. It is sad to read in 1998 that so little has changed in more than a decade. Yet, some progress has been made: The Network has been able to train and mobilize dozens of monitors.... Moreover, Pakistan adopted the SAARC Code as well as the International Code and its subsequent Resolutions. Draft legislation is now under discussion. May we hope that the nation's babies will be better protected by the year 2000? May we be confident that the Japanese, European and American multinationals who came to make money off the poor and the innocent will finally give up? It won't be so easy....

Annelies Allain

Director, International Code Documentation Centre, Penang, Malaysia

...Having conducted the first exercise to monitor the International Code in association with Dr. K. A. Abbas, I have no hesitation in saying that it is a very difficult work demanding a high degree of devotion, hard work and tactfulness. The Network has done a commendable job. The monitoring seems to be thorough and monitors seem to have been meticulous in their survey and interviewing.... The Network is to be congratulated on the exposure of the new tactics used by the industry and the array of so-called breastmilk substitutes which they are now promoting instead of infant formula to bypass the Codes.

The report exposes the mercenary attitude of the milk and infant food industry and clearly shows that their only motive is to make money, no matter at whose expense. The report also highlights the exploitation of doctors by the industry for their war against breastfeeding and the unfortunate willing or unintentional cooperation extended by many doctors....

In the end, I feel that the report makes it amply clear that if any loophole is left in a code or a legislation, one can be sure that the companies will exploit it the full and even that they will create loopholes if there is any possibility of doing it. It is therefore only sensible that codes of marketing and the legislation based on them should have unambiguous and clear-cut guidelines purely in the interest of the infants.

Dr. M. A. Arif

Professor of Pediatrics, Current General Secretary of Childcare Association, Past General Secretary of Pakistan Pediatric Association (Center), Past President of PPA (Sindh), Convener and Chairman of the PPA Committee on Code of Ethics (1978 -94)

...This book sets out to examine and expose through a systematic study throughout Pakistan, the state of compliance with the International Code and SAARC Code. And the results are clear. In city after city, the study found that the Codes were being violated. The Network, through a painstaking research process, has made a strong case for the authorities in Pakistan to ensure Code compliance and tightened legislation. The unconscionable practices of multinational companies have to be stopped.... The future of this generation and generations to come will be shaped by actions we take now. This laudable effort by The Network is a major step in protecting infant health everywhere.

Josie Fernandez

Regional Director, Consumers International, Regional Office for Asia and the Pacific

This brave new report about the impact of baby food promotion in one of the poorest regions of the world cannot be ignored. In a very readable and compelling way, it exposes the companies' marketing strategies, their relationships with doctors and retailers and the influence this has on women's decisions about feeding. It provides indisputable evidence that baby food marketing must be controlled by the strictest legislation.
While reading it I tried to place myself in the shoes of the company representatives that I saw at the recent WHO Executive Board meeting Geneva. Twenty-five of them - including familiar faces from Switzerland, the Netherlands, the UK, Italy, France and the USA - were there. And once again they collectively claimed support to the International Code.... Arguing that they should be accepted as 'collaborative partners' they offer 'humanitarian' assistance for many projects. (But) along with the offers come demands that governments pass legislation only when it has been agreed by the industry.... In this report we read that the Pakistan Government - after listening to the concerns of the companies - feels under no obligation to accommodate the industry's recommendations. It must not. Seventeen years after the International Code was first passed the intolerable abuses of human rights outlined in this report cannot be allowed to continue. As we all await the proposed law, the Protection of Breastfeeding and Young Child Nutrition Act, I wonder if a single one of the men and women I saw in Geneva will feel the slightest twinge of guilt or responsibility for the activities of their company's employees in Pakistan. Will any of them ensure that these practices never happen again?
Patti Rundall
International Coordinator, Baby Milk Action, UK.

The report produced by The Network should be required reading for every health-worker in Pakistan, and every sales person working for a baby food company. The well written report calls for moral reflection by each of these workers on how their activities contribute to children's ill health and maternal morbidity.
Margaret Kyenkya-Isabirye
Chief Health & Nutrition, UNICEF Pakistan

The Network ought to be commended for carrying out an exhaustive study on the misleading information and labeling of the infant formula including the following-on products of different brands. This report will be a very good tool to monitor the infant formula industry after the Government of Pakistan enacts the legislation implementing the International Code. While implementing the legislation, serious note should be taken of the recommendations made in this report.
Dr. Noorjahan Samad
Chairperson, Breastfeeding Steering Committee (Sindh), Professor Gynae & Obst, Dow Medical College

The Network makes strong case for the Government of Pakistan to enact effective legislation which implements the International Code and the SAARC Code. Painstakingly documenting the promotional and marketing practices of multinational baby food manufacturers, this well researched and well documented publication is a strong reminder to both government and industry that consumers will not accept harmful products that produce unhealthy dependencies and promote ill health. Reading the text I found myself thinking "How many more babies will have to die or live in ill health through such unconscionable practices before our authorities state very loudly and very emphatically, 'No, we shall not take this anymore'?"
Shila Rani Kaur
Project Officer, Health and Pharmaceuticals Program, Consumers International, Regional Office for Asia and Pacific, Malaysia

The Network has done a meticulous job of monitoring infant formula manufacturers' compliance with the International Code. The study has uncovered serious and blatant violations of the Code, and has found that not a single company marketing infant food or infant feeding products in Pakistan is abiding by the Code in its entirety.

Marketing strategies circumventing the Code have evolved, and many medical practitioners unfortunately have become allies of these multinationals.... It has become clear that an effective and binding legislation is needed not only to control the marketing of these infant feeding products but to promote the best possible food for the infant: breastmilk.

Anees Jillani

SPARC (Society for the Protection of the Rights of the Child), Islamabad, Pakistan

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According to a recent report, Pakistan has the highest infant mortality rates (IMR) in Southeast Asian region. Out of ten babies born in our country, one is unable to celebrate his or her first birthday. This high IMR is attributed mainly to diarrheal diseases, the ever-increasing incidence of which is due to a growing trend of bottle-feeding. For this, the baby food manufacturers are the main culprits as they make use of all kinds of unethical marketing practice to convince mothers to initiate artificial feeding.

I, as a former employee of Nestle Milkpak Ltd., have been a part of this malpractice, but a stage came where I could not bear it any more and ultimately decided to quit this company.

Whereas as an individual, I felt the need to highlight this malpractice at a national level, I am very much pleased to know that other agencies like The Network are also taking this issue seriously.

This publication is a very encouraging step towards generating a general awareness about the unethical marketing strategies of baby food manufacturers. I wish and hope that this effort will help to save the lives of thousands of children of my nation.

Syed Aamer Raza

Ex-employee, Nestle Milkpak Ltd., Sialkot

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Contents

Cover photo:
Stacks of formula in a Quetta shop.
By Tahir Mehdi

Top photo:
Women at a medical store in Chakwal.
By Ziaur Rehman

Foreword

Nearly all women are able to breastfeed their babies. Why, then, do we see more and more women artificially feeding their babies? More babies being bottle fed means fewer babies breastfeeding.

Why are women doubting their natural ability to provide their children with the most nutritious, anti-infective food available? Why do mothers believe they cannot produce enough milk to satisfy their babies hunger, when their mothers and their mothers' mothers knew no other way of feeding babies? Why are their doctors quick to recommend infant formula to "supplement" breastfeeding, rather than helping mothers to breastfeed with ease and success.? Why are mothers delaying the initiation of breatfeeding by hours and even days rather than feeding their babies colostrum - baby's energy packed first vaccination?

There are a number of factors responsible for all these misconceptions and malpractices. Largely to blame are the unethical promotional practices of the baby food industry. It was this same concern which prompted the World Health Assembly, of which Pakistan is a member, to adopt the International Code of Marketing of Breastmilk Substitutes in May 1981 as a recommendation to member states. Resolutions on infant feeding were adopted every two years thereafter to improve on the articles in the Code and clarify meanings, and to respond to new marketing gimmicks. The International Code and the subsequent, relevant resolutions adopted since provide basis for action at the country level.

Article 11.4 of the International Code stipulates, "Non-governmental organizations, professional groups, institutions, and individuals concerned should have the responsibility of drawing the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should also be informed."

In the spirit of the above article, monitoring of manufacturers' compliance with the International Code has been conducted in many countries since it was adopted. These studies have consistently revealed promotional practices, both blatant and subtle, in violation of the Code. The infant food industry has modified marketing strategies, created new products and found loopholes to get around the Code, as well as blatantly ignoring many provisions.

Concern that breastfeeding and young child nutrition were not being adequately protected in South Asia prompted delegates from the seven member countries of the South Asian Association for Regional cooperation to review the International Code and subsequent WHA resolutions on infant feeding and develop an instrument adapted to the region's circumstances. The SAARC Code for the Protection of Breastfeeding and Young Child Nutrition was this instrument. The SAARC Code is much broader in scope and closes many loopholes of the International Code. It was adopted by the SAARC Ministerial Conference on

Children of South Asia, held in Rawalpindi, Pakistan from 20-22 August 1996.

The Network, along with its work to promote the rational use of medication and the essential drugs concept, in 1997 started a campaign for the protection of breastfeeding and young child nutrition in Pakistan. In March 1997, we decided to conduct a countrywide study to record company compliance with both the International Code and the SAARC Code.

The study was conducted over a period of three weeks in 33 cities and towns, with the help of 11 survey teams comprising 34 monitors. The teams visited public and private hospitals, clinics and shops and interviewed mothers, nurses, doctors, pediatricians and company representatives. In over 2,500 one-to-one encounters, questions were asked, views were sought and evidence was gathered. Back in the office, analysis of data and materials collected turned out to be much more telling than our own expectations: not a single company marketing infant food or feeding products in Pakistan was abiding by the International Code in its entirety; also, of the 662 mothers interviewed nearly every fourth mother was buying milk made by the infant food industry.

The monitoring teams visited cities, towns and villages of varying profiles, and the findings can be considered representative of the whole country due to the geographic breadth and number of encounters in the survey. Still, as with all surveys to monitor Code compliance, these findings are only the tip of the iceberg.

The Network's interest is in the protection of breastfeeding. This report, therefore, is primarily a qualitative examination of the infant food industry's promotional practices which undermine breastfeeding and/or promote artificial feeding, especially bottle feeding, as the norm. In the analysis of the results, violations of various articles of both the International Code and the SAARC Code are presented. In addition, any finding which was found to have a negative influence on breastfeeding is also examined.

The findings of the study made it clear that if Pakistan wishes truly to protect breastfeeding and young child nutrition, legislation must go beyond the provisions of these two Codes, which regulate only the marketing of infant foods and feeding products, to cover all practices which undermine the initiation and continuation of breastfeeding.

The Network vows to continue to monitor the excesses of the baby food industry with regard to their unethical promotion of so-called "breastmilk substitutes". We hope that in the next monitoring exercise our point of reference will be a national law, and not just Codes.

Dr Zafar Mirza
Executive Coordinator
The Network

Undermining the Code

First it was cracked and then broken. Now it has been decimated into small, profitable pieces. They have invented new products and changed old strategies to get around the International Code. Their approach has become more vicious and operations more clandestine.

They are using science to scare mothers and coerce doctors. They are exploiting women's penchant for their rights and men's desire to adapt to new family realities. They shut up governments by flooding investments and hush world bodies by threatening to withdraw their millions.

They never felt obligated to abide by their commitments. They picked and chose from the Code. Selected some of its parts to use as feathers in their hat and molded some into more useful things. They took the teeth out of the dangerous sections and murdered its spirit.

Yes, they have curtailed promotion to mothers and on the mass media. But only to invest more on their ultimate ally - the doctor. Yes, they have taken baby faces off their formula tins. But only to put them on other products they themselves have deemed legitimate. Yes, they have reduced free supplies and made sampling deceptive. But have they lost a single penny in sales?

The market is thriving. Companies are growing. Profits are mounting. More and more babies are sucking rubber in a vain search for the juice of life.

In an age when capital has conquered nation states, corporations have overshadowed governments and profit has become a supra territorial reality, the Code as a global instrument, as humanity's promise to its children, seems too little, too late.

It took us generations to ask profit to respect life. But has the Code been successful in stopping more babies being put on artificial feeds? The companies are still having a field day with the Code with an opportunistic drive.

Shall we as a generation be defensive, apologetic about our contribution towards the future of humanity? Can we look into the eyes of our children and say that this is all we could do? No. We shall not be cowed down by the sheer size of the mega houses of profit. We shall not be overwhelmed by the strength of globalized capital and the extent of sprawling marketing networks.

We need to renew our commitment to life on Earth. We need a new system that stands up to current realities. We need a system that does not offer the greedy room to manipulate. We do not need a Code that only burdens the pawns in the new global game, governments, with the moral responsibility of implementing it. We need instead regulations that are binding on the corporations themselves. We need a system that serves its purpose.

International Code and SAARC Code: Similarities and differences

A tale of two Codes

The International Code of Marketing of Breastmilk Substitutes was adopted through a resolution of the World Health Assembly (WHA 34.22) in May 1981 by a vote of 118 votes to 1, with only the USA voting against it. Subsequent WHA resolutions on infant and young child feeding clarified and reaffirmed the contents of the original Code document.

The Code seeks to encourage and protect breastfeeding by regulating the marketing practices used to sell products for artificial feeding. It is a compromise, not the ideal. It is the result of negotiations between NGOs, governments, industry and experts from related fields. It should be used as a tool to develop national measures that are stronger and adapted to include new products and changed marketing practices.

The International Code includes these

27 million babies are born in South Asia every year - more than the total population of all the Scandinavian countries.
A girl waiting for her mother outside the pediatric out-patient ward of a hospital in Quetta. *By Tahir Mehdi*

10 important provisions:

ℓ *No advertising to the public of any product within the scope of the Code.*

The Code covers infant formula, other milk products, cereals, teas and juices when they are marketed for use in a feeding bottle or for babies under six months of age, as well as bottles and teats (but not pacifiers).

ℓ *No free samples to mothers.*

Baby food manufacturers and distributors may try to convince health workers that samples are charity, that mothers will be happy with the sample. This kind of charity mothers can do without. Samples get mothers and babies hooked on unnecessary, expensive and potentially dangerous products that appear to come with the health workers' endorsement.

ℓ *No promotion of products in health care facilities, including the distribution of free or low-cost supplies.*

Booklets, leaflets, posters, feeding bottles, stickers, prescription pads and similar materials that advertise infant feeding products should not be permitted in health care facilities, nor should artificial infant foods or feeding products be displayed. Donated equipment may bear a company's name or logo, but should not refer to any brand name.

In May 1994 the World Health Assembly reinforced the ban on free or low-cost supplies, saying "no donations ... in any part of the health care system."

ℓ *No company sales representatives to advise mothers.*

Company marketing personnel, no matter what they are called, should not be permitted to have contact with mothers.

ℓ *No gifts or personal samples to health workers.*

Gifts include money, goods or services (such as printing letterheads/prescription pads, financing parties, etc.). These should not be offered to, nor accepted by health workers. For only two reasons should health workers receive samples: a) for research at the institution level, or b) for professional evaluation. This means routine and regular distribution of samples is not permitted.

ℓ *No words or pictures idealizing artificial feeding, or pictures of infants on labels of infant milk containers.*

This provision is open to interpretation. While most manufacturers have removed, for example, baby pictures from their product labels, many still include illustrations of stuffed animals, feeding bottles and other images which breastfeeding advocates argue also idealize artificial feeding.

ℓ *Information to health workers should be scientific and factual.*

Besides being scientific and factual, all information should include the points set out in Article 4.2 (listed below). This information should emphasize that breastfeeding is superior to artificial infant feeding.

All information on artificial infant feeding should explain the benefits of breastfeeding, and the costs and hazards associated with artificial feeding.

ℓ *Information to mothers should include all these points:*

a) the benefits and superiority of breastfeeding

b) how to prepare for and continue breastfeeding

c) that adding bottle feeds will cause less breastfeeding

d) how hard it is to return to breastfeeding once bottle feeding is established

If the materials talk about the use of infant formula, the following information must be included:

a) the cost of using artificial infant foods

b) the social implications

c) the possible risks to the baby's health

Companies should only supply materials at the request of and with the written approval of the appropriate government health authority.

None of the material should refer to brand name products covered by the Code. None of the material should be given directly to mothers by the companies.

ℓ *Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.*

Other unsuitable products are skimmed milk, standardized partially skimmed milk and whole milk.

ℓ Manufacturers and distributors should comply with the Code's provisions even if countries have not adopted laws or other measures.

The SAARC (South Asian Association for Regional Cooperation) Code for the Protection of Breastfeeding and Young Child Nutrition was adopted by over 100 delegates attending the 3rd SAARC Ministerial Conference on Children of South Asia in Rawalpindi, Pakistan from 20 to 22 August 1996. It uses the International Code as a minimum standard and adjusts its provisions to the nutrition realities of all seven South Asian countries. Developed 15 years after the International Code, the SAARC Code closes loopholes and removes ambiguity by incorporating subsequent World Health Assembly resolutions on infant feeding and adjusting to new marketing tactics. The purpose of the SAARC Code is "to protect breastfeeding and child nutrition by educating health workers and the public about the benefits of breastfeeding and by

regulating the marketing and promotion of infant and complementary foods and related products."

The SAARC Code includes these eight important provisions:

ſ No promotion of any product covered by the SAARC Code.

Products covered by the SAARC Code are called "designated products." The definition of designated products uses language clearer than that of the International Code's scope by removing the vague phrase "represented or marketed as a replacement for breastmilk" and including any milk food, packaged food or drink for the use of a child below the age of two years. Feeding bottles, teats, valves for feeding bottles and pacifiers are also included as designated products.

ſ Labels must not contain anything that may discourage breastfeeding nor show photographs, drawings or graphics, other than graphics to illustrate correct preparation.

Whereas the International Code permits illustrations which do not "idealize" artificial feeding, the SAARC Code removes any ambiguity and room for interpretation by disallowing all photographs, drawings and graphics. Label content is to be measured against its ability to "discourage breastfeeding", unlike the International Code, where its ability to "idealize artificial feeding" is considered.

ſ Labels must include notices in accordance with Article 3 and be written in the specified (local) language.

The SAARC Code goes beyond the International Code, which stipulates the information to be included in product labels but leaves the wording and presentation for the manufacturer to determine. The SAARC Code specifies the wording of warnings and notices and the size of print in which they must appear. This is important given the ways in which manufacturers have been known to manipulate the wording and presentation of information required by the International Code.

ſ Condensed milk, evaporated milk, and skimmed milk must contain a notice stating that it should not be fed to babies below one year.

Again, the International Code says unsuitable products should not be promoted for infant feeding; the SAARC Code takes it a step further to stipulate the warning that must appear on such products.

ſ No company-produced or distributed educational or information materials relating to infant and young child feeding.

Companies are forbidden to produce or distribute any educational or informational materials relating to infant and young child feeding, while the International Code permits such materials as long as they meet certain criteria.

ſ Samples, gifts, services or other benefits should not be given to health workers or health care facilities.

This provision is almost identical to that in the International Code.

ſ Health workers should not accept nor give samples of products covered by the SAARC Code.

Notwithstanding prohibitions placed on companies regarding samples, health workers have a responsibility not to accept or pass on samples of designated products.

ſ No company-funded research unless approved by the government. Publication of findings must disclose source of funding.

This provision is in recognition of the danger of grants causing conflict of interest.

See full text of SAARC Code, International Code and the related WHA resolution on pages 73-87.

South Asia: Progressing poverty

South Asia comprises seven countries, namely India, Pakistan, Bangladesh, Sri Lanka, Nepal, Maldives and Bhutan. More than one-fifth of the world's population and nearly 40 per cent of the world's absolute poor reside in this region. More babies are born in South Asia every year (27 million) than the total population of all the Scandinavian countries.

The extent of human deprivation in South Asia is colossal. The sheer magnitude of human distress numbs the mind: over 500 million people living in absolute poverty; 260 million people lacking access to rudimentary health facilities; 337 million people without safe drinking water; 830 million people people with no access to basic sanitation; 396 million adults unable to read and write; over 400 million people go hungry every day.

According to a recent UNICEF study, the region worst affected with malnutrition among children is South Asia. Half the children in South Asia are underweight, compared to 30 per cent in Sub-Saharan Africa. The infant mortality rate of the region is 82 per 1,000 live births. Diarrhea and acute respiratory infections are the main culprits and are responsible for more than half of the infant deaths.

The per capita GNP of South Asia ($309 in 1993) is lower than any other region in the world.

The adult literacy rate in South Asia (48 per cent) is now lowest in the world. Its share of the world's total illiterate population (46 per cent) is twice as high its share of world's population. There are more children out of school in South Asia than in the rest of the world; two-thirds of this wasted generation is female.

All SAARC countries with the exception of Sri Lanka have similar disease patterns and almost identical health, education and water and sanitation conditions, besides sharing a common colonial past and a number of linguistic, social and cultural similarities. Still, Pakistan's health indicators lag behind others in South Asia. *(Source: Human Development in South Asia, 1997, Mahbub ul Haq)*

Photo: ***LESSER CITIZENS OF THE GLOBAL VILLAGE: The new waves of globalization and opening up of markets offer little hope for ailing the masses of South Asia. People watching television at a tea stall near Shahdad Kot, a remote town of Sindh.*** *By Tahir Mehdi*

Monitoring in Pakistan

The monitoring exercise was carried out in the first half of March 1997 by 11 teams of 34 monitors. It covered 33 cities, towns and small towns in the whole of Pakistan except the mountainous Northern Areas and the coastal belt of Balochistan, which are far flung and difficult to reach.

The monitors visited 66 public and private hospitals, 151 private clinics (217 health facilities) and 562 medical stores and interviewed 662 mothers. A conservative estimate of total one-to-one encounters in the monitoring exercise is more than 2,500. Besides this, the exercise included an extensive study and analysis of product labels and 400 specimens of promotional and information materials and other objects submitted by the monitors.

Monitoring took place in the following areas: Jamrud, Peshawar, Charsadda, Abbottabad, Bannu, Mansehra, Rawalpindi, Islamabad, Taxila, Jhelum, Chakwal, Sargodha, Faisalabad, Bhalwal, Wazirabad, Lahore, Kasur, Okara, Multan, Bahawalpur, Zahir Pir, Rahim Yar Khan, Dera Ghazi Khan, Larkana, Sukkur, Dadu, Sanghar, Tando Mohammad Khan, Thatta, Hyderabad, Karachi, Quetta and Kalat.

The monitoring exercise in Pakistan was designed for a qualitative assessment of the marketing practices of artificial baby food companies and their potential effects on breastfeeding practices. Qualitative research methods employed were: non-participant observation; structured, semi-structured and in-depth interviews and survey questionnaires (using purposive and convenience sampling). Apart from providing understanding about the depth of the issues through purely qualitative methods, the survey questionnaires did generate useful data to quantitatively signify the issues. Many specimens were also collected during the monitoring. The analysis and interpretations of these are presented in the next chapters.

The International Code of Marketing of Breastmilk Substitutes, 1981 and the SAARC Code for the Protection of Breastfeeding and Young Child Nutrition, 1996 were used as references to define violations. In addition, the monitoring sought to document any act perceived to undermine the initiation or continuation of breastfeeding. Such acts are violations of a child's basic right to enjoy the highest attainable standard of health and the State's responsibility to provide basic knowledge of child health and nutrition and the advantages of breastfeeding (Convention on the Rights of the Child, Articles 24.1 and 24.2(a) and (e)). Our intent in documenting practices outside the purview of either of the two Codes was to ensure that any law in Pakistan would incorporate clauses to prohibit all acts which undermine breastfeeding.

Pakistan has failed to improve the public health infrastructure it inherited from its colonial past. A man from rural Balochistan waits for the doctors outside the pediatric ward of Sandeman Hospital, Quetta. *By TM*

Introduction to Pakistan and its health sector

The baby and the beast

Pakistan is a country of 140 million people. (This is a UNFPA estimate. The last census was conducted in 1981.) The country comprises four provinces: Punjab, Sindh, Balochistan and the North-West Frontier Province (NWFP) and a federally controlled tribal belt along the Afghanistan border and the mountainous Northern Areas.

Every year 5.5 million babies are born in Pakistan. The country's population is growing at a rapid rate of 3.3 per cent.

The infant mortality rate is high - 95 per thousand live births. This is second highest in the region, ahead of only Afghanistan and higher than even Bangladesh, which is much poorer a country. The under-five mortality rate is also high at 135 per thousand live births. This means 755,000 children under five years of age die every year. Every tenth baby dies before his/her first birthday and every fourth baby is born

underweight. Diarrhea and acute respiratory infections cause more than half of infant deaths. Every woman bears six children on average and the maternal mortality rate is 340 per 100,000 live births.

Pakistan scores poorly in education. The literacy rate is a meagre 38 per cent and the number of literate women is half (24 per cent) that of literate men (50 per cent). This means that three out of four women cannot read and write, reflecting a bias against enrolling girls in school.

The average per capita income is US$430 per annum. Even more disturbing is the fact that 60 per cent of the population earns less than the average per capita income.

Top: ***The private health sector has no morals when it comes to accepting sponsorships. A 7-Up sponsored front signboard of a medical complex in Multan.*** *By TM*
Bottom: ***The general hygienic condition of government hospitals is appalling. Doctors' washroom in Lyari Hospital, Karachi.*** *By Farhat Perveen*

Breastfeeding: a dying culture

Pakistan is as yet a breastfeeding culture. Mention of the need to protect, promote and support breastfeeding invites a dismissive, "But everybody breastfeeds." True, the majority of mothers in Pakistan do initiate breastfeeding; also true that many recognize the importance of continued breastfeeding.

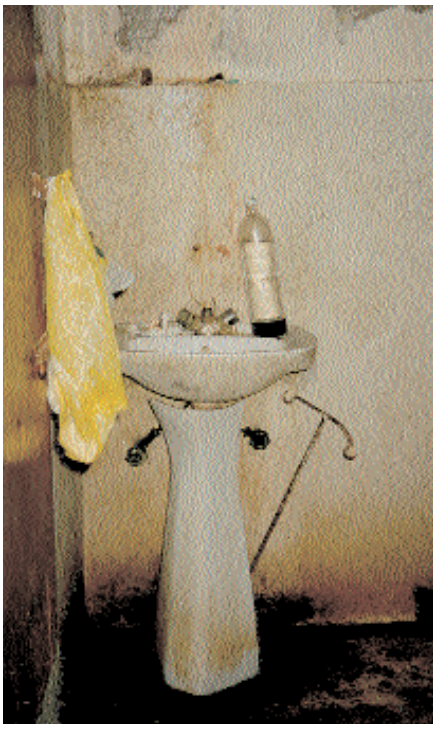
But the reality is that in Pakistan today, the breastfeeding culture is a dying one. Bottle-feeding is being accepted as the rule, rather than the exception. Mothers unnecessarily 'supplement' their own milk with other milks, water and foods before it is nutritionally required by the baby. Women are being wrongly convinced that for any number of reasons - not enough milk, poor quality milk, weakness, delivery by caesarean section, premature baby, mother returning to work - they are 'unable' to breastfeed their baby.

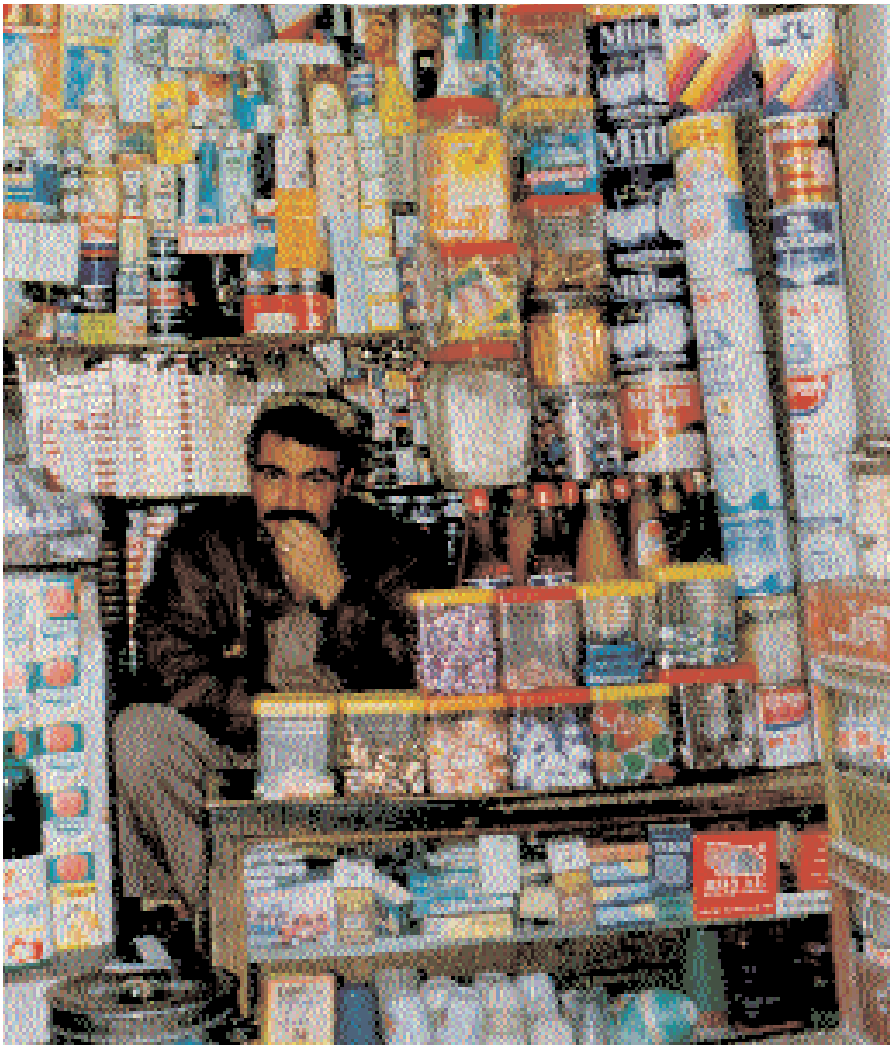
According to UNICEF's State of the World's Children 1998 report the exclusive breastfeeding rate from birth to three months in Pakistan is 16 per cent, and 56 per cent of mothers breastfeed their babies for 20-23 months. Largely to blame for these low figures, The Network believes, are the promotional practices of the artificial baby food industry, which undermine breastfeeding and promote a bottle feeding culture.

The strong presence of the artificial baby food industry in Pakistan can be judged by the fact that Cerelac was listed as the 42nd best selling "pharmaceutical" product in Pakistan in 1995 with a sale of Rs 84 million. The list of top selling 100 products, published by Pharma Bureau of Overseas Investors Chamber of Commerce and Industry in Pakistan, also includes Lactogen 1 and Morinaga BF. Lactogen 1 ranked 66th with sales worth 67.53 million while Morinaga BF stood 91st with 50.33 million worth of sales in 1995. The sales of these three products alone constituted two per cent of the top hundred pharmaceutical market or 0.8 per cent of the total market.

Retail shops of health

A survey carried out in 1993 by WHO and the Government of Pakistan revealed that





Infant formulas in Pakistan are just another consumer item available anywhere and everywhere. A kiosk near Quetta's biggest hospital. *By TM*

only around 20 per cent of Pakistan's total patients attend public sector hospitals; the rest go to private hospitals and clinics. The majority of doctors working in government hospitals have their own private clinics as well. They work in hospitals in the morning and sit in their clinics in the evening. A good position in the hospital positively affects their evening practice, both in terms of patient turnout and the fee that the doctor can charge. Consultants generally see rich patients or serious cases. They prescribe but do not dispense drugs.

The bulk of patients, however, seek health care from general practitioners in private clinics. These clinics are mostly small shops owned by MBBS doctors. Almost every clinic has either a dispensary of its own or a medical store/pharmacy attached to it. The GPs may charge separately a consultation fee and the price of the dispensed generic medicines, or they may offer a package deal covering both but excluding 'necessary' patent medicines to be bought by the patient separately.

The attached medical stores are sometimes owned by a brother or another relative of the doctor. In other cases these are secretly owned by the doctors themselves and run by hired staff. At the very least, the doctor and store-owner have a mutually beneficial understanding. For example, if a company is offering a discount on the bulk purchase of a cough syrup, the store-owner will avail this and inform the doctor. The doctor will respond by increasing prescriptions of that product. Similarly, if the doctor wants to favor a particular company, he can ask the store-owner to purchase its products on the guarantee that he will be prescribing that medicine frequently. The patients are not bound to buy medicines from the attached store, though they tend to do so. In some cases, the doctor may suggest that the patient fill his prescription from that particular store.

Anything and everything

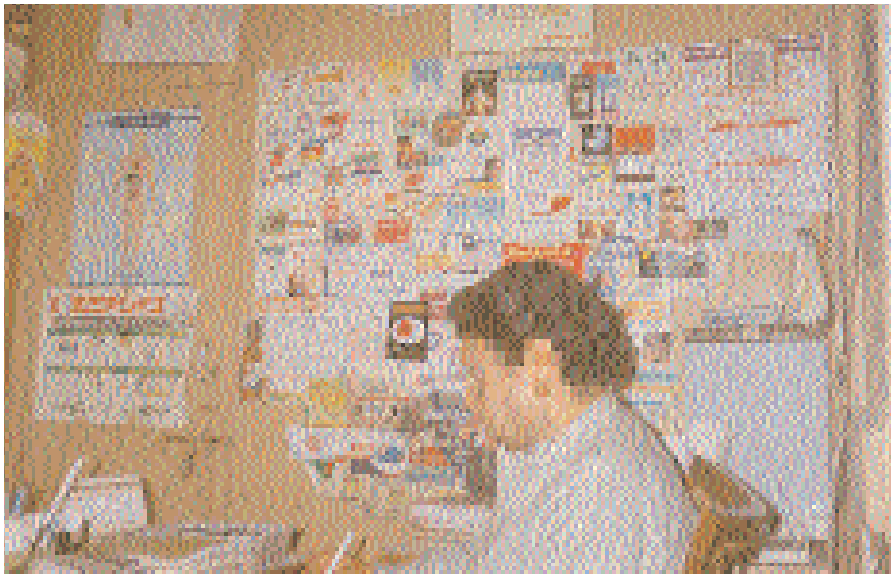
Pakistan is a virtual pharmaceutical jungle. It's a bizarre situation and a marketing paradise. Anything and everything is available openly to anybody with the requisite purchasing power. In the words of an unpublished UNIDO report (1993), the pharmaceutical sector in Pakistan is "characterized by inadequacies, irrationalities, imbalances and a lack of direction and implementation of operational guidelines."

Literally any medicine can be bought without prescription from any medical store.

Some 30 multinational pharmaceutical companies hold sway. Their market share is 60 per cent while the remaining 40 per cent is divided among over 250 local manufacturers, importers and distributors. According to Network analysis, the multinational companies in Pakistan enjoy over 90 per cent of the prime value and volume market comprising the top selling 100 drugs, (which is 40 per cent of the total market).

As mentioned already, the Pharma Bureau of the International Chamber of Commerce and Investors includes baby food products in its list of 100 top-selling drugs.

In Breaking the Rules 1991 and 1994, the IBFAN global reports on Code compliance, Pakistan has the "distinction" of being quoted most often as a country allowing Code violations.



Private clinics generally look more like the sales points of pharmaceutical companies. A general practitioner in his clinic in Kasur. *By Mahboob Alam*

Welcome visitors

Company representatives are welcome visitors to health facilities. The majority of doctors interviewed remark that the efficacy and quality of different brands are largely the same, the only difference is which company pays them more attention and visits.

A doctor in Multan who prescribes only Meiji, when asked why, replied, "Actually, the Meiji rep. has become a very good friend of mine." Another doctor in Sindh said, "The Morinaga guy is a very nice chap. He treats me like his sister." A Faisalabad gynecologist told a monitor that she was prescribing P-7A these days because the rep. had complained that she was not prescribing his product enough. When asked why they suggest a particular brand, many doctors simply respond, "Its rep. visits me more often." But a woman gynecologist in Iqbal Town, Lahore had a more vivid and bold answer. She told a monitor: "I believe that all brands of formula are same. It really does not make any difference whether you prescribe 'formula x' or 'formula y'. I can accept favors from one company and respond by supporting its product. I don't think there is anything wrong with it." When asked whether she receives samples of formula, the doctor said, "Cartons and cartons." But she refused to name the company and product, saying, "I don't want to put the poor rep. in trouble."

Hoards of company reps. carrying loads of free samples can be seen daily in hospitals. Very few hospitals have formulated a policy about the company visitors. Indeed, neither the International Code nor the Baby Friendly Hospital Initiative rules restrict in any way the entry of sales reps. as long as the information conveyed is scientific and factual. Many Baby Friendly hospitals in Pakistan, however, allow formula company representatives only if they come without carrying their bags containing literature and samples. But their bags are usually heavier than normal when they visit these 'baby friendly' doctors at their private clinics in the evening. Moreover, the majority of company reps. get around restrictions by pleading that they are there only to inform doctors of their 'medicated' or lactose-free formulas. A monitor from Bahawalpur reported a campaign against Snow Brand being run in a Baby Friendly hospital by Abbott and Wyeth. The two companies were lobbying the hospital administration to ban Snow Brand representative's entry on the pretext that this company has no 'special' formula to promote and thus its entry violates the hospital's commitments under the Baby Friendly Hospital Initiative - an invalid argument.

Unholy alliance

The companies exploit the doctor-pharmacy nexus in more than one way. A typical 'call' of a company representative in Pakistan starts with a brief visit to the medical store attached with the doctor he intends to see. A rep. usually has good and frank terms with store-owners. At times the rep. can help the store-owner keep up his stock, especially when an item is in short supply, or he can pass on tips about a possible price rise or an inevitable shortage of any item or any

The legal position in Pakistan

Conduct unbecoming

Pakistan was among 118 countries that in May 1981 voted in favor of adopting the International Code of Marketing of Breastmilk Substitutes through a World Health Assembly resolution. Pakistan has also supported subsequent WHA resolutions on infant feeding. Its ministers were among 100 delegates from seven SAARC countries that adopted in August 1996 the SAARC Code for the Protection of Breastfeeding and Young Child Nutrition. Most other SAARC countries and all of Pakistan's neighbors (with the understandable exception of Afghanistan) have legislation implementing the International Code. But in Pakistan, legislation has yet to be passed.

It is hoped, however, that the Protection of Breastfeeding and Young Child Nutrition Act will be adopted in early 1998. In his speech as chief guest at the launch of UNICEF's State of the World's Children 1998 report on December 18, 1997, Minister for Health Javed Hashmi referred twice to the proposed law and said the government would be going ahead with the law within a few months.

In August 1997 the Ministry of Law gave the go-ahead for federal legislation to protect breastfeeding and young child nutrition. Since then, final revisions have been made to the latest draft of the proposed law. The National Breastfeeding Steering Committee met on November 21, 1997 to review the bill. Certain expert bodies, including The Network, were asked to submit their comments and recommendations regarding the draft by December 31, 1997. Industry representatives were also invited to attend the meeting to present their views on the draft law. Senior Nestle lobbyists from outside Pakistan were also present. The government, however, made it clear that it was under no obligation to accommodate the industry's recommendations.

The draft of the proposed law currently under consideration was prepared by the Ministry of Health in mid-1995 and was based on the then in the works SAARC Code. Legislation in this regard was first drafted in 1989 by the Pakistan Pediatric Association.

The Ministry of Health commissioned a draft which was submitted for government consideration in the summer of 1992. Immediately thereafter, on August 11, 1992 the Ministry of Health notified infant formula as a drug for the purposes of the Drugs Act 1976. However, certain provisions of the Code, such as information and educational materials for health workers, quality and labeling are not covered by the Drugs Act. Though this notification could not be considered legislation and there was no attempt to implement even this 'stop-gap measure', it was promoted by the government as its determination to implement the International Code.

The comments of the infant food industry in Pakistan were sought. While there was no formal response, industry representatives frequently met with UNICEF (which was providing technical support) and the government to express reservations over the proposed law. In fact, one senior official from Nestle few into Pakistan in late October 1992 to meet with UNICEF and government officials, including the Drugs Controller.

On November 5, 1992, the Ministry of Health modified its notification on the grounds of 'public interest' and exempted infant formula and infant food from all provisions of the Drugs Act except those concerning advertising and sampling. As a result, there is no monitoring mechanism, no prosecution and judicial set-up and no penalty provisions, nor can any rules be enacted to implement the notification. Infant formula and infant food were not defined in the notification, its modification, the Drugs Act or any other law in Pakistan. Feeding bottles, teats and pacifiers were also not covered. A 1996 amendment to the Drugs Act included in its definitions "infant formulas, follow up milks, milk substitutes, baby foods, baby gruels, baby teas and juices, bottles and teats and any other product used as infant formula as such".

The Ministry of Health is to be commended for the strength of the current draft of the law, and it is encouraged to resist the pressures of the infant food industry in having the proposed law enacted and effectively implemented without further delay.

gossip from company circles which the store-owner might find interesting. Reps. also occasionally, if not regularly, give store-owners their due share in small gifts like notepads, which companies distribute in bulk. Sometimes the store-owners can request samples for their personal use. In return, the store-owners keep their friends up-to-date about market trends in their area. They can give surprisingly detailed accounts of who is prescribing what, which brand has what position in its category, who is paying how many visits, which doctor has stopped prescribing what brand and switched to what other brand. Reps. use all this information quickly to formulate in a matter of seconds their strategy for the next call as well as for the weeks and months to follow. Store-owners generally have no favorites and are friends with every rep.

The Network's monitoring strategy included this important source of information. Monitors were briefed about it and asked to look for doctor-specific information from stores as well and to write it separately as additional notes. It proved very interesting; monitors told the coordinators that in a number of cases the stores presented a story absolutely opposite from what the doctors narrated. For example, the store-owner would tell the monitor that he sells ten tins a week or more of formula and confirm that it is sold on a particular doctor's *parchee* (prescription) while the doctor would claim that he never or seldom prescribes formula. Most monitors reported similar experiences. However, this information was treated as supplementary and not included in the statistical analysis. For example, if the doctor denied ever receiving samples, it was counted as a "no" even if other evidence suggested otherwise.

General practitioners usually sell the samples of baby food products at their dispensaries or supply it to the attached medical store. Sometimes doctors give these as charity to poor patients - the last people who should be introduced to these expensive and unnecessary products - or to their "important" patients. People generally believe samples to be more potent, pure and effective than the medicine itself and thus value them more.

67 million people in Pakistan have no access to safe drinking water. A scene from near Kambar, a remote town of Sindh. *By Tahir Mehdi*

Abundance is the name of the game: A milk and tea shop in Quetta.
By TM

Baby food products available in Pakistan

Formula potpourri

At present, infant formula, other breastmilk substitutes and cereals do not require registration in order to be sold. Infant formula is normally imported as ordinary milk, so it is difficult to distinguish the quantity of specifically infant formula from the total imported milk. Additionally, many products smuggled into the country are readily available in the market.

According to the Ministry of Health there are "more than 160 brands of breastmilk substitutes currently being marketed by both local and foreign companies".

However, the Drug Index (a local commercial drug compendium) provides the details of 50 brands of infant formula (including follow-on and growing up milks) and 6 brands of infant cereals manufactured by 16 companies. Many other brands of infant formula, cereals and other infant food products are smuggled into the country and are readily available in the market.

Nestle, Morinaga, Meiji, Snow Brand, Mead Johnson, Nutricia, Cow & Gate, Abbott, Knoll Pharmaceuticals (formerly Boots Pharmaceuticals), Wyeth and Celia

are more visible than other small shareholders in Pakistan's booming baby food market. Almost all of them have a whole range of formulas for babies of different ages and those suffering from different ailments. Typically, the range consists of an infant formula, a follow-on formula, a lactose-free formula and a special "high nutrition" formula for babies born underweight or those suffering from diarrhea or "weakness".

Among the formulas that are certainly smuggled is a tin manufactured by Nutricia but packaged with generic labeling according to Iran's specifications and in the Persian language.

Also available in Quetta is a formula that was manufactured in Switzerland by Rapaks International of Australia for import by Uzbekistan and smuggled into Pakistan, possibly through Afghanistan. The label of this well-travelled brand is written in Russian, with the exception of the English words: 'Infant Milk Formula; and 'For the Infant's First Months'.

A whole range of assorted baby food items are also regularly smuggled into Pakistan from the Far East and the Middle East and sold at posh markets in all the big cities. Heinz complementary foods occupy permanent space in many shelves in Karachi and Lahore.

Feeding bottles come in all shapes and sizes. Shield and Kidco feeding bottles, teats and pacifiers, and Twinkle and Kid's Kare pacifiers are manufactured locally. Imported and smuggled brands come from Japan, Korea, Germany and elsewhere. Each brand attempts to distinguish itself from its competitors through their design and colorful animation and with this or that 'new and improved feature'.

Besides these products, The Network found a number of other things that it considers harmful for the protection and promotion of breastfeeding. Many dolls come with a feeding bottle and/or pacifier; story books are often illustrated with feeding bottles or babies being bottle fed. The Network has even found pencil sharpeners, candy dispensers, money banks and baby's 'squeak toys' in the shape of feeding bottles!

Price wars

The Network has determined the average per month cost of different brands of formula and the cost of feeding a baby these formulas from birth to six months of age according to the feeding table provided by the manufacturer.

The average per month cost of formula comes out to Rs 1,480, which is equal to the average monthly income in Pakistan!

The number of tins required to feed a baby varied according to three factors: tin size; scoop size and number of feeds per day.

Among the brands examined, the number of tins ranged from 41 tins of Abbott's Similac to 67 tins of Maeil's Babycare, and a whopping 107 boxes in the case of the Nestle's Lactogen 1 200g soft pack. The prices ranged from Rs. 102 (Nestle Lactogen 1, 400g soft pack) to Rs. 234 (Abbott Sensimil) among the 17 brands whose prices (of 375g/ 400g/ 450g tins) were examined.

Once again, Nestle is first in adopting the latest in a long line of promotional tactics. This time the line of attack is the 200g and 400g 'soft packs' of Lactogen 1 and Lactogen 2.

The cost of six months' worth of formula in soft packs is significantly lower than the same in tins. Nestle has exploited this fact by widely promoting Lactogen 1 soft packs on colorfully illustrated leaflets "for the medical profession only" as "the most economical infant formula in the market", surrounded by a pink starburst. Indeed, many doctors prescribing Lactogen 1, the only brand available in soft packs, do so because 'it is the cheapest'. Hence, product packaging has become yet another promotional ploy.

Following statistics are tabulated as Company; Brand; Number of tins needed to feed baby from birth to six months following feeding table provided; Cost per tin (Rs.); Cost per month (Rs.); Total cost (from birth to six months) (Rs.)

Abbott	Isomil	46	231	1,771	10,626
Abbott	Sensimil (400g)	46	234	1,794	10,764
Abbott	Similac	41	176	1,203	7,216
Meiji	FMT	55	155	1,421	8,525
Morinaga	Morinaga BF	61	145	1,474	8,845
Morinaga	NL-33	61	197	2,003	12,017
Nestle	al-110	48	215	1,720	10,320
Nestle	Lactogen 1 (200g box)	107	53	945	5,671
Nestle	Lactogen 1 (400g box)	54	102	918	5,508
Nestle	Lactogen 1 (450g tin)	48	180	1,440	8,640
Nestle	Nan	48	187	1,496	8,976
Nutricia	Almiron	49	185	1,511	9,065
Cow & Gate					
Nutricia	Nutrilon Premium	49	140	1,143	6,860
Nutricia	Nutrilon Soya	49	195	1,593	9,555
Snow Brand	P7A	60	155	1,550	9,300
Wyeth	S-26	50	200	1,667	10,000

Right: ***A Farex bunting that the company gives for shopkeepers to decorate their shops.***
Bottom: ***Two brands of formula with baby faces on the tins. Babycare is imported from South Korea while the other is smuggled from Central Asia.***

Facing page:
TOYING WITH THE CODE: Formula tins with visuals on the packs. The majority of companies use toys and other items of babies' use to associate their products with health, happiness and infants.

Visuals on baby food packing

Painting it red

What do the two Codes say?

No idealizing of bottle feeding;
No baby pictures
International Code, Article 9

Nothing to discourage breastfeeding;
No photos, graphics or drawings
SAARC Code, Article 3

Most companies no longer show pictures of babies on the labels of infant formula, though there are several exceptions. Maeil's (a Korean company) Babycare and a brand manufactured by Rapaks for import by Uzbekistan and smuggled into Pakistan, both show photographs of babies' faces, in contravention of both the International Code and the SAARC Code. The Rapaks tin also bears a photo of feeding bottles.

Great liberties are taken, however, in placing baby photos on cereals and other infant food labels marketed for use under 6 months of age. World Health Assembly resolution 47.5 recommends complementary feeding "from about six months". Cereals marketed for use below that age are, therefore, covered by the International Code as well as by the SAARC Code. Nestle's range of Cerelac flavors all feature baby photos, as does the Nestle Rice (formerly Nestum) label. On the label of Farley's Farex, a mother gazes lovingly at her baby. The Farex label also bears the slogan "So Farley's, So Good" on building blocks.

Other illustrations and graphics are widely used on infant formulas, follow-on formula and cereals to undermine and discourage breastfeeding more subtly -- in violation of Articles 3.1(a) and 3.1(g) of the SAARC Code, if not the International Code, which prohibits in Article 9.1 the idealization of the use of infant formula. All Nutricia labels carry illustrations of the same teddy bear, flowers and feeding bottle (feeding cup in the case of Nutrilon follow-on). Newer labels of Nutrilon premium no longer include the feeding bottle following a policy change in order to "follow latest rules and regulations set by PPA/WHO." (See box on page 22.)

Abbott, too, adorns its labels of Isomil and Similac with an illustration of a teddy bear, a feeding bottle and a cup, while Sensimil labels show an illustration of a similar bear, holding a comfort blanket beside a pillow and apparently giggling behind its paw. Wyeth's Wysoy bears an illustration of a fuzzy, stuffed rabbit sitting on a blanket with butterflies on it. On Celia's Celia 1 a

non-specific cartoon animal carrying a feeding bottle appears three times. Farley's Farlac shows a bunny riding a bicycle with a boy and girl watching and a bird in a tree.

Morinaga is widely recognized by the cow face in the company logo, which "graces" more than half of the front of the Morinaga BF tin. The cow is associated with this product to such an extent that many mothers refer to it as "*gaey wallay dabbay ka dudh*" (the milk tin with the cow on it).

Nestle places a feeding cup on the label of locally made soft packs of Lactogen 2, though not on the imported 450g tin. Cartoon illustrations of a smiling sun, a bee, flowers, rolling hills and the blue sky appear on Neslac labels.

The labels of some products entice mothers to use them unnecessarily and perhaps prematurely through images of immaculate ingredients that are supposedly superior to the blemished but otherwise identical item she may buy fresh from her local market. Nestle's range of Cerelac flavors all feature a perfect bowl of cereal surrounded by perfect wheat stalks and perfect honeycombs, bananas or other fruit, depending on the flavor. Similarly, Nestle Rice (formerly Nestum) uses perfect rice stalks around a perfect bowl of cereal to idealize the product.

An arrangement of flawless fruit is the centerpiece of the Heinz Fruit Dessert label, while Heinz Apple Juice features an illustration of apples and blossoms, along with graphics of a feeding bottle and a feeding cup.

Many labels of feeding bottles, teats, nipple shields and pacifiers contain photos, drawings and other graphics. Especially popular are photos and illustrations of babies with their mothers, in an attempt to associate the product with a loving and caring mother and the strong bond between her and her baby. This idealizes the use of the product and ultimately discourages breastfeeding, which is forbidden by Article 9.1 of the International Code and Articles 3.1(a) and 3.1(g) of the SAARC Code.

Twinkle adorns its teat labels with a photo of mother and her baby, a photo of the teat, as well as graphics illustrating how the teat design supposedly helps the milk flow by allowing air to escape before the milk enters the baby's mouth. A photo of a mother with her baby is featured on the labels of Kidco feeding bottles, along with a photo of the bottle (full of milk) and its components. The window panel shows the bottle is decorated with fluffy teddy bears - what the label describes as a "colorful design."

Camera pacifiers also show an illustration of a baby face. The label of Camera feeding bottles shows a drawing of a bottle decorated with a cartoon child, blocks, toffee, ice cream and a puppy. There are also drawings of lambs riding unicorns, stars, moons, houses, a lace design, as well as an illustration of the teat.

The label of Kid's Kare pacifier contains photos of a baby and the pacifier, as well as the brand name in a banner. Baby Beginnings feeding bottle has on its labels a graphic of the bottle and its components. Labels of Shield evenflow feeder contain photos of the bottle (assembled and disassembled), and a graphic of a child using a bottle, while a window panel shows that the bottle is decorated with balloons and stars.

A photo of a mother and baby appear on the labels of Farlin feeding bottles, as well as a graphic of the bottle parts. Also, two window panels allow mothers to see the bottle, which is decorated with a rainbow, trees, water, crabs and birds. A baby photo is also included on the label of Pigeon pacifiers, as well as a photo of the pacifier covered with a cap. The pacifier is visible through a window panel. Pur feeding bottle labels have an illustration of a baby and a cartoon elephant, and the bottle is decorated with cartoon animals riding carousel horses.

Article 9.1 of the International Code says, "labels should be designed to provide the necessary information about the appropriate use of the product." Product confusion can arise, however, when companies play with the colour and design of the packing to create an association between several products. This can prove very harmful for babies: if a so-called follow-on formula is given to a baby under six months, its higher protein and mineral content increases the risk of dehydration during diarrhea.

The infant formula and the follow-on milk are especially easy to confuse when

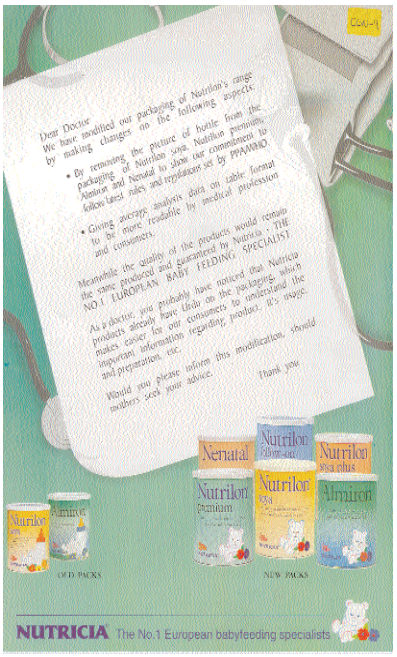
Feeding bottle companies consider themselves outside the purview of the Codes and take full liberty with all types of marketing tactics. Almost all of them have a baby picture on their pack labels. Shelves filled with feeding bottles at a Bahawalpur store. *By Ayyaz Kiani*

Too late the hero!

Doctors in Pakistan have been notified by a Nutricia circular that the company has modified the packaging of its Nutrilon range, in an effort to show Nutricia's commitment to follow the latest rules and regulations set by PPA/WHO.

The changes include giving the average analysis data in the format of a table to make it more readable by medical professionals and consumers and removing the picture of a feeding bottle from the packaging of Nutrilon Soya, Nutrilon premium, Almiron and Nenatal.

These "latest rules and regulations" mentioned in the circular refer apparently to the International Code of Marketing of Breastmilk Substitutes, adopted in 1981! The International Code in Article 9.2 prohibits labels of infant formula from bearing pictures of infants or other pictures or text which may idealize the use of infant formula. This restriction, in place since 1981,



includes not only the feeding bottle which Nutricia has belatedly removed from its Nutrilon range labels, but also the fluffy teddy bear - easily associated with happy, healthy babies, thereby idealizing the use of the product - which the company failed to remove from its product labels.

The doctors are asked to inform mothers of this modification should they seek their advice.

the label designs are similar, with only minor differences. Nestle's Lactogen 1 & 2 labels, for example, are very similar - the names are the same, the only difference being '1' and '2', and Lactogen 2 packs are lighter blue while Lactogen 1 packs are darker. The label is also comparable to that of Nan, which follows the same design in a shade of green.

The labels of Meiji's follow-on formula Meiji Fu are very similar in design to that of Meiji FMT. About the top half of the Meiji Fu label is red, the bottom white, with a gold ribbon dividing. Meiji FMT is white on the top and red on the bottom with gold and orange bands dividing.

The labels of Nutrilon Follow-on and Nutrilon Soya Plus resemble the labels of all Nutricia formulas. The root name 'Nutrilon' is the same as in other Nutricia brands only the suffix is different. All the labels contain the same teddy bear and flowers and the feeding bottle is replaced with a feeding cup. Nutrilon Soya Plus labels are a darker shade of the same colour as the Nutrilon Soya labels.

Shelves of a baby food shop in Quetta.
By TM

Text of labels

Mincing words

In contravention of Article 9.1 of the International Code and Article 3.1(a) of the SAARC Code, infant food manufacturers manipulate the text of their product labels to discourage breastfeeding. One of the easiest and most effective way to discourage breastfeeding is to undermine a mother's confidence in her ability to produce milk. This is done through statements which suggest that many women are unable to produce enough milk and must supplement their milk with formula, or that unhealthy women can't breastfeed, or that "sometimes it just doesn't work out."

Many labels blatantly suggest that breastfeeding may not be possible or that a mother's milk may be insufficient. Wyeth's S-26 reports that it "is intended to replace or supplement breastmilk when breastfeeding is not possible or is insufficient...." The label of Meiji FMT indicates that this product is meant for times "when mother's milk is not available in sufficient quantity." On the label of Abbott's Similac, mothers are told: "If breastfeeding is not possible consult your medical advisor about using Similac as the replacement."

O-Lac, Mead Johnson would have mothers believe, is the answer to any and all difficulties. "Sometimes doctors advise to use O-Lac," the label asserts, "if mother's milk is unavailable or prohibited or if more milk is required or infant doesn't tolerate lactose." Likewise, Celia 1 can be used, the label tells us, "when breast-feeding is impossible." The corresponding statement

What do the two Codes say?

No idealizing of bottle feeding; Superiority of breastfeeding statement; Warning of health hazards and other specified information, Local language
International Code, Article 9

Nothing to discourage breastfeeding; Labels must contain specific warnings; Local language
SAARC Code, Article 3

in Urdu says the product is suitable "when mother is not able to provide sufficient milk for baby." Under the heading "Important Advice", it says its product Celia 1 "is used to replace the breastmilk ..." and that it "supplies the baby's requirements and gives him all the nutrients necessary for his development." In Urdu, too, it says: "Celia 1 is a complete substitute."

Several companies were found negligent of their responsibility under Article 9.2 of the International Code to have on their infant formula labels a statement of the superiority of breastfeeding. No product carried the relevant notice that Article 3.1(b) of the SAARC Code stipulates must appear on all designated products. On Maeil's Babycare the statement is absent, as it is on labels of Mead Johnson's Enfalac.

On labels of Enfalac Premature Formula, Mead Johnson dismisses even the possibility of breastfeeding a premature baby, making not so much as a mention of breastfeeding - much less a statement of the superiority of breastfeeding. There is, however, plenty of reference to hospital use of the product and special feeding. "Use according to doctor's advice," reinforces the impression of medical endorsement of the product.

Breastfeeding continues to be vital to young child nutrition up to two years and beyond. Abbott's PediaSure, intended for use by children as young as one year of age, makes no mention of breastfeeding. Indeed, the product is marketed as a "total diet replacement or supplement."

Nestle's Neslac, marketed for use from 1 year of age, necessarily replaces the breastmilk portion of a breastfed young child's diet. Yet its label offers the self-contradictory statement: "Neslac is not a breastmilk substitute, but a growing-up milk specially suited to healthy children from 1 year of age."

Nutricia takes a similar cop-out on labels of Nutrilon Follow-on: Nutrilon Follow-on "is not intended to be used as a partial or total replacement of breastmilk but should be used exclusively as a part of the progressively diversifying menu of your child, notwithstanding the prolonged use of breastmilk or infant formula."

The required statement of the superiority of breastfeeding is frequently twisted. References to a "healthy mother's milk" leave the false impression in a mother's mind that she should not breastfeed if her diet is less than perfect or if she is "weak" or ill.

On Snow Brand's P7A the statement reads: "Healthy mother's milk is recognized as the best for babies." The very next sentence again refers to "well-nourished, healthy mother's milk." Meiji FMT makes a subtle presentation: "The milk from a healthy mother is the best nutrition for a baby." This statement, however, does not appear in Urdu. Celia's version of the required statement on its Prep 1 label reads: "Healthy mother's milk is the best food for infants", as it also appears on Morinaga's Chilmil and NL-33.

The required statement of the superiority of breastfeeding is weakened on both Similac and Sensimil to read: "Breastfeeding is best for infants and is recommended for as long as possible during infancy." The phrase "for as long as possible" informs a mother that inevitably a time will come when she will no longer be able to breastfeed her baby. By adding "during infancy", Abbott discourages breastfeeding beyond one-year, the period which is widely understood as infancy. On labels of Al-110, Nestle makes the confusing statement: "Breastfeeding is still best for babies."

Another popular ploy used by infant food manufacturers is to promote their product as "nutritionally complete", or "closest to mother's milk." Inflated claims about the nutritional content or special formulations/modifications, or associating the product with healthy growth or doctor's endorsement create doubts in mothers' minds about the quality of their own milk. This ultimately discourages breastfeeding and is, therefore, in contravention of Article 9.1 of the International Code and Article3.1(a) of the SAARC Code.

Nutricia's Almiron and Nutrilon Premium are promoted as being "nutritionally complete", while Nutrilon Soya is termed "complete infant formula." Nutrilon Follow-on suggests that it can complete the nutritional requirements not being met when breastmilk is supplemented by solid foods, implying that breastmilk somehow becomes inferior after the introduction of solids. It

also refers to a "weaning period" - which indicates the cessation of breastfeeding - between 6 and 12 months of age. Labels of Celia's Celia 1 boast that the product has been "Polyvitaminized".

Farley's Farex discourages sustained breastfeeding by recommending Farex followed by milk from breast or bottle, whereas breastmilk continues to be the primary source of nutrition for the first year of life and should be given to baby before their solid meal. Breastfeeding a baby full of Farex will result in less stimulation of the breast, leading to less milk production and an early cessation of breastfeeding. This suits Farley's just fine, as the label says: "When weaning is completed, Farex can continue to form the basis of the daily diet."

The labels of feeding bottles, teats, nipple shields and pacifiers discourage breastfeeding in contravention of Article 9.1 of the International Code and Article 3.1(a) of the SAARC Code by creating the impression that bottle-feeding is convenient and easy. Manufacturers present safety as their number one concern and promote their products as specially designed with baby's health and well being in mind. Kidco feeders, too, claim to be "non-toxic and totally safe to use" while Shield products are labeled "the choice of wise mothers."

The World Health Assembly takes the position that most babies need nothing other than breastmilk for about the first six months (WHA 47.5). Most manufacturers, however, suggest mothers introduce complementary foods when their babies are four to six months.

Among the manufacturers and brands recommending a premature introduction of complementary foods are Meiji Fu (from four to five months), Nestle's Lactogen 1 (from four months), Nutricia's Almiron, Nutrilon Premium and Nutrilon Soya (from four months).

Other products themselves are recommended from too early an age, such as Farley's Farex (from four months, but the label also says Farex may be given to baby as early as the fourth month, i.e. from three months of age), Farex-veg (from fifth month, i.e. from four months), Farley's Farlac (from four months), Nestle's Nestum (from about four months), Nestle's Cerelac (from four months, except honey flavor which is to be used from six months), Heinz Apple Juice ("strained for infants from four months", "May also be diluted for younger infants"), Hero Baby fruit juice (from third month, i.e. from two months). The package design of Heinz Apple Juice is such that a teat may be attached directly on the bottleneck for easy serving.

Some companies use the term "weaning" to refer to the introduction of complementary foods. While neither the International Code nor the SAARC Code explicitly forbid the term, it does discourage continued breastfeeding by implying the cessation of breastfeeding, not merely the introduction of semi-solid foods. Nestle's Lactogen 2 is recommended for use "during and after weaning" on soft pack labels "from the 6th month" and on 450 gm tins "from the 5th month", indicating the premature cessation of breastfeeding. Curiously, the label alleges that the product is "not a breastmilk substitute", but goes on to say it is "designed ... as the liquid part of the diet" - necessarily the breastmilk part of the diet of a breastfed infant or young child.

Labels of Wyeth's Wysoy are in English only as are the labels of Farley's Farex. The only Urdu on Maeil's Babycare and Nestle's Al-110 is found on lid inserts, although Al-110 labels find space to include instructions in Filipino. The International Code specifies that all required information

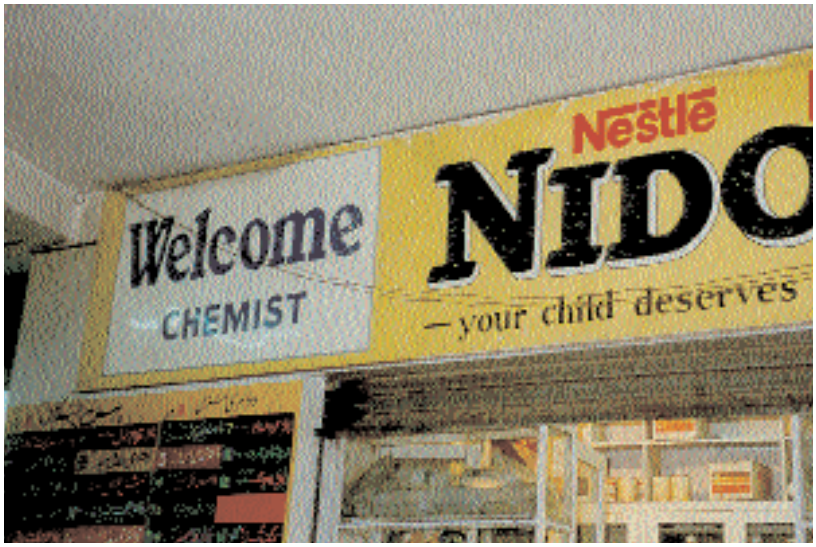
Tragedy of errors

The labels of at least one batch of Lactogen 2 were found to carry erroneous information.

Nestle and other infant formula manufacturers present the nutritional information of their products under two headings: "Per 100 g of powder" and "Per liter of prepared formula." Network has come across 200g soft packs of Lactogen 2 (expiry February 1998, batch # OS6BBS) which carry values for 100 ml of prepared formula under the heading "Per liter of prepared formula." That is to say, the nutritional value provided is actually 1/10 the real value.

This error is confirmed from other 200g soft packs of Lactogen 2 manufactured before (expiry August 1997) and after (expiry March 1998) the defective packages. These two packages carry the correct headings, and therefore the accurate nutritional value.

Facing page:
The four brands that do not have preparation instructions in Urdu properly placed on tins.



A number of mothers were reported by monitors to be feeding Nestle's Nido to their infants. Even some doctors admitted to prescribing this powder milk, pleading that it is cheap and nutritious and that their poor patients could not afford to buy expensive formulas. Though Nestle promotes Nido as regular milk for older children and adults, the company's warning against its use for younger child reads simply: "However, like liquid fresh milk, it has not been modified for infant feeding."

Photo: ***A Nido sponsored sign board of a medical store inside a medical complex in Peshawar.*** *By Dr Mohammad Tanveer*

must appear on a label or sticker not easily detached from the product unit. It is only "additional" product information that may be included on package inserts. Similarly, though Celia 1 labels managed to accommodate English, French and Arabic, only minimal information in Urdu is provided -- and that, too, on the bottom of the tin!

On many labels, the ingredients, analysis and composition are provided in English only. Such is the case with Wyeth's S-26, Meiji FMT, Meiji FU, Meiji Lactoless, Nutricia's Nutrilon Premium, Morinaga's Morinaga BF, NL-33 and Chilmil, Abbott's Isomil, Sensimil and PediaSure, Nestle's Al-110, Lactogen 1, Lactogen 2 and Neslac, Mead Johnson's Enfalac and O-Lac, Celia's Celia 1 and Prep-1. Analysis is in English only also on Nestle's Nestum and Cerelac.

Maeil's Babycare provides no list of ingredients. Celia's Prep-1 fails also to indicate the required storage conditions.

Not a single Urdu word appears on the labels of any feeding bottles, teats and pacifiers except Twinkle. Smuggled baby foods - the Iranian tin of Nutricia, Rapaks formula from Uzbekistan and Heinz products - obviously bear no instructions or warning in Urdu.

The International Code requires that the labels of infant formula contain a warning of the health hazards of inappropriate preparation. Some products that do carry the required warning down play the severity of the hazard. Morinaga BF labels, for example, state: "Misuse may lead to a lower level of infant health and nutrition."

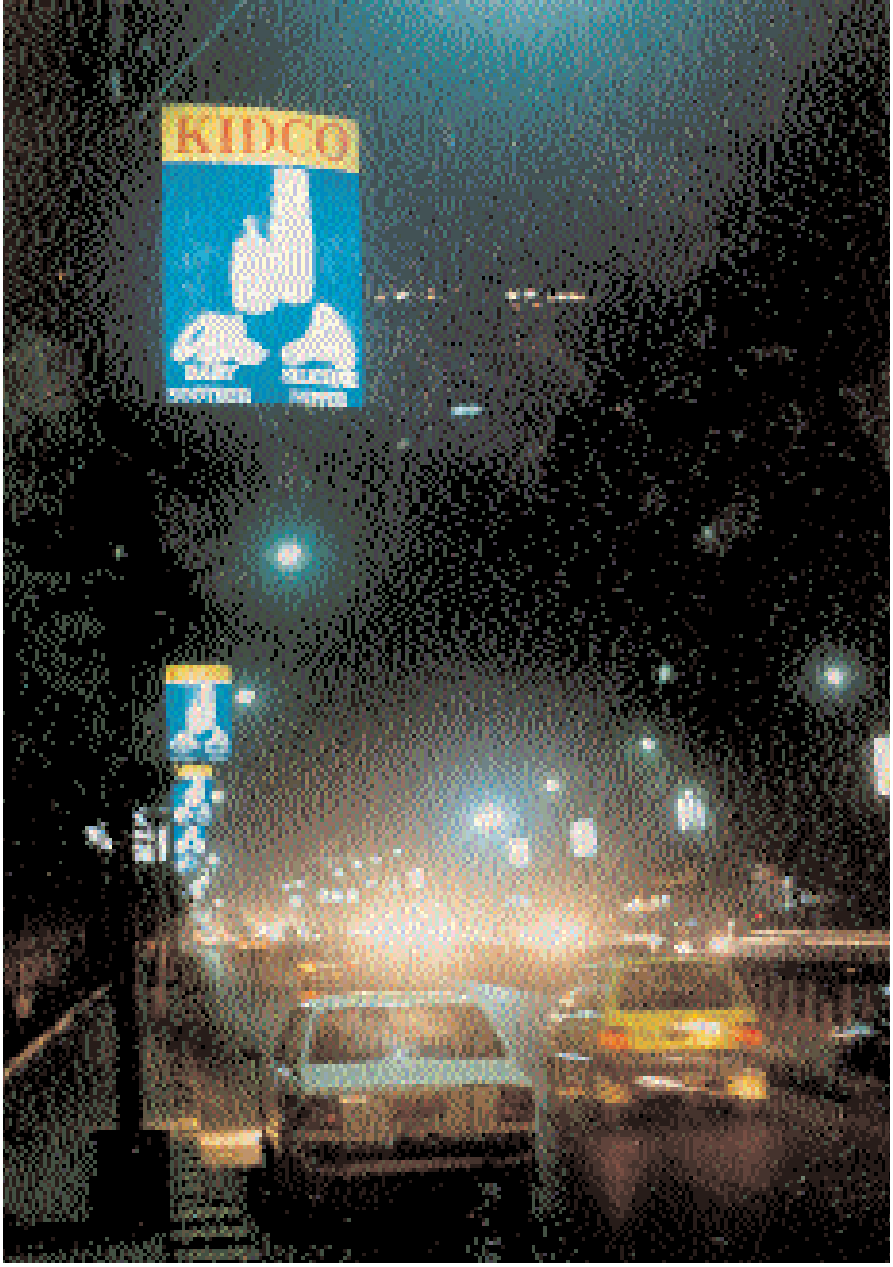
Information for the appropriate use of the product as required by Article 9.1 of the International Code and Article 3.1(c) of the SAARC Code is in many cases insufficient or unclear. Morinaga's Chilmil, Abbott's PediaSure and Maeil's Babycare do not have any graphics to demonstrate use of product. There are no graphics on the labels of Farley's Farlac and Farex or Nestle's Nestum, while the preparation of Cerelac is demonstrated with photographs.

The SAARC Code requires in Article 3.2 that labels of infant formula "indicate the number of containers of the same weight required to properly feed an infant for the first six months of life." None of the labels examined provided such information, although several indicated the yield of one tin or how many days one tin may last.

The SAARC Code also requires in Article 3.1(h) that all labels must "contain the name and address of the manufacturer and of the wholesale distributor if the designated product is an imported item."

The complete name and address of neither the manufacturer nor the distributor was provided on the labels of Wyeth's S-26, Meiji FMT, Meiji Fu, Meiji Lactoless, Abbott's Isomil, Nestle's Lactogen 2 (450g tin) and Maeil's Babycare. On Celia's Prep 1, the manufacturers name and address are given as is the name but not the address of the local distributor (International Brands (Pvt.) Ltd.). Many more manufacturers also make no mention of the wholesale distributor. This was the case with Snow Brand's P7A, Nutricia's Almiron, Nutrilon Soya, Nutrilon Premium and Nutrilon Follow-on, Morinaga's Morinaga BF, NL-33, and Chilmil, Abbott's Similac, Sensimil and PediaSure, Mead Johnson's O-Lac and Enfalac, Celia's Celia 1.

The addresses of the local manufacturers of Twinkle teats and Shield evenflow feeding bottles are incomplete.



Left: ***Kidco's illuminated pole signs alongside a busy road in Karachi.***
By Tahir Mehdi
Top: ***Nestle Cerelac's newspaper advertisement offering a free photo frame with every pack.***

Promotion to mothers through mass media

Loud lies

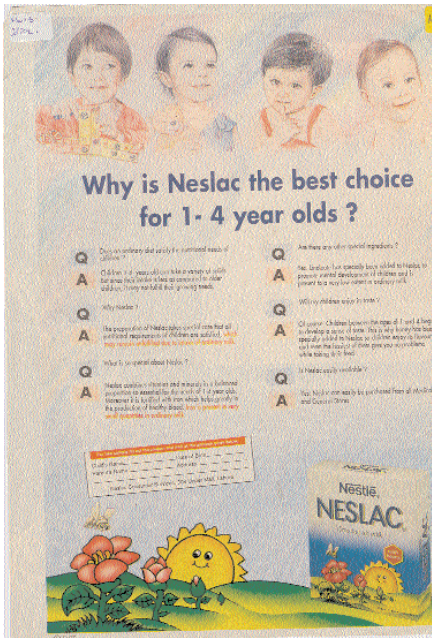
Nestle uses the mass media to promote its products, going against Article 5.1 of the International Code and Article 5.1 of the SAARC Code. Television advertisements of Cerelac and Neslac are aired regularly.

One Cerelac advertisement shows a mother preparing home foods for her baby while a modern looking woman tells her that these foods may not fulfill her baby's protein, carbohydrate and vitamin requirements and that her baby needs a balanced diet. "How could I know whether the diet is balanced or not", asks mother. "You need not worry, just start using Cerelac," is the reply.

The Neslac TV ad emphasizes that one year of age is some sort of a turning point in a baby's life, and that this is

What do the two Codes say?

No advertising or promotion
No discount coupons, special sales, point-of sale promotion
International Code, Article 5; SAARC Code, Article 5



Top right: ***A Shield soothers banner in Karachi.*** *By TM*
Top left: ***Neslac advertisement in a journal with a coupon offering a free sample by post.***
Bottom: ***A Farex billboard in Karachi.*** *By TM*

exactly the time the baby should be put on Neslac.

Nestle some time ago produced a childcare talk show that was broadcast on a local private channel, NTM. The show, titled "Nestle sitaron kay chand" (Nestle: Moons of the stars), invited popular show-biz personalities with their spouses and leading pediatricians to share their personal experiences about childcare. The discussion made no direct reference to Nestle products, but short breaks during the program were loaded with Nestle ads. It is another example of companies using products not covered by the International Code to establish a link between childcare and the company name.

Both Cerelac and Neslac are massively advertised in the print media as well. The ads appear in family, fashion and political magazines and daily newspapers.

Nestle has recently offered one free photo frame with every 400 gm pack of Cerelac and this is also advertised on TV and in the print media.

A Neslac advertisement in the print media compares the product with "ordinary" milk and says ordinary milk cannot fulfill the nutritional requirements of 1 to 4 years old children. It does not specify what is meant by ordinary milk and has no breastfeeding related warning/important notice on it. Neslac ads include a coupon that says, "For free sample fill out the coupon and mail."

Nestle also spends hefty amounts on sponsoring different public events. In Rawalpindi Nestle has been supporting a puppet show for children while it sponsored the program card of a musical function in Lahore titled "Living Traditions of Music in Asia and the Muslim World" held on April 2-5, 1997. UNESCO supported the program, held under the auspices of Pakistan National Council of the Arts. Teams of Nestle marketing personnel have been visiting schools promoting the company image in general and some products like Nido in particular.

Knoll Pharmaceutical's (formerly Boots) Farex is also advertised on television. Some monitors have spotted Farex billboards as well.

Shield and Kidco run very aggressive promotional campaigns for their feeding bottles, pacifiers and teats and use every marketing tactic for the purpose, including mass media advertising. Both companies run ads in local newspapers and journals and use billboards and illuminated pole signs. Shield also advertises its soothers on the electronic media.

Left: ***A mother with the prescribed 'treatment' for her ailing little baby in the pediatric ward of District Headquarter Hospital, Sargodha.*** *By Aisha Gazdar*
Bottom: ***COMPANY'S EYE VIEW: The caricature of a breastfeeding mother and a photo of a bottle feeding mother in a Meiji information brochure for mothers.***

Promotion to mothers in health facilities

Cautious whispers

Direct promotion to mothers is not central to the formula companies' selling strategies. That is not to say that the companies have stopped approaching mothers altogether. The business potential of talking to mothers face-to-face is too tempting for many companies, especially in areas where competition is stiff. They covertly seek contact with mothers (in violation of Article 5.5 of the International Code) or camouflage formula promotion campaigns by putting up front products not covered by the International Code. The companies are very cautious not to leave any footprints.

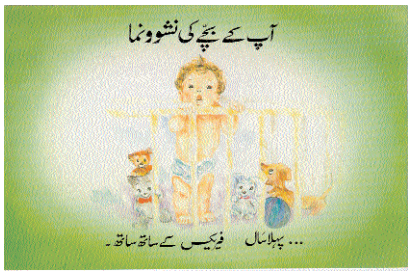
Boots Pharmaceuticals (now Knoll Pharmaceuticals) has held healthy baby shows for the promotion of its cereal, Farex. This was reported from Quetta, Sukkur and DG Khan. The company has printed standard posters with blank spaces for the date, time and place of the show. The company representative decides the schedule in consultation with the hospital administration. The completed poster is pasted at a prominent place in the hospital. The jury consists of hospital doctors whom the company wants to please. Small gifts and samples of baby food products are showered on the participating mothers at the end of the show while the fatter gifts go to the jury (in violation of

What do the two Codes say?

Marketing personnel not to seek direct contact with mothers; No promotion of breastmilk substitutes; No product displays, advertising posters; No gifts, samples to mothers; Information or educational materials must contain required information
International Code, Articles 5, 6 and 4.2

No promotion of designated products; No product displays, advertising posters; No gifts, samples to mothers; Companies not to produce information or educational materials
SAARC Code, Article 5

Top: ***A Farex baby show poster on the wall of a maternity home in Sukkur.***
By Azra Talat Saeed
Bottom: ***Cover and page 8 of the Farex information booklet for mothers.***



Articles 5.2, 5.4 and 7.3 of the International Code and Articles 4.3, 5.4 and 5.6 of the SAARC Code). The company also hands out (in violation of Article 4.3 of the International Code and Article 5.3 of the SAARC Code) information leaflets and booklets about child-care to mothers.

Similarly, one monitor reported that CMH (Combined Military Hospital), Bahawalpur had in the recent past organized a meeting for mothers on preventive health-care. Nestle donated samples of Cerelac and Nestle Rice in a large quantity for distribution on the occasion, and a doctor demonstrated the preparation and use of these products to mothers on behalf of Nestle.

A leading pediatrician of Multan told a monitor that formula company representatives had requested that he let them spend ten minutes with mothers in his private clinic but he refused.

Representatives of Nestle directly approach mothers in hospitals and clinics. A monitor in Quetta witnessed a Nestle representative distributing a carload of Cerelac samples to mothers inside the waiting area of a private clinic. A former Nestle representative told Network in an interview that they are asked by the company to approach mothers in the waiting areas of children's wards, gynecology wards and immunization centers and to give them free samples of Cerelac and Nestle Rice. "We are asked to pay extra attention to a mother breastfeeding her child and tell her about Lactogen," said the former Nestle rep. "We even wrote 'prescriptions' for Lactogen 1 or 2 on plain slips of paper and signed them ourselves."

The International Code permits informational and educational materials only at the request and with the written approval of the appropriate government authority (Article 4.3) and stipulates that such materials dealing with infant feeding and intended to reach mothers must contain certain information (Article 4.2). It may bear the company's name or logo, but not refer to a proprietary product within the scope of the Code. Article 7.2 says information provided to health professionals regarding products within the scope of the Code should be restricted to scientific and factual matters and include the information specified in Article 4.2. The SAARC Code in Article 5.3 prohibits manufacturers and distributors from producing or distributing educational or information materials relating to infant and young child feeding. However, companies produce materials in contravention of these provisions.

Boots (now Knoll) distributes a 24-page Urdu booklet to mothers titled "Your child's growth: first year with Farex." It contains none of the information required by Article 4.2 of the International Code and its very existence is in violation of Article 5.3 of the SAARC Code. The text of the booklet and the pack shot on the inside cover specify three months as the complementary food age. (Boots some time ago changed the age to four months on its product labels but has not carried the change to its promotional literature.) Though the booklet is seemingly a part of the Farex promotion campaign, careful reading reveals that the cereal is a mere cover-up, and the booklet is part of an integrated campaign to promote bottle feeding. Some translated excerpts are as follows.

"Father and child

To participate in a child's upbringing is also a father's duty. This duty starts from your wife's pregnancy and continues afterwards. The father should practically participate in changing baby's clothes, *feeding (milk/foods)* to him/her on time and bathing the baby." (Emphasis added.Ed.) Page 3

"Soothers

Formerly it had been a controversy whether or not to give the baby a soother. But now pediatricians and psychologists permit its

use. It gives babies contentment and happiness. Soothers have been termed as 'second mother' and 'little gymnastic toy'. While using soothers keep them clean and never put sugar or honey on them. If possible use two soothers alternately. The benefit of a soother is that the children use this little toy for physical exercise and business (or pastime, hobby: Ed). It helps in the growth of cheek muscles." Page 6 (A number of studies have established that soothers undermine breastfeeding.)

"Breastfeeding or bottle feeding

Breastmilk is best for babies. This is the natural way. If you are breastfeeding, follow the following simple instructions:

Keep breast clean. Feeding times are not fixed. The baby sets the timing according to his/her need.

Lactating mothers should use fewer medicines, and doctor's advice must be sought before using any medicine.

If for any reason you do not breastfeed, consult doctor to decide which powder milk is better for your baby. If you are not breastfeeding your baby, do not harbor any negative feelings in your heart.

The important thing is that the child's health is connected to the mother's contentment and satisfaction. If, God forbid, you are unhappy and worried, the child will also have similar feelings." Page 8

"Stopping breastfeeding and child's first solid food

The second step in relation to child's foods is stopping breastfeeding. The important thing is it should be done at an appropriate and right time. You should neither hurry, nor delay it. This change is essential since milk is not a complete diet. Milk lacks iron, which is an important nutrient. Iron makes red blood cells. It has been a custom to stop breastfeeding when the child is one year or older (and in this way) there was a possibility of the child having a shortage of blood and lacking growth.

The age for stopping breastfeeding cannot be fixed as the same for every child. In normal conditions three, four months is an appropriate age, when the child weighs 7.5 kg (15 lbs.)." Page 9

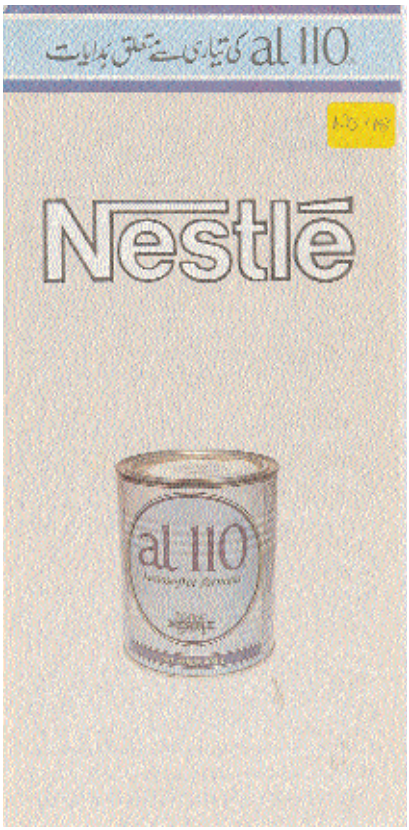
"Mothers should not ignore themselves

Mothers have to ignore themselves in first three months of childcare. If you are breastfeeding, you have to pay even more attention and sacrifice a lot more. But slowly you can again start paying attention to your routine pursuits according to your personal needs and interests and *financial capacity*." (Emphasis added: Ed) Page 21

Though the booklet is ostensibly about a complementary food, it misguides mothers about breastfeeding and promotes bottle feeding and the use of pacifiers/soothers. It says that breastfeeding is best but also tells mothers that bottle feeding isn't harmful either. If mothers are breastfeeding, it asks them to stop it at three, four months of age and frightens them by saying their child would otherwise be deficient in iron and blood. Posing as a neutral adviser the booklet mentions only on the last page that mothers should give their babies Farex, but it is very open about its preference for bottle feeding. The food schedule for six-month-old suggests home prepared foods and "milk in bottle made from 200 gm milk powder."

Nestle gives stacks of leaflets of Neslac and Cerelac to doctors in hospitals and private clinics for distribution to mothers. A Neslac brochure in Urdu directly addressing mothers does not mention the age from which mothers could start giving this milk product to their babies. It starts by informing them that the first four years in the life of their child are very important and then lists all the great nutrients that Neslac has. The leaflet has a growth chart printed on the back and says it

Top: ***Nestle Lactogen 1 information leaflet for mothers with a packshot.*** *Bottom:* ***Cover of a single-fold leaflet of Neslac for mothers that does not mention the age from which mothers should start giving their babies the product.***



Nestle Al 110's information leaflet for mothers with a packshot on the cover.

has the approval of the Pakistan Pediatric Association, which is not the appropriate government authority referred to in Article 4.3.

Another Neslac leaflet asks parents to give their child this wonderful gift on his/her first birthday. It does not contain the information required by Article 4.2 of the International Code and compares Neslac with fresh animal milk as if at one year of age, breastfeeding has long since ceased. The promotional materials of Neslac suggest that a one-year-old child is too old to be breastfed or that breastfeeding is only suitable for infants a few months of age.

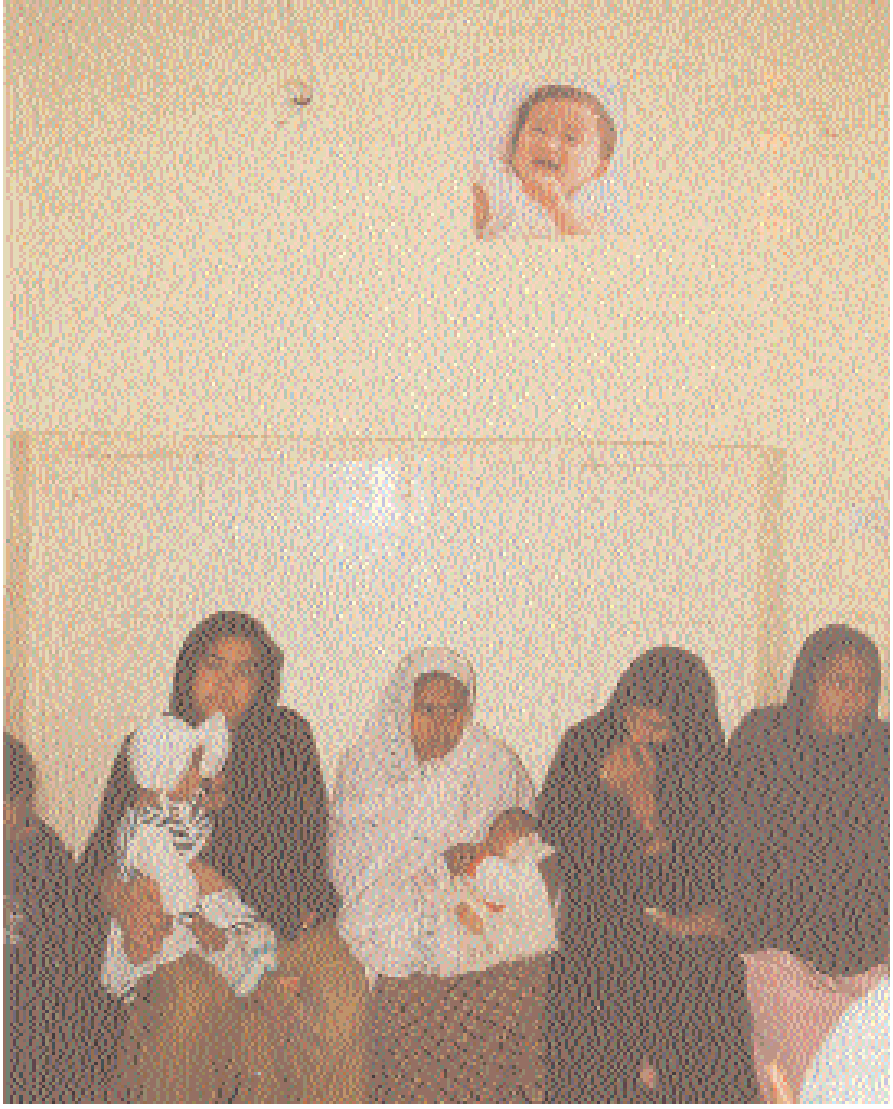
The promotional brochures of Cerelac, which has been sub-titled by the company "Infant *Milk* Cereal" (emphasis added: Ed), do not contain the information required by Article 4.2 and promote the use of the product from below six months of age. They also directly attack home-made foods and create doubts about the protein, vitamin and other nutritional contents of these foods.

Nestle leaflets containing information about using infant formulas Lactogen 1 and Al-110 are distributed to mothers through hospitals and clinics. These brochures are also distributed by company representatives directly to mothers and all of these clearly refer to their products and contain pack-shots, in violation of Article 4.3 of the International Code and Article 5.3 of the SAARC Code.

A Meiji FMT brochure is vicious in approach and is a cruel joke with breastfeeding mothers. The eight-page brochure in English is promotional in all regards. On the cover it says: "Meiji FMT Quick dissolving, Taurine enriched infant formula." It offers mothers six simple indicators to determine whether or not their breastmilk is sufficient for their babies, such as "Breast not full" and "Baby is cranky." The brochure lists ten salient features of Meiji FMT that include FMT's comparison with mother's and cow's milks. The brochure contains formula preparation details, cautions and feeding schedule titled: "Smart ways to feed baby". It has a pictorial section that boasts of Meiji's research and development excellence and industrial superiority.

The inside cover has two paragraphs arranged side by side. The first one titled "Babies love mother's breast milk. Healthy breast milk gives baby the ideal nutrition", praises the breastfeeding practice. The facing paragraph is titled: "A mother's 'peace of mind' is the most important thing" and reads as follows: "Sometimes breast-feeding just doesn't go the way you want. You want to breast-feed your baby, you try to start but you just can't get any milk. The baby is crying and the mother is flustered. She's really worried because she doesn't know whether the milk will come out sufficiently. Infant formula was made for those times. One of these infant formulas is Meiji FMT Soft Curd Powdered Milk. It's manufactured according to the latest findings in the composition of mother's milk, so you can rest assured. A baby loves its mother's smile."

Wyeth distributes a "child growth record card" to mothers through doctors and directly. This single-fold card has a baby picture with a Promil tin image on the back. The Urdu text of the card is addressed to mothers, saying: "Promil, Milk full of protein for children of six months of age and older." Inside, the card says: "Your child's care - to the road to better health." The card has spaces for writing dates for a child's firsts. One section of the card titled "Food card" has From and To blanks to be filled in for breastfeeding, infant formula, follow-on formula and cereals.Unlike Europe or America, people in Pakistan do not keep date records of their child's firsts. As such, this card has no gift value for any mother, but it does have promotional value for the company.



Three out of every four mothers in Pakistan cannot read or write. Mothers with sick babies queue at a children's clinic in Multan.
By Samina Zafar

What do mothers say?

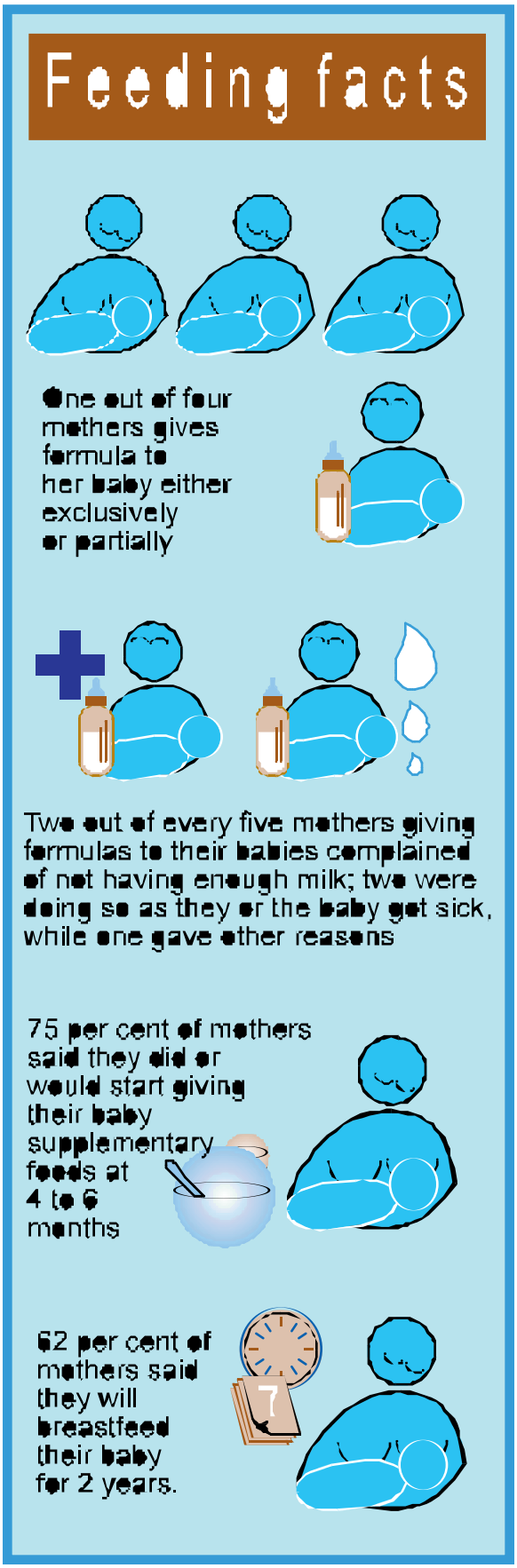
Under a demon's shadow

Six hundred and sixty-two mothers were interviewed in hospitals and private clinics in 33 cities and towns during the monitoring. Their babies ranged in age from one day to around two years. Though the exercise was designed primarily as a qualitative and not quantitative assessment, it did generate some data that could help understand the status of breastfeeding and the effects of promotion of artificial baby foods in Pakistan.

Eighty mothers (13.3 per cent) said their babies were receiving breastmilk substitutes only and were not being breastfed at all. Not all of them had been given breastmilk substitutes since birth. Another 66 mothers (10 per cent) told monitors that they were giving their babies both breastmilk substitutes and breastmilk.

This means that 23.3 per cent (154) or around every fourth mother was giving her baby breastmilk substitutes either exclusively or partially.

Many monitors reported that a number of mothers were giving their babies fresh milk of cows, buffaloes or goats either exclusively or in addition to breastmilk. The monitoring forms did not specifically ask about the use of fresh milk, yet 62 mothers said they were giving fresh animal milk in addition to breastmilk while 16 told monitors that their babies were receiving animal milk only. Another five said their doctors had prescribed formulas but they had switched to fresh animal milk for economic reasons. This illustrates the real problem: unethical marketing of breastmilk substitutes has encouraged mothers to stop breastfeeding in the first place, and when they find they can't afford the formula, they use fresh animal milk. Additionally, the promotion of milk formula encourages a bottle feeding culture in which the use of fresh animal milk is also



acceptable. Many monitors felt that if the animal milk option had been included in the forms these figures would have been much higher.

"Not enough milk" was the reason for not breastfeeding given by 65 (42.2 per cent) of 154 mothers using formula milk exclusively or partially. But this reason held true more for mothers giving both formula and breastmilk than for mothers relying entirely on formula - 29 of 88 infant formula-only mothers said either they didn't have breastmilk at all (11) or that the supply was not enough (18), while 36 of 66 mothers giving both feeds complained of insufficient milk.

Twenty-eight of a total 154 mothers (18.2 per cent) using infant formula said they had been asked by doctors to do so and did not further elaborate on any personal reasons for using infant formulas.

Besides the myth of not-enough-milk, another concept seems to be quite common and an important factor in deciding the type of feed the baby would be given: that a mother's milk does not suit her baby. This reason is cited in exactly these words by some mothers, while others would say that their milk is not good, it used to upset the baby's stomach or the baby used to cry "a lot" and so they stopped breastfeeding or started giving supplementary formula feeds. A total of 16 mothers (10.4 per cent) of 154 mentioned the doesn't-suit-baby factor for their decision to use formulas. Two mothers even said that their milk was poisonous.

But perhaps more astonishing is the fact that any type of sickness of either mother or child increases the chances of a mother resorting to formulas. Thirty-three of 154 mothers (21.4 per cent) fell in this category. Out of these, 16 said they started giving their baby formula milk because the baby got sick and the doctor prescribed formula feeding. (In two of these cases because the baby had diarrhea). Five (of 33) mothers put their babies on artificial feeding on a doctor's suggestion since they themselves were weak. Eight mothers stopped breastfeeding after getting sick and being asked by a doctor to do so. Another six justified their decisions by saying their babies had been born through operations. It was the common observation of many monitors that doctors and families consider breastfeeding impossible if mothers have delivered by caesarean section.

Six (3.9 per cent) of 154 mothers using formulas were doing so because they were pregnant again or had two babies of breastfeeding age. Two babies were not receiving breastmilk because their mothers had died. Another two mothers said they were working women and found it hard to manage breastfeeding and work. One mother flatly said she was not interested in breastfeeding, while another said she was giving her baby formula because it was available to her free. She did not elaborate. Some women from NWFP said they cannot breastfeed their babies as they are under a demon's shadow.

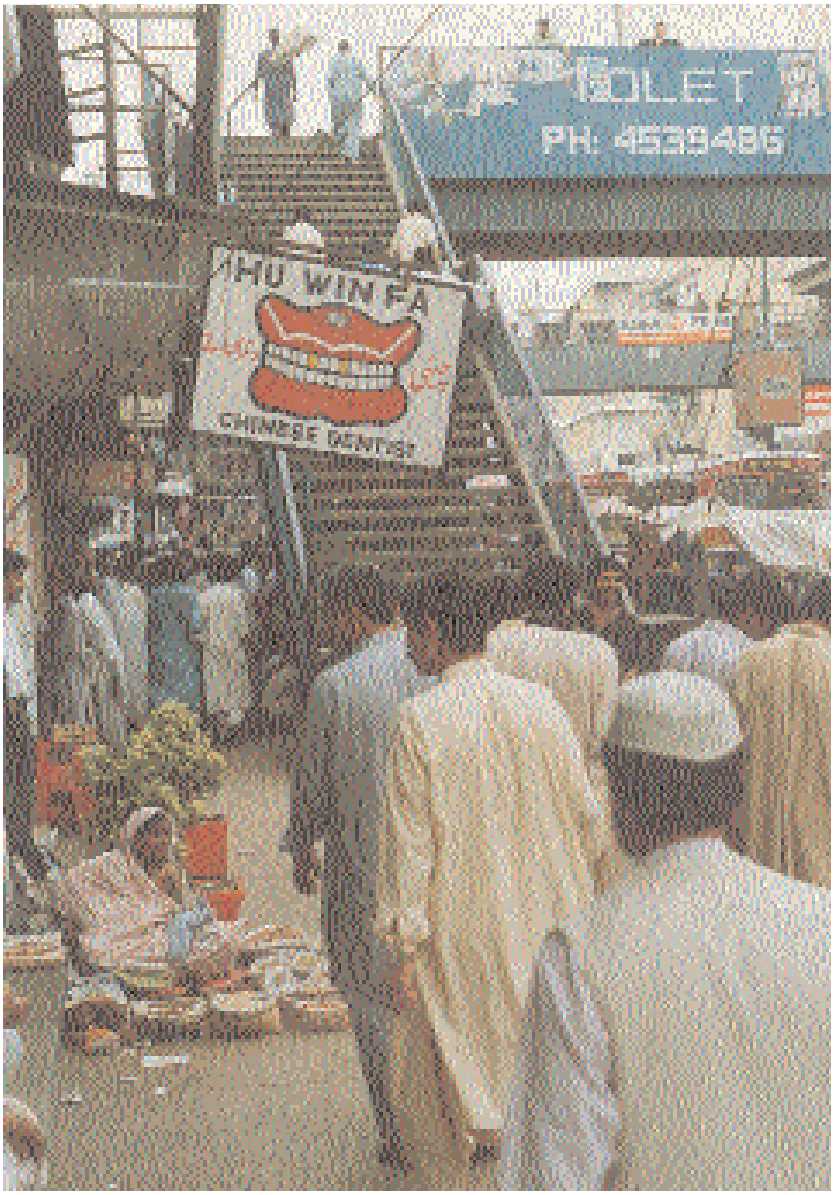
The medical profession plays a vital role in directing the family about the brand of formula they should feed their babies. The majority mothers, 76 per cent (117 of 154), said they

An act of shame?

Over the past few decades breastfeeding has become an act of embarrassment, even shame, for the women of middle-class in Pakistan. In the words of a gynecologist of a posh private hospital in Lahore, "It's a matter of common decency (not to breastfeed in public). It's something like you cover your mouth with your hand while using a toothpick." Even inside homes mothers are supposed to breastfeed while covered with a big piece of cloth - a *'chaddar'* - if they are not breastfeeding behind closed doors.

But this sense of shame is still not very strong in women of poorer classes, especially of rural areas. A male doctor working in the pediatrics ward of a government hospital in Quetta, which is considered a relatively more conservative area of Pakistan, says, "The women from rural areas sometimes do things that make us blush. Once I went to the gynecology ward to ask a mother admitted there to express her milk and send it to the ward for her baby. She immediately pulled up her shirt in the presence of her male family members and handed me a cup full in a few minutes."

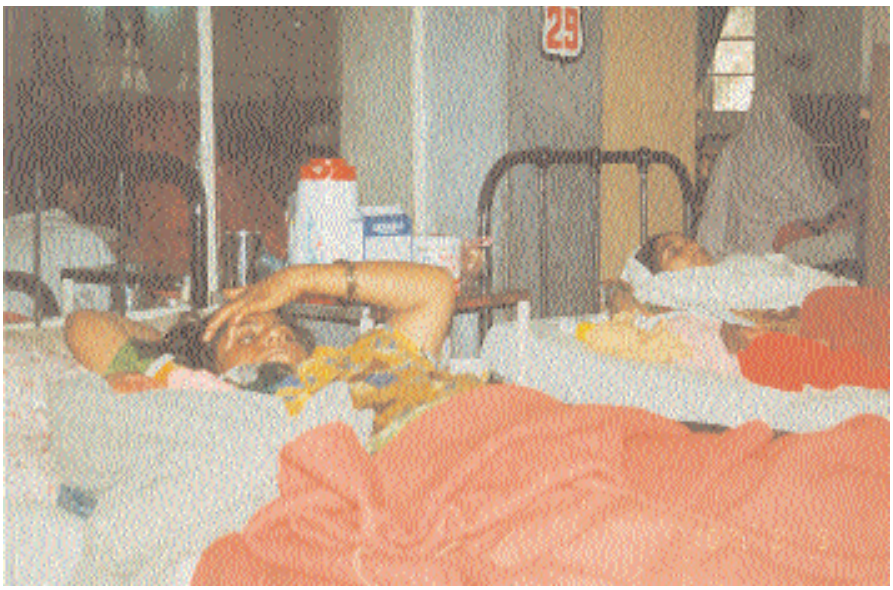
The feeding bottle, however, has become one of the many symbols of status that the society has imported with the foreign concepts of development and is an act that even poorer classes have learned to follow. The bottle is used to feed animal milk, water, tea or any other liquid food.



AGAINST ALL ODDS: A dry fruit vendor breastfeeds her baby on a busy Karachi sidewalk. *By Tahir Mehdi*

were using a particular brand of formula on their doctor's recommendation. 7.1 per cent (11) accepted a brand on a relative's suggestion and 5.8 per cent (9) were loyal to a brand since it "suited" their baby. Two said they chose the brand because it was cheap, while one said she did so because it is expensive and must be very good. The mother of a five-and-a-half-month-old baby said she was giving her baby Nido (whole milk powder) as she had been impressed by its TV advertisement. Thirteen others gave different reasons for their brand selection.

Four hundred and twenty-five mothers responded to the question about when they would/did start feeding their babies something other than breastmilk. Out of these 360 could give answers in terms of months, while



Any type of sickness of either mother or child increases the chances of a mother resorting to formulas. Two mothers 'suffering from not-enough-milk syndrome' and prescribed Lactogen 1 and Meiji FMT by doctors at Nishtar Hospital, Multan. *By Samina Zafar*

65 used phrases like "when the baby gets bigger" or "when the baby demands foods". An overwhelming 74.7 per cent of women (269) said they had started or planned to start giving their babies semi-solids at four to six months of age. A further break down is as under:

After four months	161	44.7%
After five months	41	11.4%
At around six months	67	18.6%

Thirty-five (9.7 per cent) of 360 mothers told monitors that they had (or would) put their babies on semi-solids before the age of four months while 56 (15.6 per cent) said they had done (or would do) so after the age of six months. Of these 56, 32 (8.9 per cent of total 360) said they would start giving their babies complementary foods after one year of age. The majority of these mothers belonged to rural areas of Sindh.

A total of 378 mothers replied to the question about what they would feed their babies as complementary food. Of these, 245 (64.8 per cent) named only traditional baby foods like kichhery, halwa, kheer, custard or fruits like banana. While 112 mothers (29.6 per cent) named packaged foods (Cerelac and Farex) either along the traditional foods or alone, 21 mothers (5.6 per cent) named cow, buffalo or goat milk as a complementary food.

The question about how long they would breastfeed was answered by 348 mothers. Of these, 62 (17.8 per cent) said they would breastfeed their babies for less than two years. Except two, all of the mothers planned to breastfeed at least for a year. The majority, 215 mothers (61.8 per cent) planned to continue breastfeeding for two years, and 46 (13.2 per cent) wanted to continue beyond the two-year mark. Two mothers said they would breastfeed until the baby was five years old.

Twenty-five mothers (7.2 per cent) did not have a clear idea about how long they would breastfeed and responded in terms of "as long as possible", "as long as the child wants to" or "as long as I have the breastmilk."

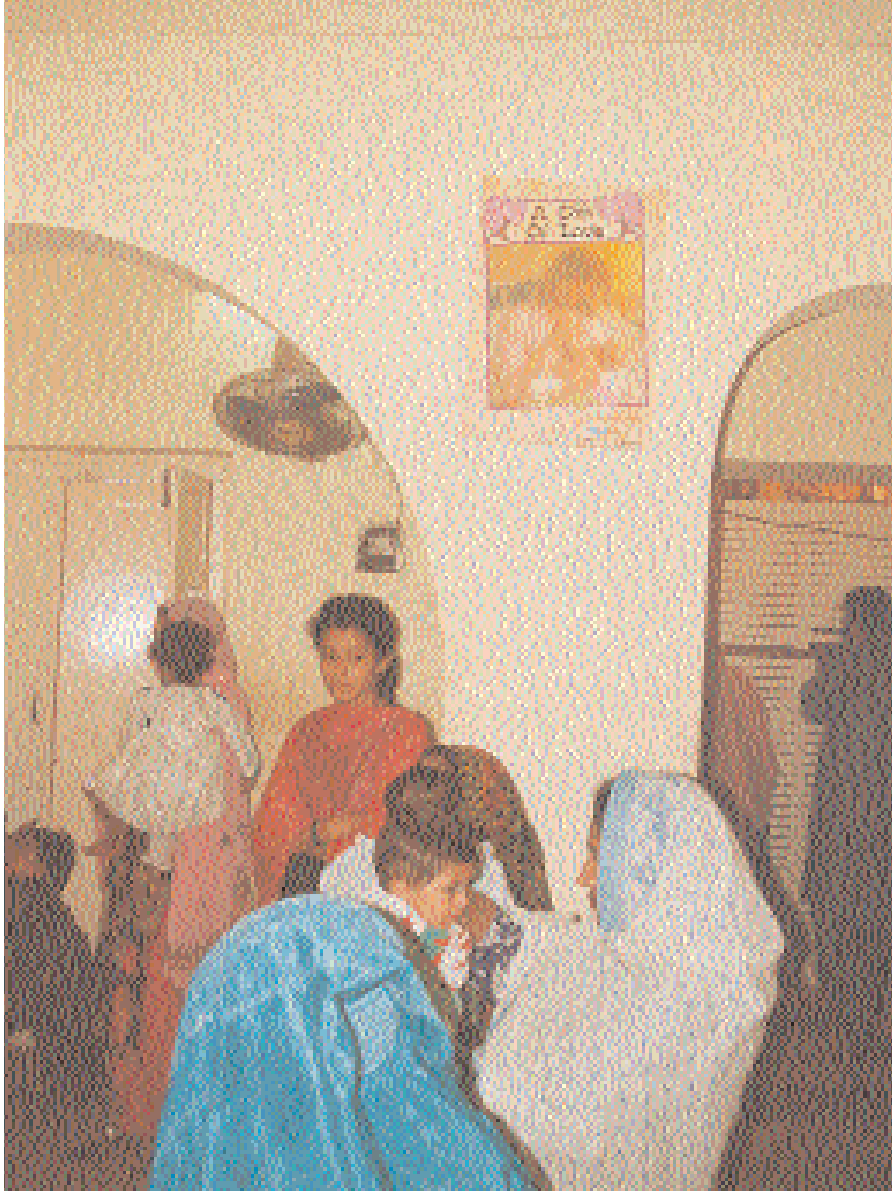
Reasons for breastfeeding (exclusively or partially) were offered by 429 mothers. Of these, 224 (52.2 per cent) were convinced that breastfeeding was the best way to feed their baby or that breastmilk is good for children. Seventy out of 224 (31.25 per cent) believed breastmilk was good for their baby's health, that it was very nutritious or that it was very energizing/powerful. Two others believed that breastmilk helped baby fight disease and four valued it for being germ-free. Two mothers cited the convenience of breastfeeding as the reason for their choice while two others said the breastmilk suits their babies.

One hundred and four of 429 (24.2 per cent) did not directly refer to any benefit of breastmilk and said they were breastfeeding because it was a custom. Some made statements like: "all women in our family breastfeed" or "I breastfed my other children as well." Thirty responded as if they were surprised by the question and simply said, "because we do so." A few quipped, "If not breastmilk what else can we give?" One monitor reported a woman replying: "Can we make our children eat grass?"

Thirteen women said they were breastfeeding their baby on the advice of their mothers/mothers-in-law. Another three said it was their duty as mothers and three more were obliged since it was their child's right. Eight women told monitors they were breastfeeding because it was in their religion.

Fifty-six of 429 (13 per cent) mothers were breastfeeding following their doctors' advice. The majority of these mothers was from northern Sindh. Three mothers were convinced by television advertisements about breastfeeding.

Nine said they were breastfeeding their babies because they were poor and couldn't afford to buy formulas, while one mother said she was breastfeeding to ensure that her baby remained hers.



Left: ***CORPORATE CORRIDORS: Mothers in the waiting area of one of Multan's popular pediatrician's clinic.*** *By Samina Zafar*
Top: ***Nestle growth chart with Cerelac and Neslac logos 'decorates' many walls in health facilities.***

Promotion in health facilities: Posters, wall clocks and other displayed visuals

Writing on the wall

Almost every company marketing its products in Pakistan has posters, wall calendars and wall clocks displayed in hospitals and clinics. All of them have company names and, or logos, product names or product pictures.

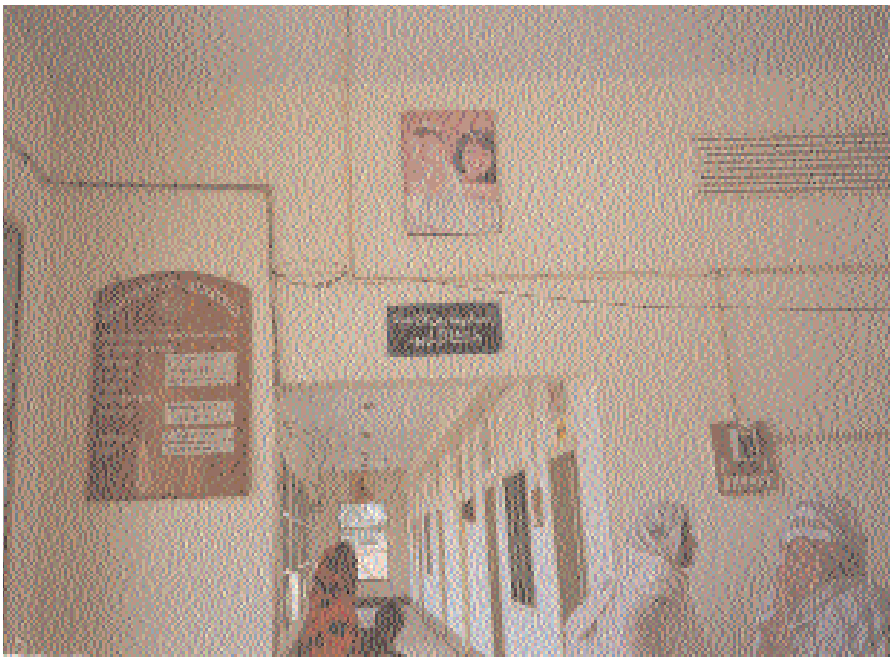
Monitors visited 151 private clinics and 66 private and government hospitals (217 health facilities). They spotted 185 posters and wall calendars from formula companies in 91 health facilities. This means two health facilities in five have on average two publicly displayed visuals associated with formula companies. Or, there were 17 formula company posters for every 20 clinics/hospitals.

An assistant professor in Balochistan had eleven posters and wall calendars of formula companies in his 10'X12' inspection room at his private clinic.

Posters and other company associated visuals can be found anywhere inside a

What do the two Codes say?

No promotion of breastmilk substitutes
No product displays
No advertising posters
No gifts to health workers
International Code, Articles 6 and 7.3; SAARC Code, Article 5



Right: ***A Chilmil poster marks the pediatric ward of a government hospital in Dadu.*** *By Azra Talat Saeed*
Top: ***THE IRONY: Mead Johnson makes a hoax call to scare mothers from breastfeeding - and that, too, 'as a health service to community'.***

health facility: in waiting areas, in lobbies, in inspection rooms, in pediatric wards, gynecology wards, doctors rooms, nurses counters and even in dispensaries.

All bear company names. Meiji does not need to put anything other than its name on posters since the company name is also part of its brand names, i.e. Meiji FMT and Meiji Fu. Some Meiji posters also have the name and logo of the distributor, Geofman, suggesting that Geofman are the manufacturers and Meiji is the product. Meiji and Snow Brand specialize in producing posters and wall calendars showing healthy and happy, chubby Japanese babies. Doctors cherish these visuals since babies with Chinese or Japanese features are generally considered cute in Pakistan. Many doctors mount pages from these calendars for permanent

Nestle

Your four-month-old baby needs protein, carbohydrates, fats, vitamins and minerals
so that s/he triples her/his weight in the first year.

S/he needs a balanced, rich and solid meal every time so that she/he remains active.
It is impossible to achieve this balance with traditional foods.

A Pakistani mother

But I have been giving him/her only porridge, bananas, eggs, bread and fruits.

Triple his/her weight? I have no idea about that, but s/he is sure not as healthy as I want him/her to be.
That is exactly what I want.

Oh, my God!

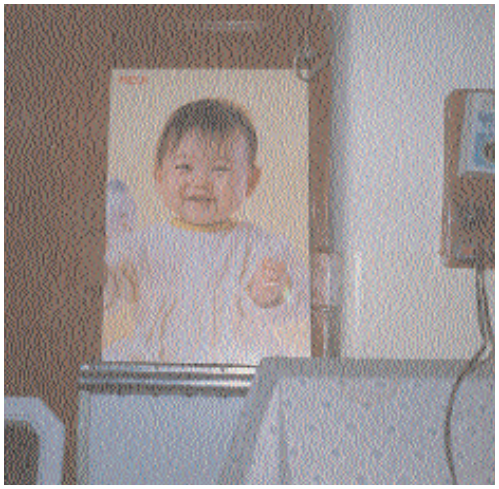
Start giving your baby the rich food Cerelac from today.

display in their clinics.

Mead Johnson posters were most spotted by the monitors. One of these posters, which was accepted by even staunch supporters of breastfeeding, shows a mother breastfeeding with the caption: “A gift of love. Every baby deserves the best. Mead Johnson. A world leader in nutrition.”

Another Mead Johnson poster, however, takes a more direct approach. It says on top: “An important message for mothers. Iron: an important element for the proper nutrition of infants and children.” The first two paragraphs tell mothers that iron deficiency at levels less than obvious anemia can have long term adverse effects on learning ability and scholastic achievement. Then it says that breastfed babies could develop iron deficiency after four months and suggests mothers consult their doctors on “suitable supplements.” It advises mothers feeding their babies formula to switch to an iron fortified formula after four months in consultation with doctors. It also warns mothers that cow or buffalo milk can cause iron deficiency too and quotes the American Academy of Pediatrics as saying, “The only acceptable alternative to breastmilk is iron-fortified infant formula.”

The message of the poster is confusing: first it says breastmilk cannot fulfill a baby’s iron requirement, but then it says only an iron-fortified formula could be a suitable substitute for (iron rich?) breastmilk. Moreover, this is sheer scare mongering. If mothers were simply told to start giving their babies complementary home foods from six months of age, there would be no need for wholesale, medicalized iron supplementation. There certainly would be no need for a formula company to provide this type of “educational



Clockwise from bottom:
Meiji provides clinics the much in demand happy, chubby looks. A Meiji poster in a Rahim Yar Khan hospital. *By Shamim Bano*

Nestle Neslac's Ninja Turtle stands guard in the pediatric ward of Combined Military Hospital, Bahawalpur. *By Ayyaz Kiani*

A Morinaga height measuring scale in a mission hospital in Quetta. *By Tahir Mehdi*

Sowing doubts, reaping profits. A Neslac poster asks mothers questions about their children's nutritional needs.

A Snow Brand wall calendar.

material as a service to the community."

The messages in these posters are subliminal. They associate "gifts of love" and "quality of life" with "a world leader in nutrition" and not with the world leader in child nutrition - mothers.

Mead Johnson also distributes for display in health facilities four cardboard cutouts with cartoons and pack shots of Sustagen Junior. The colorful cutouts to be stuck on walls and windows also bear a "community health message by courtesy of Mead Johnson nutritionals", like "Early to sleep. Early to rise." Through these cutouts, which appeal to children in their design, Mead Johnson has taken its marketing strategy a step further. The company is targeting children directly to promote its product. It recommends Sustagen for children aged one to four years, which discourages breastfeeding up to two years of age and beyond.

Neslac posters in Urdu tell mothers that this Nestle product is ideally suited to children of one to four years of age and that "ordinary milk" lacks iron, which is vital to the health of child of this age. The suggestion to put one-year-old child on Neslac discourages breastfeeding up to the age of two years or beyond.

Nestle has adopted a double-edged marketing strategy for Neslac. It pretends that Neslac has nothing to do with any of the marketing Codes and that it's a simple, non-medical consumer item. Thus, it is promoted at points of sale and through mass media. But, on the other hand, Neslac is promoted in health facilities as a medically indicated product, and doctors are asked to prescribe it to mothers. Neslac posters are displayed in children's and gynecology wards and waiting areas for mothers. Nestle has also produced a height-measuring meter shaped as a big Ninja Turtle cardboard cut-out holding a Neslac flag. Neslac wall clocks were also reported by a number of monitors.

Clocks are ideal eye-catchers. Whether or not a poster gets the attention of a viewer depends upon its design, yet clocks can catch your sight even if they are unattractive. You may need to look at the clock many times while waiting in a queue at a clinic or a hospital. Every time you check the time, the company name, logo or product name sneaks into your mind along with a brisk and subtle message.

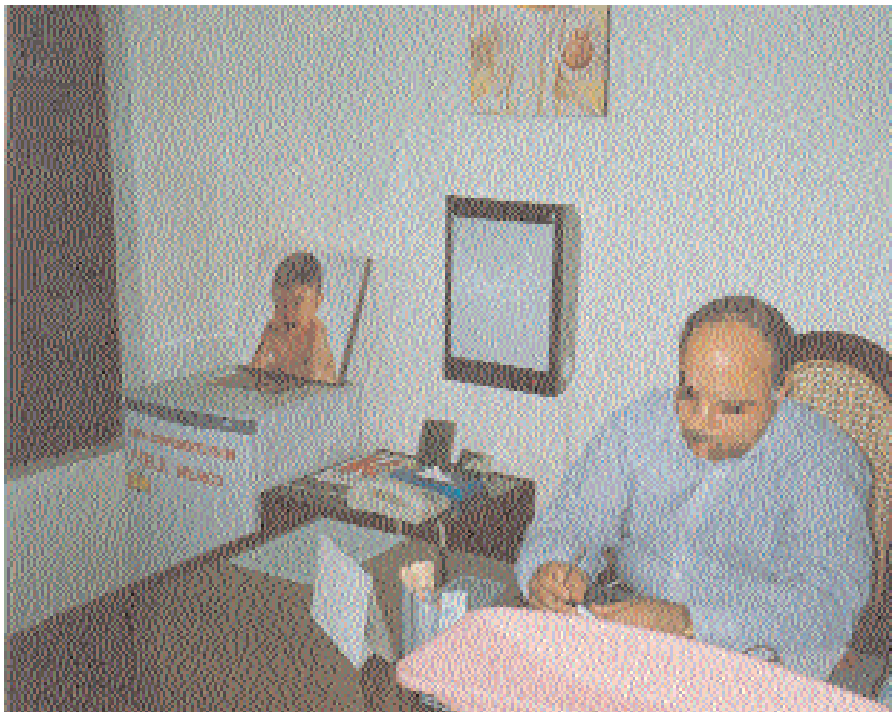
Photos: ***Neslac wall clock in a private clinic in Lahore.*** *(By Ghazala Khizar)*
Inset: ***Meiji and Mead Johnson wall clocks.***

Even doctors who have otherwise high claims about being "baby-friendly" accept Cerelac posters. These have a clock in one corner as well. The Urdu version of the poster is malicious. Between the lines it tells a mother that there is no way she can give her child a balanced diet, if she doesn't give him/her Cerelac. It uses thick scientific jargon to impress mothers.

The background of the Cerelac poster has a stethoscope in watermark that suggests the message is endorsed by medical science.

Nestle has widely distributed growth charts with the Neslac and Cerelac logos. Many doctors receive these charts already framed.

Morinaga's poster of Chilmil has a pack shot beside a photo of a happy mother and healthy baby. The poster also has a Morinaga logo printed on the top corner. Many illiterate mothers describe Morinaga products by its logo, calling it "the tin with a cow face on it". Morinaga has also distributed height-measuring meters with images of the Chilmil tin and the company logo. Some doctors get them mounted.



Left: ***COOL FAVORS: A doctor's room in a big private hospital of Multan with a refrigerator donated by Meiji.***
By Samina Zafar
Bottom: ***A Mead Johnson Enfalac bookmark.***

What do the two Codes say?

No gifts to health workers
International Code, Article 7.3
SAARC Code, Article 5.4

Gifts for health professionals

A marriage of convenience

In Pakistan it is a custom that the bride's family gifts everything a bridegroom wears on his wedding day. The more caring (and rich) the bride's family, the more precious things the bridegroom receives. It seems that formula companies in Pakistan have taken extra care of this custom in their marriage of convenience with the health professionals.

From cufflinks to lipstick cases, from tableware to refrigerators and dish antennas, from birthday bashes to joyrides to Japan and from funding daily tea clubs to sponsoring "scientific seminars", formula companies are ready to heap any favor upon the health professionals. Most doctors happily accept anything and everything. Some feel guilty or shy when questioned about this arrangement, while others defend it as their right. Some are famous among company circles as "extortionists", while others are annoyed at being ignored by the companies.

A doctor in Faisalabad who failed to grasp the idea of monitoring asked the monitor to inform the formula company reps. to now visit him in that hospital, saying: "I have lost contact with them since I joined this hospital six months back."

A lady doctor in Quetta informed a

Clockwise from top left:
THE BOOTY: A Farex tea coaster; a Peshawar doctor's table with three Morinaga prescription pads *(By Dr M Tanveer)****; a Morinaga weighing scale; a Cerelac table clock; a Snow Brand tissue paper pocket pack; an Ostermilk obstetric calendar and an O-Lac key ring; Nestum tongue depressors.***

monitor that for the last three years, the first thing she receives on the morning of her birthday is a gift from Morinaga delivered personally by its representative. "Once I got a bathroom set, once a decoration timepiece, and last time I received two decorative trays with some Japanese written on them. A Japanese nun working in our hospital read it for me and said it was really expensive stuff", the lady doctor said.

Other doctors, however, were not so open. But it's not easy for doctors to hide such things either. Nurses and other staff members generally spill the beans as they feel left out of this great gift game.

While the International Code does permit donations of equipment and materials bearing a company's name or logo (Article 6.8), the SAARC Code does not (Article 5.5). In any case, doctors or health care facilities receiving such donations then feel obliged to pay back the company in the shape of prescriptions or promotion for that company's products. In some cases, the company name is similar to the product name, which is not permitted to appear on donated equipment.

Monitors in Multan found a refrigerator in a doctor's room in Medicare Hospital labeled, "With compliments from Meiji." The staff of a government maternity hospital in Peshawar informed monitors they had received a refrigerator from Morinaga but had later removed the company name from the gift. A monitor in Khyber Agency discovered that a doctor had received a refrigerator, a TV and a dish antenna from a company. Meiji has funded clinic signboards in Multan. A weighing machine donated by Meiji was reported from Multan and another by Morinaga from Peshawar. Two maternity homes in Bahawalpur admitted they had received surgical equipment like scissors from Mead Johnson.

Nestle distributes scores of disposable tongue depressors to all doctors, regardless of their speciality. The wrapper announces that Nestum has been renamed Nestle Rice. This gimmick, with one of their most benign baby food products as the cover, places the Nestle name at the front of the doctor's mind (and on the tip of the patient's tongue!). It is a goodwill gesture to the doctors and part of the larger strategy of making inroads into the doctors' community.

Health workers also receive as gifts promotional Farex coasters as well as Ostermilk obstetric calculators. Farex stickers with the slogan, "You are my little darling, so I should help you grow well" adorn many a health facility in the plain view of mothers.

Health workers receive as gifts O-Lac key chains, Mead Johnson desk calendars and Enfalac bookmarks which say, "Enfalac ... When Growth and Development *Really* matter", as if there were times when growth and development *didn't* matter.

Prescription pads, tissue papers, pens, torches and key chains are considered cheap and are showered on doctors during every visit. The largess is also extended to nurses and other staff members. Junior doctors, medical students and doctors on house jobs as well are offered a share of the booty.

There are numerous reports of companies providing office supplies and printing services to resource starved hospitals. For example, a pediatrician posted in a government hospital in Kalat, a very remote part of Balochistan, claims he sees almost 250 to 300 patients a day. "I need almost 7,000 prescription slips every month. It is impossible to get these from the (health) department alone," said the doctor. Companies do not hesitate to fill the gap.

The covers of Morinaga prescription pads are dedicated to the promotion of one of its products. But each of the inside pages, which go to mothers, bears the name, logo and catch line of one of four different products. One prescription pad cover claims that Morinaga BF infant formula is humanized and gentle on the immature kidneys of a baby. Another rings alarm bells for babies with diarrhea. It highlights five "realities" that are often ignored. The first is that "carbohydrate intolerance was found in 78% of infants with acute gastro-enteritis", quoted from a study conducted in 1970!

A number of monitors reported formula companies arranging different types of gatherings for doctors. Meiji is notorious with regard to this form of promotion to health professionals. Besides routine tea parties, the company also arranges Iftar parties to break the fast during the Islamic month of Ramazan and Eid parties to celebrate the conclusion of fasting.

There are also numerous reports of formula companies holding seminars for health professionals or sponsoring travel, boarding, lodging and registration in other national and international conferences. Nestle held a seminar on "general update on child diseases" in November 1996, reported doctors in Dadu. Nestle also organized a training workshop on diarrhea in Islamabad for pediatricians. Morinaga and Meiji are also well into this kind of sponsorship. Morinaga flew a doctor from Peshawar to Japan on a leisure trip. Meiji is also keen to make this kind of "investment" and has taken a number of doctors to Japan.

Meiji's Japanese official visited Sargodha around Eid and spoke Urdu.

The party that wasn't over!

The monitoring team in Multan came back with an interesting story. One team member narrates:

"On the morning of March sixth, we visited Nishtar Hospital. As decided, one of us went into the doctors' room, and the other two started roaming around to interview mothers and staff members and to look for posters and other things. Several staff members told these two monitors that there was going to be a tea party in a hospital room in a few minutes and that Meiji had thrown it. (These employees were not invited.) So the two monitors decided to stop interviews until after the party started so that nobody would get conscious about monitoring and we could witness the party first-hand. We saw the party venue with tables full of snacks, but we were unable to communicate our decision to our third partner in the doctors' room. Meanwhile, during the interview the doctors realized it was not the best day to boast of their pro-breastfeeding deeds. We witnessed a flurry of activity, doctors whispering in each other's ears and going out and coming back in. Finally, they told us it was the birthday of one of their colleagues and they had arranged a party. They invited us as guests. One of the doctors pretended he was celebrating his birthday and cut the cake. They kept exchanging secret smiles during the party. Other staff members later confirmed it had been a Meiji party and that the company rep. who arranged the party had been asked by the doctors at the last moment to slip out quickly through a back door."

Doctors welcomed him as a guest who had come from a distant country.

The International Code does not prohibit companies from sponsoring conferences and so on, however, doctors on the receiving end feel obligated to repay the company's generosity. Leisure travel and other financial or material inducements are not permitted under the International Code (Article 7.3). The SAARC Code prohibits in Article 5.6 all benefits including but not limited to fellowships and funding for attendance of meetings, seminars and conferences.

Formula companies also make it easy for lower ranking health workers to prescribe their products. A monitor from Peshawar reported that vaccinators in big hospitals are given stacks of small slips printed with formula prescriptions for distribution to mothers. A doctor at the Lactation Management Centre of Hayat Shaheed Teaching Hospital, Peshawar was disturbed by the companies' attempts to make inroads through juniors. She was especially critical of Morinaga for unethical promotional practices and accused formula companies of heaping gifts on junior doctors and even vaccinators in order to

push their products.

Monitors submitted four slips with printed prescriptions. Cerelac and Farex slips bear only the product names and a slogan, i.e. "First step in solid food" and "Baby's first solid food", respectively. Morinaga slips, however, had more details provided in Urdu. "Mix one spoon of NL-33 in an ounce of water and give it your child suffering from diarrhea and wash the bottle with hot water," says the NL-33 slip. This is the height of callousness and an example of extremely irresponsible marketing. Morinaga is promoting its lactose-free formula as if it is a cure for diarrhea. The instructions for preparation are so vague that they can only further spoil the health of an innocent child who is already engaged in a tough battle against diarrhea.

More than a quarter of infant mortality in Pakistan is caused by diarrhea. Probably Dr. Cicely Williams had witnessed such a situation in 1939 when she said, " ... misguided propaganda on infant feeding should be punished as the most criminal form of sedition and these deaths should be regarded as murder."

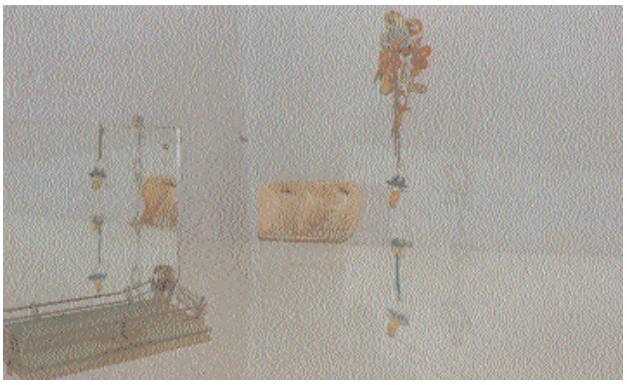
Morinaga's printed slips for Chilmil add insult to injury. They suggests in Urdu: "Mix four spoons in a glass of water and give to pregnant women, before and after pregnancy, three times a day"! One can't help but conclude that the companies value profit, and only profit, whatever way it comes.

Soother chains

In hospital after hospital, clinic after clinic, doctors are confiscating pacifiers from the mouths of their young patients. The pacifiers are then linked together in chains and displayed on the wall, a powerful visual of a filthy and potentially deadly practice.

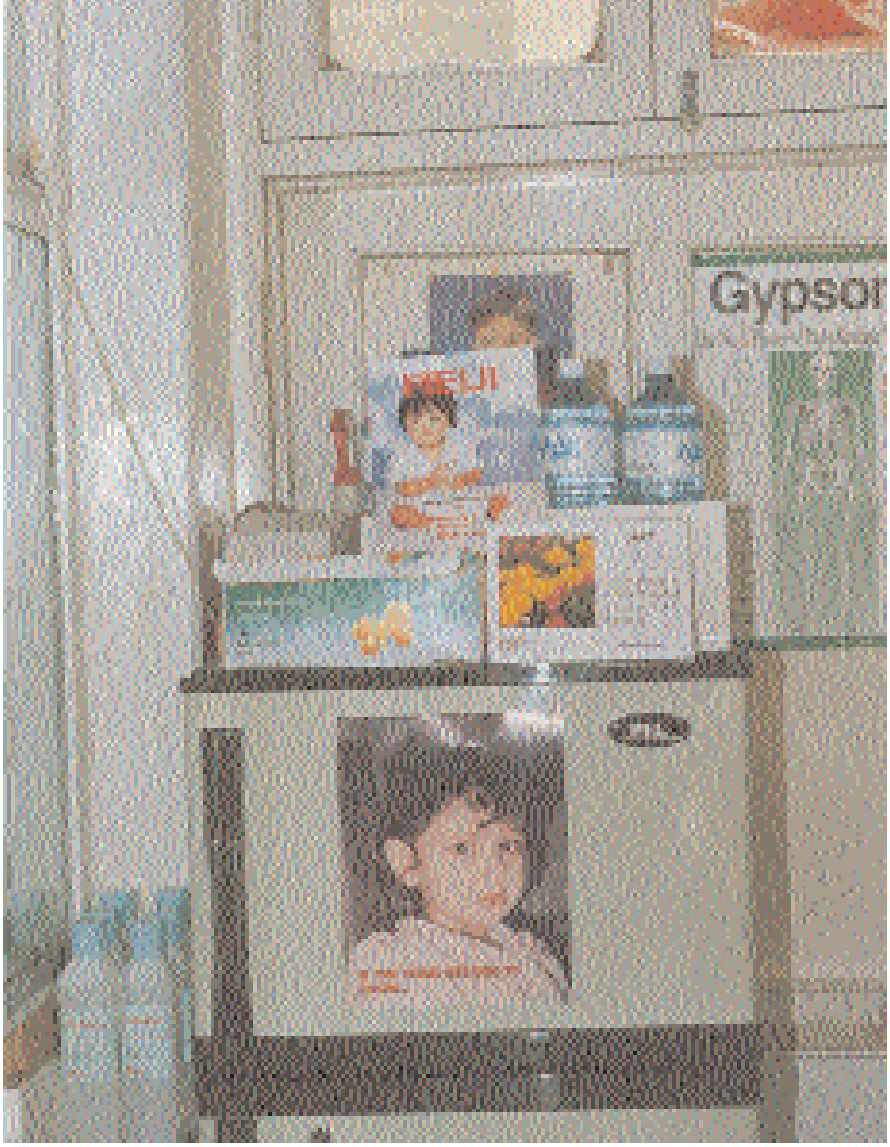
These pacifier chains are also a reminder that without constant marketing pressure, doctors can and will do what is in the best interest of their patients. Without the pressures of sales representatives and their promotional tactics, doctors are free to act against the wishes of pacifier manufacturers by instructing their patients not to use pacifiers.

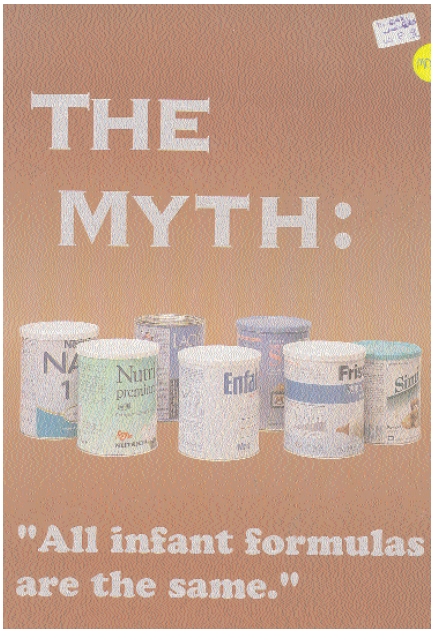
When the representatives of artificial baby milk manufacturers are allowed access to health care facilities and health care professionals, doctors become marketing tools - puppets, if you will - in the hands of the baby food industry. Incentives offered to doctors do nothing to better infant and child health, but plenty to compromise professional judgement.



Denying infant formula companies access to the health care system allows doctors to serve the best interests of their patients.

Photo: ***A soother chain in a Quetta hospital washroom.*** *TM*





Left: ***Meiji detailing material displayed in a private hospital's pharmacy in Quetta.*** *By TM*
Right: ***THE SCIENCE OF MARKETING: Cover of a Mead Johnson information brochure for health professionals that is supposed to contain only scientific information.***

Information brochures for health workers

Advertisements in disguise

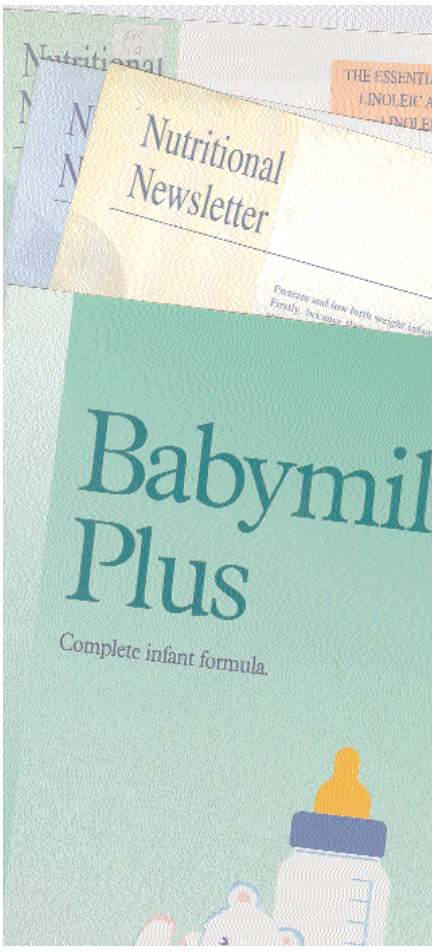
Information brochures for health workers or detailing materials use science as a cover-up. In total disregard of both the International Code and the SAARC Code, they are used to promote and idealize artificial feeding. Few carry the information required by Article 4.2 of the International Code. None are restricted to scientific and factual matters and many make comparisons between the product and mother's milk (forbidden under Article 7.2). Their very existence in contravention of Article 5.3 of the SAARC Code.

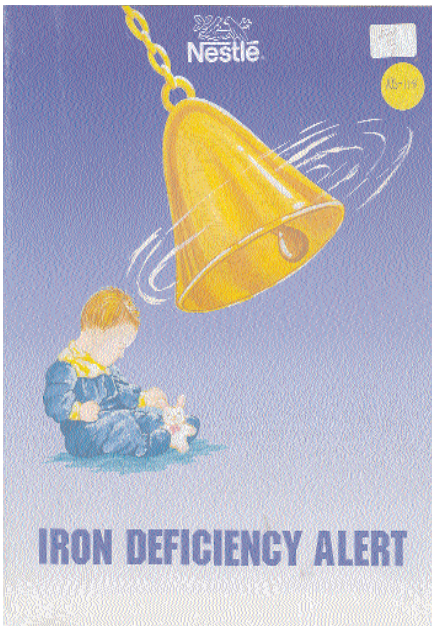
The detailing materials for Nutricia

What do the two Codes say?

Information must be restricted to scientific and factual matters; Must not create a belief that bottle feeding is equivalent to breastfeeding.
International Code, Articles 7.2, 4.2

Companies not to produce information or educational materials.
SAARC Code, Article 5.3





Left: ***Nutrilon tailors scientific information to suit its marketing strategy.***
Centre: ***NO KIDDING: Covers of Morinaga's story books for children? No. Covers of folders having scientific and 'professional information' about Morinaga products.***
Right: ***HUE AND CRY: Nestle's detailing material for Lactogen 1 tells doctors it prevents 'iron deficiency and is the most economical formula in the market.***

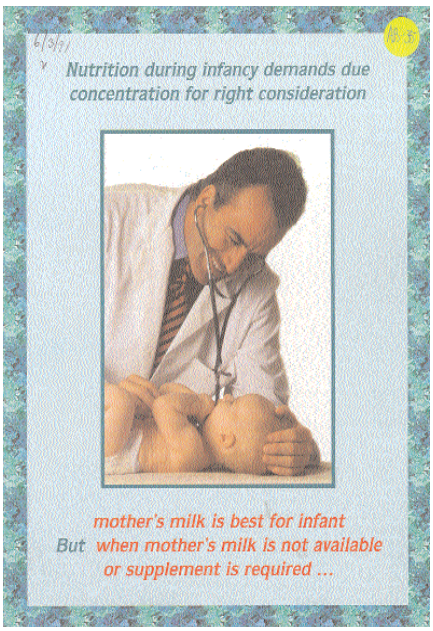
Cow & Gate products feature large infant photos and pack shots - far from scientific and factual. The required information is either absent or incomplete. The material for Nutrilon Follow-on recommends weaning from four months of age and the use of Nutrilon follow-on from six months. It also contains pack shots and a comparison of the product to breastmilk. The company also produces a "Nutritional Newsletter" series, which is nothing short of an advertisement in disguise. Each "newsletter" promotes a different product with regard to a specified topic; for example, weaning is discussed alongside promotion of Nutrilon Follow-on. For the busy professional, Nutricia offers "a quarterly literature review of recent research as an updating-aid", in the shape of an "Abstract Service." Nutricia warns its readers, "Every professional must reach his/her own conclusions, and in a dynamic science such as nutrition, continuing controversy is a sign of continuing progress."

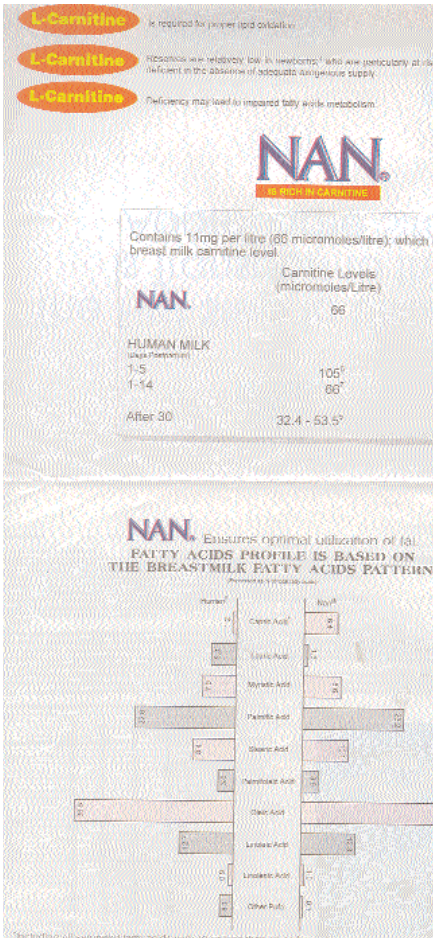
Detailing material for Snow Brand's P7A compares breastfed infants with P7A infants and P7A with colostrum and mature mother's milk. A Meiji-FMT brochure sets the record by making nine comparisons to breastmilk and breastfed infants on one page. The last page of the brochure provides, among others, these cautions: "Infant formula Meiji-FMT is made for supplementing shortages when the mother doesn't have enough milk or when she cannot breastfeed the baby."

Morinaga prescription pads provided to doctors come with various covers, each highlighting an indication for a Morinaga product and making numerous claims. For example, "Avoid renal hazard with humanized Morinaga BF", "where top-feeding is medically indicated", "NL-33 breaks the vicious cycle of diarrhea-malnutrition-diarrhea", "... can be used as a replacement for infant formula."

The cover of a brochure about Chilmil asks, "In cases of infant malnutrition which is a better choice?" The options are "Vitamin supplement or ... complete nutrition with all the essential vitamins and minerals through Morinaga Chilmil."

A pamphlet about Morinaga BF-P compares the product with colostrum and breastmilk. Drawings of an infant and an infant with its parents adorn the covers of





"Morinaga infant care product line" cards. Inside, pack shots take up half of each page, while the text makes comparisons with breastmilk.

"Nutri-News", published "through an educational grant from Boots Pharmaceuticals Ltd.", carries on one-third of the cover an ad for Farex which shows a mother with her baby. Another ad for Farex plus two each for Complan and Supplement 32 are found inside, complete with pack shots. The back cover is taken up by an ad for a "Farex Baby Show" which reads, "Community orientation and participation." The publication's moniker is: "A clinical nutrition service for medical practitioners."

"If lactose is the problem, O-Lac is the solution" announces the product detailing material. The formula is recommended if baby demonstrates "colicky behavior." As colic is virtually unknown among breastfed babies, could it be that "colicky babies" are merely protesting at being deprived of their right and proper source of nutrition - mother's milk? Incidentally, O-Lac is also compared with breastmilk.

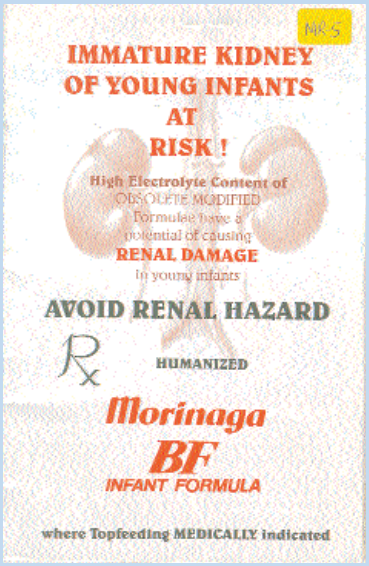
"Mother's milk is best for infant" read Abbott's detailing materials for Similac, "BUT when mother's milk is not available or supplement is required ... recommend SIMILAC." What little text there is, compares Similac with breastmilk - "simulating mother's milk" and "close equivalent to mother's milk" - and the attempt at the information required by Article 4.2 appears in small print. Similac is touted in a detailing material as being "next best to mother's milk." Another brochure calls it the "closest to breastmilk in composition and performance", adding "the closer you look, the closer it stands to breastmilk." The cover contains only a photo.

The front cover of the detailing material for Sensimil is only a photo and a slogan - hardly scientific and factual. The material examines "various aspects of looking at infant diarrhea, irrespective of cause." Perhaps the material dares not explore the cause of diarrhea, as it may turn out to have been an Abbott product or another milk formula.

Abbott's Pedialyte, an unnecessary and expensive ready-to-serve ORS, and Isomil are promoted as "reliable partners in complete nutritional management of

Left: ***Detailing literature of Snow Brand's Snow F does not mention the superiority of breastfeeding and compares its contents with 'recommended values of FAO/WHO'***
Centre: ***Abbott claims Similac's caloric contribution and digestibility simulates that of mother's milk.***
Right: ***Nestle Nan's information sheet makes 9 comparisons with breastmilk.***

Whose cows are more human?



Morinaga has circulated an 'anonymous' letter to doctors with "subject: Modification in formulation of Lactogen 1 Soft Packs" dated January 15, 1997. The letter alleges that Nestle has recently incorporated alterations in the formulation of Lactogen 1 Soft Packs. It says that while the older formulation used full cream milk, the new one uses skim milk. The letter says Nestle has included Taurine in the new formulation and increased the amount of phosphorous while keeping the amount of calcium the same. It claims that the new phosphorous, calcium ratio makes the formula even less human-like than its older version and BF (Morinaga BF) beats Lactogen 1 by a great margin in the race to simulate human milk. A table comparing the formulations of the old and the new Lactogen 1 is attached to the letter.

Photo:

Cover of a Morinaga BF prescription pad uses the term humanized and claims the formula is gentle on young kidneys.

diarrhea." Isomil is compared with human milk, which of course is the most reliable and effective prevention of diarrhea.

The detailing materials for Nan are filled with charts and graphs, illustrations and pack shots. What little text they do contain is devoted to comparing the product to human milk - "virtually the same as breastmilk", "same as breastmilk", "like breastmilk", and "mirrors the constituents of breastmilk." The information required by Article 4.2 of the International Code appears in very small print.

In a leaflet highlighting Nan, Lactogen 1 and Lactogen 2, the indications for Nan are given as: "for routine feeding of healthy infants from birth onwards as a supplement to breastfeeding or when breastfeeding is not adopted or discontinued."

Detailing material for Pre-Nan recommends breastfeeding low-birth weight infants but goes on to say, "If breastmilk is not available, or must be supplemented". Material for Lactogen 1 is anything but scientific and factual, containing an illustration on the cover, two pack shots and the declaration that it is "the most economical formula in the market." The focus is on preventing iron deficiency - something breastfeeding is more capable of accomplishing.

Several doctors were found to have the booklet titled "Diarrheal Disease" resulting from the 38th Nestle Nutrition Workshop, held in Islamabad, Pakistan, 22-26 October 1995.

Only two papers mention breastfeeding - one while referring to history taking in making the diagnosis; the other, "Nutrition in Acute Diarrhea", devotes one section to the "Role of Human Milk." Another paper blames diarrhea on inadequate supplies of drinking water and poor sanitation - two problems easily overcome by breastfeeding. Interestingly, the paper "Nutrition in Acute Diarrhea" was written by a pediatrician who is also the chairman of the Punjab Breastfeeding Steering Committee.

A misleading and inaccurate statement opens the detailing material for Ensure, a nutritional supplement promoted for use by pregnant and lactating women: "Poorly nourished mothers produce less milk than well-nourished mothers." It goes on to say: "The mother's diet should include sufficient sources of energy, protein, minerals and vitamins to ensure adequate milk production and composition."

Mothers in many health facilities are given printed chits as hand-written "prescriptions" for Supplement 32. Detailing material for Supplement 32 places undue emphasis on mother's diet during lactation and claims, "Supplement 32 facilitates breastfeeding."

Mead Johnson manufactures a similarly damaging product for mothers called MaMa Sustagen. Again, detailing material over emphasizes maternal nutrition and is not limited to scientific and factual information.

Maternal diet during pregnancy and lactation is important, but even malnourished women can and do successfully breastfeed their children without the "aid" of expensive and unnecessary products like Ensure or Supplement 32. Mothers who can ill afford such products may assume they will consequently be unable to breastfeed and give up or not bother even to try.

While such products do not come under the scope of either the International Code or the SAARC Code, the marketing of products of this sort must come under scrutiny considering their impact on a mother's confidence in her ability to breastfeed.

Left: ***Kitchen near the children's ward of a Social Security hospital in Karachi.*** *By Farhat Perveen*
Bottom: ***Samples of baby food products distributed among mothers through doctors.***

Samples and supplies

Covert operations

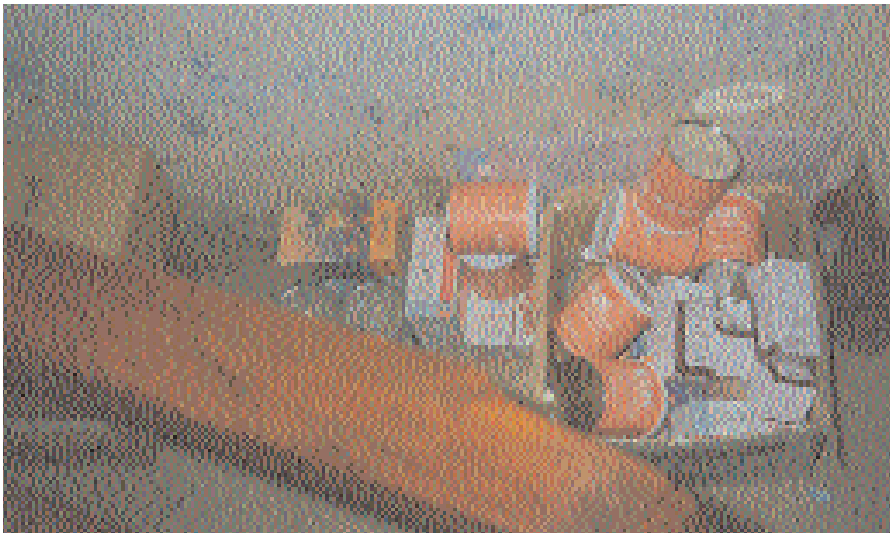
Doctors in 96 (44.2 per cent) of 217 health facilities visited during monitoring said they do receive samples of baby food (including infant formula, follow-on and milk cereals). One hundred and eight (49.8 per cent) denied receiving any samples while 13 (6.0 per cent) gave vague answers.

Many doctors told monitors that they used to receive samples of formula, but now the companies had stopped distributing them. In a number of cases, however, doctors' claims were contradicted by lower ranking staff of the health facility or the dispenser in their clinic. In some instances, monitors either were shown samples by these persons or they spotted some in shelves and cupboards. In the majority of private clinics, doctors sell samples to their patients at their in-house dispensaries. This information, however, was treated as supplementary and not included in the statistical analysis. A doctor denying having received samples was counted as a "no" even if other evidence suggested otherwise.

There were hardly any doctors who had no idea about the International Code's restrictions about samples, though most had an inaccurate understanding. Most were defensive and secretive - some would outright deny receiving any samples, while others would hide behind generalizations like, "Every company gives samples." A few, however, asserted that

What do the two Codes say?

No free samples to mothers (directly or indirectly) or health care facilities
International Code, Articles 5.2, 7.4; SAARC Code, Articles 4.4, 5.5



Top: ***THE CACHE: A Dadu doctor's collection of offerings from various companies.*** *By Azra Talat Saeed*
Centre: ***A load of samples donated by Nestle to a government hospital in Rawalpindi.*** *By Rashid Naeem*
Bottom: ***Farlac and Farex sample sachets with no information about their preparation or use.***
Facing page
Top: ***Four formula tins and their reduced pack samples being distributed to mothers through health professionals.***
Centre and bottom: ***Nestle medical delegates' daily report forms which ask them to notify daily stocks of samples including those of Lactogen 1 & 2. (Portion circled)***

asking such questions was against their right to privacy.

Many doctors admitted having received samples from formula companies but refused to elaborate; these were counted as vague/not clear answers. Some named one or more companies that offered samples but did not give the names of the products they had received as samples.

Of 96 doctors, 71 said they received samples from Nestle. Thirty-seven of these had received Cerelac samples, six Nestle Rice (Nestum) and five Neslac. Fourteen doctors said they had received Lactogen samples during last three months. Five told monitors they were given samples of Pre-Nan, and there were four claims each of receiving Nan and AL-110 samples.

Of the 96 doctors 28 were receiving Morinaga samples. Ten named Morinaga BF as the brand, while 12 said they got NL-33 samples.

Twenty doctors reported receiving samples from Abbott and 16 from Meiji. There were another 20 claims of receiving samples from Nutricia, Mead Johnson, Snow Brand and Wyeth. There were 43 claims by doctors of receiving samples of either one or more of Similac, Isomil, Farex, P7A, PediaSure, Enfalac, Meiji FMT, O-Lac, Chilmil, Sensimil, S-26, Almiron and Nutrilon.

Frequent sampling of formula by Nestle, Morinaga, Meiji and others is no secret. They may not give formula samples to each doctor during every visit, but make open offers and invite and oblige requests. Nestle representatives as a rule do not carry samples to distribute to doctors. These are instead kept in the custody of the area managers, who regularly accompany representatives on important calls and or fill doctors' requests via the representatives.

Nestle's representatives, called medical delegates by the company, have to fill a

daily report form at the end of every working day. In a separate section on the first page of the report sheet the representatives are required to record opening balance, received, total, supplied and closing balance of their stocks of samples of AL-110, Cerelac, Neslac and four other unspecified products. On the other side of the sheet there is another separate section under the head Balance in Office for the area managers to fill. It requires them to notify opening balance, received and closing balance of samples of L-1 and L-2 (Lactogen-1 and Lactogen-2), tins and soft packs separately, AL-110, Nan, Cerelac, Neslac and three other unspecified products. The form was handed over to The Network by a former Nestle employee and is clear evidence that the company distributes samples of baby food products as a daily and routine marketing practice.

It has also been reported that companies supply these restricted items and other products to doctors at home. A monitor in Bahawalpur waiting to talk to a doctor in a government hospital overheard a rep. promising the doctor a home delivery of formula samples.

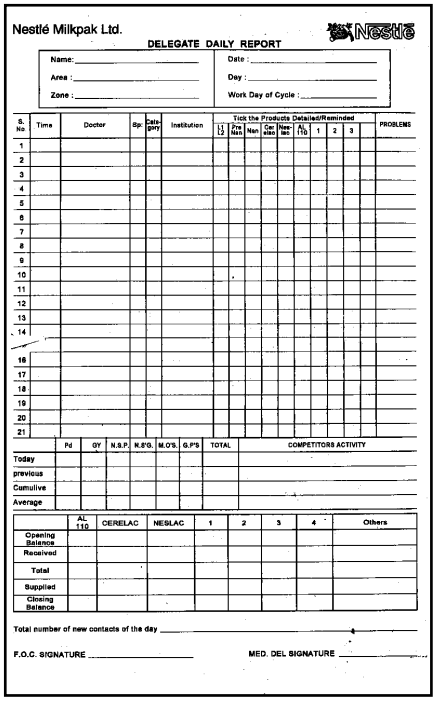
Samples of Nutrilon Premium of Nutricia Cow & Gate, NL-33 of Morinaga, O-Lac of Mead Johnson and Isomil of Abbott are given to doctors in special tins that are smaller than the commercial packs. To evade suspicion, most companies, however, give commercial packs as samples writing "sample" on the label with a marker before giving them to doctors.

Nestle samples of Cerelac and Nestle Rice (for use before 6 months of age) come in sachets and are distributed in bulk. A monitor from Peshawar got a Cerelac sachet with an expiry date of March 1997 being distributed the same month. He reported these sachets were being practically thrown at mothers.

Boots distributes Farex commercial packs overprinted with "Physician's sample, Not for sale" as samples and also small sachets of Farex and Farlac. The sachets carry no preparation instructions.

Supplies haven't dried up either. Eleven of the 66 government and private hospitals visited during monitoring said they receive "samples in bulk" and quite regularly. Doctors in hospitals in Peshawar and in Charsadda said Morinaga has at least once in the last three months given the hospitals a tin of NL-33 for every patient in the gynecology and pediatric wards. Most of the hospitals said they only get supplies of 'special formulas' like O-Lac, Enfalac, NL-33, Pre-Nan and Nutricia, but one admitted having received Lactogen 1 and another Morinaga BF.

Cantonment Military Hospital (CMH), Multan was reported to be receiving three to five cartons of Morinaga NL-33 on the fifth of every month and to have recently received 20 cartons of Nestle products. CMH, Bahawalpur was reported to have been buying Nestle AL- 110 at a discount of 25 per cent until six months earlier. "Now it is only occasionally bought from the LP (local purchase) fund", a doctor informed the monitor. Nestle was reported to have donated to this hospital 15 cartons of 'special formula' as a 'drug'. A former Nestle representative said in an interview with The Network that he witnessed cartons of Lactogen 1 being delivered to at least two hospitals, including the Pakistan Institute of Medical Sciences in Islamabad, and had knowledge of area managers making other such donations.


Nestlé Milkpak Ltd.

DELEGATE DAILY REPORT

Name: Date:
Area : Day :
Zone : Work Day of Cycle :

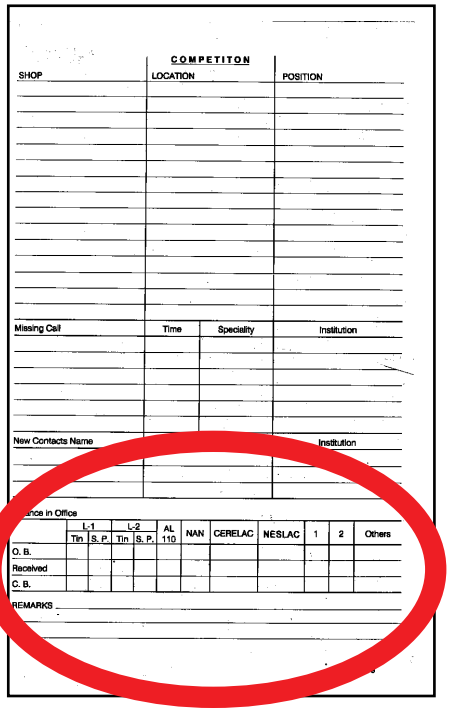
S. No	Time	Doctor	Sp.	Date/ DPT	Institution	Tick the Products Detailed/Reminded: L-1 L-2, Pre Nan, Nan, Cerelac, Neslac, AL 110, 1, 2, 3	PROBLEMS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							

	Pd	QY	N.S.P.	N.P.G.	M.O'S.	G.P'S	TOTAL	COMPETITORS ACTIVITY
Today								
previous								
Cumulive								
Average								

	AL 110	CERELAC	NESLAC	1	2	3	4	Others
Opening Balance								
Received								
Total								
Supplied								
Closing Balance								

Total number of new contacts of the day

F.O.C. SIGNATURE MED. DEL SIGNATURE


COMPETITON

SHOP	LOCATION	POSITION

Missing Call	Time	Speciality	Institution

New Contacts Name	Institution

nce in Office

	L-1 Tin	L-1 S. P.	L-2 Tin	L-2 S. P.	AL 110	NAN	CERELAC	NESLAC	1	2	Others
O. B.											
Received											
C. B.											

REMARKS

A former area manager of a formula company speaks out

An interview with conscience

Monitors spoke to five marketing personnel of formula companies. These were mainly brief encounters and informal chats while three former employees of formula companies agreed to speak at length on the condition of anonymity. Following are excerpts of an interview with a former area manager of an infant formula company.

"A marketing consultant company in Karachi has done a survey of infant formula market in Pakistan. According to this survey Lactogen has 70 per cent of the local market. Morinaga is placed second and Meiji third.

"Sales figures for Multan for infant formula are 7,000 to 7,300 tins per month. The promotion of "special formulas" has jacked up their use to over half (4,000 to 4,500) the total sales.

"Lucrative hospitals and doctors are known as JKs or jackpots among company circles. These are 'purchased' by companies for up to Rs. 200,000 ($5,000), after which the doctor or hospital is bound to recommend the company's formula for six months or one year, depending upon the deal.

"Mission Hospital, Multan is "a Lactogen hub." The deal is a 20 per cent cut to doctors for every tin recommended. Morinaga dominates CMH (Combined Military Hospital) Multan. The hospital requests donations, which are documented in its registers. Three to five cartons of Morinaga are donated to CMH on the fifth of every month. Recently Nestle also donated 20 cartons of its products to the same hospital. The company also donated to CMH, Bahawalpur 15 cartons of special formula as a 'drug'.

"Medicare and Sial Clinic have practically been built by the companies. Nestle has paid for three air conditioners while a company has also donated an X-ray machine.

"Area managers (of formula companies) are allowed to spend Rs. 50,000 ($1,250) per quarter on doctors. Some companies set aside even bigger amounts for this purpose. This is called a "standby" amount.

"Area managers can buy doctors or their families air tickets for any kind of tours to other cities. Companies have also carried expenditure for Hajj for some doctors. If doctors or their families are to be picked up or dropped at the airport in the area managers' personal car, he can claim fuel expenses from the company.

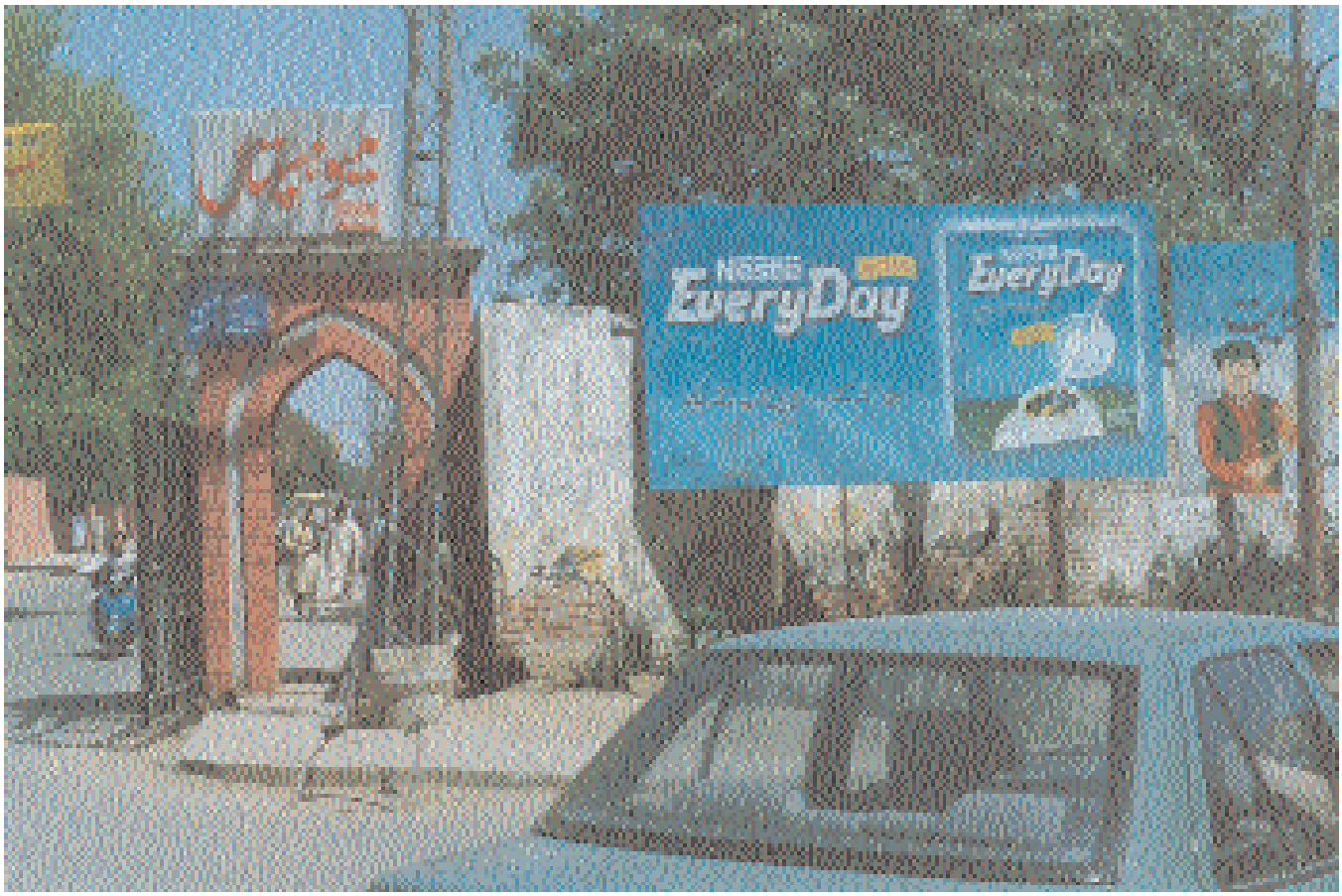
"Nestle reps. do home deliveries. Cartons of Milkpak (standardized whole milk in cartons - a product of Nestle Pakistan), Frost (fruit drinks, another Nestle Pakistan product), Everyday tea whitener and Milo are dropped at doctors' residences regularly.

"Free commercial packs are given to doctors with fake bills. Doctors are also given stamped slips so that they don't have to write the formula's name in their own handwriting. They are also asked to recommend these products verbally.

"Quacks and hakims (traditional unani/ayurvedic healers) are also 'bought' by companies. Lactogen has 'hit' three *dawakhanas* (medicinal herbs stores).

"Mothers are not directly 'hit' by the reps. The marketing strategy usually has two major targets - professors and LHVs (Lady Health Visitors, home birth attendants). If a professor starts recommending a brand, the product becomes prestigious and the juniors also start prescribing it.

"Business is not as it used to be. A company is reported to have spent Rs. 1,750,000 (approximately $43,750) in one year on buying doctors and so on, but the returns have not been as good. The doctors' demands have gone too high."



Winning legitimacy for illegitimate products

Trojan Horses

In Pakistan and probably in many other countries too, free samples of baby food products serve two purposes. One is internationally recognized: they help companies hook babies (and mothers) on these products and ensure enduring sales. A former Nestle representative told The Network in an interview that they were told repeatedly by the management that one prescription of Lactogen 1 ensures the company a profit of Rs 50,000.

The second aspect of sampling is more complicated and needs more study. Doctors, especially general practitioners, see their relationship with the companies as a commercial contract and consider free samples their due share of the company's earnings. They realize that, amid cut-throat competition, companies are dependent on them for sales and that a stroke of their pen or even a verbal suggestion means money to these companies. They don't hesitate to use the situation to their benefit. Doctors want companies to return their favor and are not particular about the form the pay-back should take. Usually, samples are a

At the gates of one of Pakistan's biggest hospitals: Nestle regularly provides doctors' tea clubs with Everyday tea whitener and keeps reminding them of its largess. *By Tahir Mehdi*

Top: ***HITTING WHERE IT HURTS: Nestle Rice tongue depressors in the Lactation Management Centre of Hyat Shaheed Hospital, Peshawar.***
By Dr M Tanveer
Bottom: ***Abbott uses its formula tins to promote its Rashnil nappy rash cream.***

good bargain for both company and doctor, since the doctor can easily cash in samples at the dispensary, while the doctor's promotion of the product guarantees the company more sales and popularity.

Except Snow Brand, all formula companies in Pakistan have a whole range of baby food products. Typically, the range consists of an infant formula, a follow-on formula, a lactose-free formula and a special "high nutrition" formula for babies born underweight or those suffering from diarrhea or "weakness". Companies act as if all products other than infant formula are outside the purview of the International Code.

They are using all marketing tactics with full force to push demand for these products beyond the actual need (see separate section on special formulas, page 58). Mead Johnson, Nutricia, Abbott and Morinaga have special reduced-sized samples of their lactose-free formulas. By offering doctors loads of samples and gifts associated with these, in their view, "legitimate" products, companies also compensate the doctor's favors with regard to the "illegitimate" products (infant formulas). In this way samples of special formulas serve the dual purpose of creating a market of their own and helping to keep formula sales afloat.

Besides promotion with health care facilities, the advertising campaign for Cerelac alone is a massive undertaking. It is advertised on both the national TV channels, in all major newspapers and journals, at points of sales and even through free coupons and gifts to consumers. The product is already a household name in the country. The huge expenditure on the campaign solely for this product can only be justified if it is considered a promotional campaign for the company's full infant feeding product line.

In a major market move in early 1997 Nestle changed the brand name of one of its better-known infant cereal products, Nestum. But it was a calculated risk, considering the replacement name was the company name itself: Nestle with a subname Rice printed in a much smaller point size on the product label and elsewhere. The change in no way could be seen as a product face-lift. Nestle has rather sacrificed the product's individual identity by naming it simply Nestle Rice. The product has in fact been converted into a decoy. Since Nestle considers this product most legitimate and "Code-resistant", it can now safely put Nestle Rice up-front and associate its gifts to doctors, be these disposable tongue depressors or prescription pads, with this product (September 25, 1997 saw the launch of a new product, Nestle Wheat: Ed)

This phenomenon of using one product to promote another is not specific to Nestle, however. It is an intrinsic company desire to use one success to build or sustain another. Abbott uses Similac, Isomil and PediaSure to promote its nappy rash cream, Rashnil, by placing a sticker of the product on the lids of formula tins. But Nestle is best placed to play this marketing game. No other formula company has such a big and diverse product line offering countless "formulas" to win over the market.

From Frost fruit drinks (a product of Nestle Pakistan) to Polo, Nestle's marketing personnel can deliver anything to the doctor's doorstep. A former Nestle rep.

revealed that doctors could ask Nestle to supply these products for their child's birthday party. Nestle is not allowed by the Pakistan Pediatric Association to put stalls promoting its infant feeding product line at its annual or biennial meetings, but a Nescafe vending machine offering free coffee to the participants is, nevertheless, welcome. Everyday tea whitener "donations" are in great demand at all the doctors' tea clubs in government hospitals. Nestle representatives keep a separate record of Everyday supplies to tea clubs and take extra care to keep the clubs' stocks full. At a number of places Everyday billboards are placed near hospitals, probably to remind doctors of the company's hospitality. Nestle also gives Nescafe coffee donations to these clubs in the winter.

Formula samples might be reaching fewer mothers now, but this has not reduced formula prescriptions and sales in any way. The companies have built a giant Trojan Horse of "legitimate" products and used deception to gain access to the health care facilities.

Top: ***Owing to its diverse product line, Nestle is best positioned to entice the shops that do not generally sell formulas, to do so. A bakery in Quetta that sells only Nestle's baby food products.*** *By TM*
Left: ***HAND IN HAND: Nestle' s Milo and Cerelac posters in a Faisalabad shop*** *(Top: By Noreen Ikram)* ***and Nescafe and Cerelac displays in a Multan store*** *(Bottom: By Azher Abbas).*

Lactogen 2 and Neslac

The twin paradox

Lactogen 2 and Neslac. Two milk products manufactured by Nestle. But that's where the similarity ends, right? One is meant for infants from the sixth month onwards, the other for 1-4 year olds - two different products. Think again. The two products are as much different from each other as are two batches of Lactogen 2 or Neslac. It's a tricky riddle - Nestle's nutritional brain teaser.

During the monitoring The Network bought two packs of Lactogen 2 - one, batch number OMVABS with March 98 as expiry date (Column d of table) and the other, batch number WEBBBS with October 98 as expiry date (Col. a). The average composition of the two batches of the same product is notably different. Similarly, The Network bought two packs of Neslac - one, batch number OCNABS with November 97 as expiry date (Col. c) and the other, batch number WP4BBS with July 98 as expiry date (Col. b). The average composition of the two batches of this product, too, are notably different from each other. Even more surprising is the fact that the average composition of a batch of Neslac (Col. b) is almost identical to that of a batch of Lactogen 2 (Col. a) and different from the other batch of Neslac (Col. c). The same is true for the other batch of Neslac (Col. d) - it is similar to a batch of Lactogen 2 (Col. c) and different from the other batch of Neslac (Col. b).

	Diff. a-b	Lactogen 2 a	Neslac b	Diff. b-c	Neslac c	Lactogen 2 d	Diff. c-d
Energy, kcal	0.0	464.0	464.0	0.0	464.0	464.0	0.0
Fat, gm	0.0	19.0	19.0	0.0	19.0	19.0	0.0
Linoleate gm	0.2	2.4	2.6	0.1	2.5	2.4	0.1
Protein gm	0.0	21.6	21.6	0.0	21.6	21.6	0.0
Carbohydrate gm	0.0	51.6	51.6	0.0	51.6	51.6	0.0
Minerals (ash) gm	0.0	4.8	4.8	0.0	4.8	4.8	0.0
Sodium mg	5.0	310.0	305.0	15.0	320.0	320.0	0.0
Potassium mg	0.0	1010.0	1010.0	40.0	970.0	970.0	0.0
Chloride mg	5.0	730.0	725.0	5.0	730.0	730.0	0.0
Calcium mg	0.0	780.0	780.0	10.0	770.0	770.0	0.0
Phosphorous mg	5.0	630.0	635.0	35.0	600.0	600.0	0.0
Magnesium mg	0.0	70.0	70.0	0.0	70.0	70.0	0.0
Manganese ug	2.0	30.0	32.0	0.0	32.0	33.0	1.0
Moisture gm	0.0	3.0	3.0	0.0	3.0	3.0	0.0
Vitamin A IU	0.0	1900.0	1900.0	510.0	1390.0	1390.0	0.0
Vitamin D IU	40.0	420.0	460.0	180.0	280.0	280.0	0.0
Vitamin E IU	2.7	5.6	8.3	2.7	5.6	6.0	0.4
Vitamin K1 ug	0.0	21.0	21.0	17.0	38.0	38.0	0.0
Vitamin C mg	10.0	46.0	56.0	19.0	37.0	37.0	0.0
Vitamin B1 mg	0.27	0.7	0.97	0.69	0.28	0.3	0.02
Vitamin B2 mg	0.0	1.1	1.1	0.45	0.65	0.6	0.05
Niacin (PP) mg	0.0	13.0	13.0	9.5	3.5	3.5	0.0
Vitamin B6 mg	0.47	0.93	1.4	1.05	0.35	0.3	0.05
Folic acid ug	0.0	140.0	140.0	98.0	42.0	42.0	0.0
Pantothenic acid mg	1.0	3.2	4.2	2.1	2.1	2.1	0.0
Vitamin B12 ug	0.0	0.93	0.93	0.07	1.0	1.0	0.0
Biotin ug	12.0	16.0	28.0	18.0	10.0	10.0	0.0
Choline mg	46.0	46.0	0.0	35.0	35.0	35.0	0.0
Inositol mg	23.0	23.0	0.0	21.0	21.0	21.0	0.0
Iron mg	0.4	7.9	8.3	0.1	8.4	8.0	0.4
Iodine ug	0.0	97.0	97.0	74.0	23.0	24.0	1.0
Copper mg	0.56	0.56	0.0	0.28	0.28	0.3	0.02
Zinc mg	8.4	5.6	14.0	10.5	3.5	3.5	0.0

The situation cannot be interpreted as a swapping of the average composition charts, since all the four being more or less the same, have some differences anyway. There can be only one explanation of the situation: that Lactogen 2 and Neslac are in fact two different names of the same product.

Even if we compare the two batches of Lactogen 2 and Neslac that have different composition, the difference is not significant. Both the products provide 464 kcal energy per 100 grams of powder. Both contain the same quantities of 15 nutrients while the quantity of the rest varies by a meagre 4.3 per cent. (Nestle should better rename Neslac as Lactogen 2.043!) The 200 gram pack of Neslac has half gram (0.450908 gram and 42.7 IUs) more of 12 nutrients than a similar pack of Lactogen 2 and one-sixth gram (0.15912 gram) less of five other nutrients.

Has the company made these microscopic calculations based on scientific evidence of the different nutritional requirements of babies at sixth months and one year of age? The feeding regimen of Neslac suggests two *or* three servings a day and Lactogen 2 three *or* four. Moreover, both the products suggest that mothers supplement this milk with complementary foods, which contain nutrients in unspecified and practically incalculable quantities. Does, then, the difference between Neslac and Lactogen 2 have any meaning for its users?

The difference, however, is vital for Nestle. While Nestle hesitates to promote Lactogen 2 publicly, it has no qualms about using even the electronic media for pushing Neslac.

The little variation in the contents of the two products has been doctored to create a "new" product that could help the company evade Code related criticism.

Never say No

An important tactic to deal with clients learned by all marketing personnel in any industry is the "Yes, but" technique. For example, if a client has some doubts about a product and asks questions, reps. are never to respond with "no" if this hurts the product image and goes against the company's interests. Instead, reps. are first to say "yes", even if the real answer is a blunt no, then add a "but" and create doubts in the questioner's mind by quoting any study or merely by using thick scientific jargon or whatever other trick that can work well. Then, add another "but" and shake the doctor's confidence even more. In the end the reps. achieve their objective without saying either a blunt "no" or a clear "yes".

This is exactly what the formula companies have done with the Code. The following is an account of some of the "yes, buts" they are using to avoid real answers.

Is breastfeeding best for babies?

Yes a healthy mother's milk is best for babies up to 3 or 4 months of age.

But some mothers don't have enough milk. You can supplement, if not replace, breastmilk with formula so that the poor baby doesn't go hungry.

But mothers who are in serious condition after delivery, like after caesarean section delivery, can't breastfeed. They are in pain for at least a week, during which time our formula suits babie most.

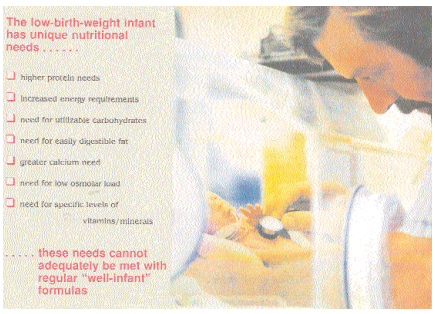
But breastmilk lacks iron, which is extremely important for a child's growth. Especially after four months of age, "iron supplementation" becomes crucial. Our infant formula and follow-on milk are both iron fortified.

But pre-mature, underweight and "weak" babies need special doses of concentrated nutrition. (Every fourth baby in Pakistan is born underweight.) Mother's milk cannot fulfill this extra demand; our special formula can.

But a majority of babies suffering from diarrhea develop lactose intolerance. To be on the safe side, give our special formula to all diarrhea patients - regardless of whether or not they are breastfed.

But cranky babies who cry all the time may be lactose-intolerant. Our special formula will put them at ease.

But babies one-year and older have special nutritional needs. Anyway, at this age they are too old to be breastfed. Give them our special formula.



Right: ***A baby born prematurely at a welfare hospital in Hyderabad being fed Enfalac Premature Formula.***
By Tahir Mehdi
Left: ***Detailing material for Mead Johnson's Enfalac Premature Formula.***

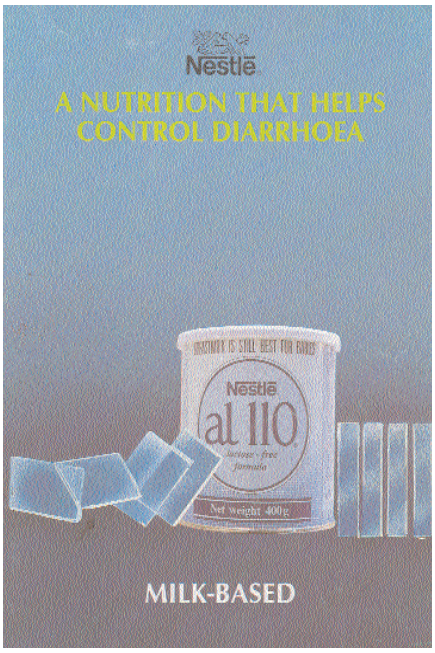
Promotion of special formulas

Mountains out of molehill

Formula companies have created a new market in the name of 'special formulas' and are trying hard to expand it far beyond its real legitimacy. There is some evidence suggesting that the market for so-called special formulas might have already become comparable in size to that for regular formulas.

Statistics provided by the Pharma Bureau of Overseas Investors Chamber of Commerce and Industry, Pakistan show Cerelac as the country's 42nd best selling "pharmaceutical" product in 1995 while Lactogen 1 ranked 66th and Morinaga BF stood 91st. In less than two years (by the end of the third quarter of 1997), the ranking has changed significantly, however, with Morinaga BF jumping to 40th and Lactogen to 53rd position. (The new list does not differentiate between Lactogen 1 and 2.) Nan ranks 92nd in the new list and NL-33 93rd.

The biggest attraction for companies in pushing these special formulas is that they think they are not obliged to abide by either the International Code or the SAARC Code. Hence, they fearlessly indulge in all of their favorite marketing practices. The companies freely distribute samples of these



formulas, many of them using special reduced size packs as samples (also see page 49). A monitor reported Morinaga distributing a pack of NL-33, the company-suggested cure for diarrhea, to every patient in the children's ward. There were also reports of bulk donations to hospitals of Mead Johnson's O-Lac.

A monitor reported two formula companies demanding that the administration of a Baby Friendly Hospital disallow a Snow Brand representative's entry to the hospital on the pretext that the company did not manufacture a special formula and hence its representative's visit to the hospital violated the hospital's commitments under the BFH Initiative. Neither the International Code nor the Baby Friendly Hospital Initiative rules prohibit sales representatives from entering hospitals, provided the information conveyed is scientific and factual.

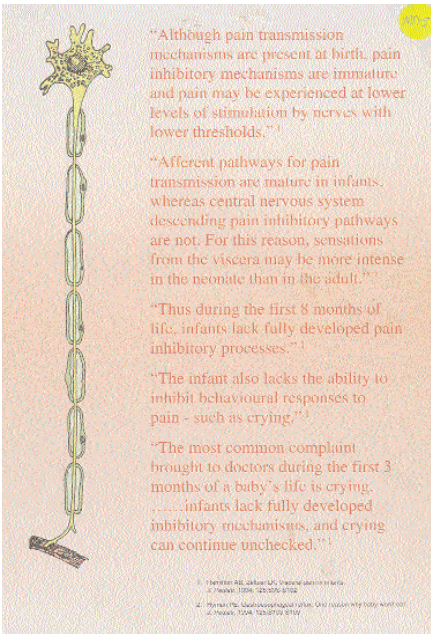
The companies are sounding false alarms and blowing facts out of proportion to expand the market for special formulas. A number of doctors interviewed during monitoring believed that lactose-free formulas must be prescribed to almost every baby suffering from diarrhea, and many considered that low birthweight babies need something 'more than breastmilk'.

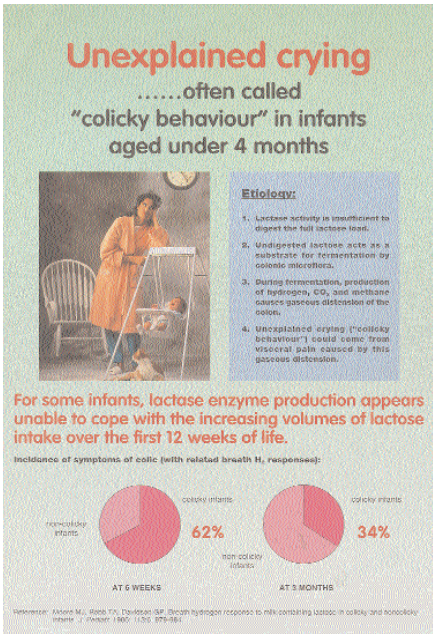
The companies are concocting baseless stories and presenting them as scientific evidence.

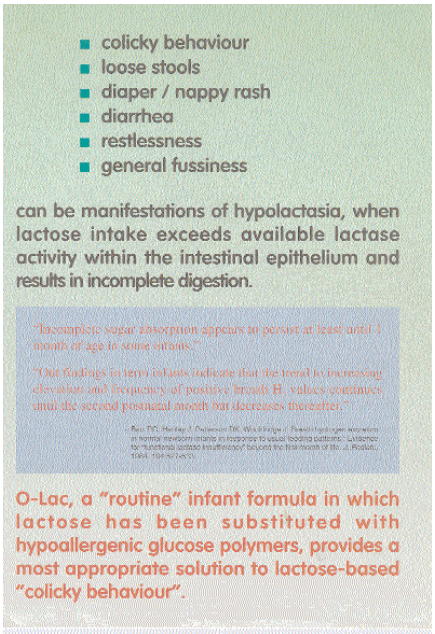
A Morinaga NL-33 prescription pad cover says: "Diarrhea is a leading cause of death in children under 4 years of age and a substantial cause of malnutrition. Morinaga NL-33, milk protein based lactose free formula comprehensively meets the essentials of dietary realimentation in diarrhea." It supports the claims with 14 studies - all dating from 1964 to 1978. Another pad cover claims that "carbohydrate intolerance was found in 78 per cent of infants with acute gastroenteritis... NL-33 breaks the vicious cycle of diarrhea-malnutrition-diarrhea."

Abbott promotes its product Pedialyte, an unnecessary and expensive ready-to-serve ORS, along with Isomil as "reliable partners in complete nutritional management of diarrhea." Isomil is compared with human milk, which of course is the most reliable and effective prevention of diarrhea.

Left: ***A mother cares for her baby suffering from diarrhea at a Hyderabad hospital. The baby was prescribed NL-33 as part of treatment of diarrhea.*** *By TM*
Right: ***Cover of Nestle Al-110's detailing material that boasts of helping to control diarrhea.***







Top: ***Mead Johnson's O-Lac detailing material that tries to convince doctors that O-Lac is a trouble-free 'routine' formula.***

Nestle also promotes AL-110 as 'a nutrition that helps control diarrhea'. Its detailing literature says: "Early diagnosis, prompt rehydration and feeding with nutritionally complete lactose free formula can stop diarrhea and reverse the catabolic effects before they lead to more debilitating illness". The assertion is not supported by any reference to scientific studies and the only two references made in the four-page leaflet are in support of the inclusion of maltodextrin in AL-110.

Though the leaflet contains an Important Notice about breastfeeding printed in a small font size, it does not say anywhere that breastfed babies are less likely to develop diarrhea that leads to lactose-intolerance and that continued breastfeeding during diarrhea is preferred over lactose-free formula.

The companies are instead trying to promote lactose-free formulas as a cure for diarrhea. Morinaga distributes among health workers printed prescription slips for distribution to mothers. The slips say in Urdu: "Mix one spoon of NL-33 in an ounce of water and give it your child suffering from diarrhea and wash the bottle with hot water".

Mead Johnson, however, appears to be more creative in marketing its lactose-free formula O-Lac. Mead Johnson's creative product managers decided to invent a disease named 'colicky behavior' after having invented its cure: O-Lac.

A four page detailing brochure for O-Lac explains to doctors how it can treat "colicky behavior" in infants. The cover dilates on the mechanism of pain transmission in infants and tries to give a completely 'scientific look'. It quotes two studies to conclude that "Infants lack fully developed pain inhibitory processes." Then it tells doctors that the enzyme production in an infant's stomach is insufficient to digest the full lactose load. Undigested lactose causes fermentation which in turn causes gaseous distension of the colon. Unexplained crying could come from pain caused by this gaseous distention.

The whole sequence including the linkage of gaseous distention with 'colicky behavior' is not supported by any scientific study. It goes further to diagnose 'lactose load-exceeding-lactase production' as the underlying causes of loose stools, nappy rashes, diarrhea, restlessness and general fussiness without providing any scientific evidence.

Of course, the prescription for all the above mentioned fatal diseases is O-Lac, which the company calls a "routine" formula. The brochure mentions nowhere whether the problems caused by the overloading of infant's stomach with lactose are related to babies on formula or those being breastfed, leading doctors to prescribe O-Lac to any crying baby - whether bottle fed or breastfed. The literature nonetheless compares O-Lac with breastmilk saying it has a "new fat blend which has been clearly shown to promote neuro-development at the same rate as breastfed infants".

With few laboratory facilities to diagnose lactose intolerance, most doctors suspect it in all babies whose mothers complain of restlessness or crying and prescribe lactose free formulas.

Left: ***PHARMACEUTICAL JUNGLE: Laws related to sale and purchase of medicines are practically non-existent in Pakistan. Medicine stores in front of Nishtar Hospital, Multan.*** *By TM*
Bottom: ***A shop boy unloads cartons of formula from the delivery van in Lahore's medicine market.*** *By TM*

Promotion at points of sale

Forefront of the brand war

Monitors visited 562 medical stores and other shops. Seventy-eight of the shopkeepers (13.9 per cent), or every seventh shopkeeper, admitted having benefited from discount, gift or credit schemes offered by formula companies.

Usually bigger shops benefit more from these schemes as they have the capital to avail the offers. The nature of offers varies from time to time and from city to city. Morinaga offered a three per cent discount on trade price to shopkeepers in Peshawar buying Rs. 10,000 worth of its products. In Multan, Meiji was reported to be offering five percent and Snow Brand seven per cent discount on purchases of the same value; Nestle offered a two per cent discount in Karachi. These schemes are not always product specific; the company only wants the buyer to spend a certain amount on any of its products and generally doesn't bother whether it is formula or follow-on or lactose-free milk. There were, however, a few instances where a company offered product specific incentives. Morinaga in Sargodha offered a three per cent discount on the purchase of only NL-33 worth Rs. 10,000.

Many companies offer one or more tins/packs free on the purchase of 12 or 24. There were reports of Abbott and Meiji offering 12+1-free schemes and Snow Brand offering 7+1-free. Nestle has been reported to offer a cash discount of Rs. 15 to Rs. 45 in different cities on the purchase of one carton

What do the two Codes say?

No advertising or promotion
International Code Article 5.1, SAARC Code, Article 5.1

No special displays, special sales, discount coupons or gifts to mothers
International Code, Article 5.3

of Lactogen 1. Shield and Kidco also offer one bottle free on the purchase of 12. A few shopkeepers also told monitors that Nestle had offered them a 15-day credit facility.

Nestle announced at the end of 1996 a scheme in which it gave shopkeepers serialized yellow coupons on the purchase of two cartons of Cerelac and green coupons on the purchase of five cartons. Later, separate draws were held from these two types of coupons, and the winners were awarded prizes which included a pilgrimage to Makkah, colour TV, deep freezer, dish antenna, tape recorder and many small prizes. A shopkeeper in Quetta claimed to have won a tape recorder under this scheme. Though on paper the scheme involved only purchases of Cerelac, in reality, many shopkeepers said, the company personnel would give coupons on purchase of any product worth a certain amount.

Shopkeepers who buy more of a product than they routinely need come under pressure to sell it as quickly as possible to recover their money. They unwittingly become company salesmen and make an extra effort to push that particular brand. In Pakistan the medical store-owners' recommendation of a particular brand carries a lot of weight for common buyers. Many consumers expect guidance from store-owners "in light of their vast experience in the field." Companies manipulate and enhance this advisory role of shopkeepers.

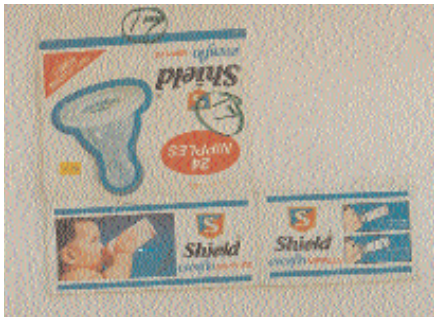
Nestle has also organized product display competitions. They ask shopkeepers to display the company's products in their shops in the most prominent manner. They give buntings and posters of their products to help shopkeepers "decorate" their shops. Then company judges visit all the shops and award prizes to the best-decorated shop. The majority of shopkeepers participating in these competitions do not differentiate between formula and other company products. In their attempt to appease the judges and win prizes, they prominently display all of the company's products, including formulas. Moreover, through these kinds of competitions the company sensitizes the shopkeeper, for the long run, about the importance that the company gives to the display of its product inside his shop.

In the majority of shops, baby food products are displayed prominently. This is "requested" by company distributors as a favor. A shopkeeper in Islamabad always shelves Nestle AL-110 at eye-level but refuses to give reasons.

Baby food products, infant follow-on and special formulas are sold in Pakistan at medical stores, general grocery stores, bakeries, sweet shops and even small kiosks selling cold drinks or cigarettes. The sheer presence of these products next to oil pickles and cream pastries conveys to the public that these, too, are just benign food products, which helps to promote their use. Since Nestle has a very large and diverse product line, it has something for every shop. Some bakeries and sweets shops have only Nestle formulas because they are basically Nestle milk or fruit juice clients but are enticed to sell Lactogen, Neslac and Cerelac as well.

The omnipresence of formulas, especially Nestle's, and prominent displays combined have become the most powerful public advertisements of these products.

Artificial baby food products are advertised at points of sale in Pakistan. Many shops have posters of Neslac, Cerelac and Farex. Nestle also has mobile cardboard cutouts for Neslac, Cerelac and Nestle Rice. They generally carry messages and visuals similar to thoes on posters of these products. Boots also distributes to shopkeepers a colored bunting printed with Farex images and slogans.



Shield and Kidco have cardboard cut-out mobiles to be hung inside shops. Moreover, most of the packing of these companies' pacifiers, teats and bottles are designed in such a way that on opening they become product displays. Shield and Kidco teats and pacifiers are also promoted at points of sale with posters, which read "reasonable price" and "insist on quality, be confident with Kidco." "Orthodontic shape, does not harm natural development of jaw and teeth," Kidco cartons say. A poster for Shield teats shows a photo of the teat and a baby and mother saying the teat is "for new-born babies." Twinkle teat cartons, which carry a photo of a mother and baby, are also designed to be used as a display unit.

Snow Brand distributes among shop-keepers packshot stickers of its formula and follow-on. Boots has stickers of Farex for shops. Some monitors also reported Meiji representatives giving detailing literature to shopkeepers as a display item. A few also spotted Nutricia literature displayed in shop windows on representatives' suggestion.

Formula companies are also reported to be handing out gifts like notepads, pens, key chains and calendars to shopkeepers. Some also admitted having received formu-la samples on request and for use in their own homes. Neslac and Shield wall clocks were found in some shops as well.

Clockwise from top: ***Prominent display of milk formula at a busy general store of Quetta*** *(By TM)****. Kidco's illuminated sign board hoisted at a Lahore medicine store*** *(By Mehboob Alam)****. Shield soothers' cardboard mobile display and Shield feeding bottle nipple carton.***

Facing page
Top: ***Nestle handout announcing details of lucky draw scheme for shopkeepers.***
Centre and bottom: ***Nestle Rice and Farex cardboard mobiles for shops.***

PLAIN TRUTH: Iran makes it simple and straight. A formula tin manufactured by Nutricia for Iran with the mandatory generic label and color.

Recommendations

What is to be done?

Introduction of legislation

Nearly 17 years have passed since the adoption of the International Code and more than a year since the adoption of the SAARC Code. As a signatory to the International Code, Pakistan is obligated to enact legislation implementing the Code in its entirety. Such legislation is also in line with its obligations under other agreements, most notably the Convention on the Rights of the Child.

The Network supports the current government initiative to enact strong and effective legislation implementing the International Code and based on the SAARC Code, which was adopted at the ministerial level as the minimum requirement for this region. The following recommendations based on the findings of this monitoring exercise are intended as a contribution to such legislation.

Generic labeling

Seventy-six per cent of mothers and 50 per cent of fathers in Pakistan cannot read or write. A detailed analysis of the labels of baby foods marketed in Pakistan shows that labels are tricky and incomprehensible, even for those who can read, albeit beautiful and attractive. The packing of artificial baby food products can be enticing, leading parents to be wrongly convinced that they are providing their baby the best possible food.

The Network, therefore, recommends generic labels and colors for all baby food products sold in Pakistan. There should be no visuals, brand names and company logos. Instead a label conforming to the two Codes shall be designed and all the companies should be allowed to use that only. Iran has set a good example in this regard.

Controlled availability

Easy availability of baby food products in Pakistan is also a reason for their increased use. Baby food products should not be considered ordinary consumer items and thus not be made available at general stores, bakeries and sweet shops. Instead all baby food products should be made available only at special, registered pharmacies. The companies should be barred from supplying their products to any points of sale other than the registered pharmacies. Similarly all other shops except registered pharmacies should be barred from selling these products.

Prescription/permit only items

A system should be adopted of issuing permits to mothers/family members of babies whose need for artificial feeding is scientifically justified. Iran has developed and had success with such a system, and it should be examined.

The authority to issue artificial baby

Emerging trends

The following are a number of marketing trends emerging in Pakistan that should be checked. Some are in contravention of the International Code and the SAARC Code, while others are efforts to get around their provisions and to create confusion:

1. Promotion of so-called "specialty formulas" (lactose-free, soya, etc.) is expanding the demand for these products far beyond their legitimate need.

2. Many manufacturers use their company name as their product name or as the root of their product name.

3. Label designs and product names within a company line are often very similar, creating potential for confusion among consumers.

4. Products not covered by the International Code or the SAARC Code (such as foods, drinks, candies, etc.) are being used as a front to gain access to health workers and mothers and as incentives.

5. Cereals are intensely promoted for use from four months of age.

6. Milks for pregnant and lactating mothers are being used to gain access to mothers and to associate the company name with infants and feeding.

food permits should rest with qualified pediatricians only. The pediatricians must also be required to follow a laid down procedure to assess and justify the baby's need for artificial foods before issuing permit. The procedure should also be able to hold prescribers accountable for their decisions.

Detailed guidelines for the prescription/issuance of a permit for any baby food product should be evolved in light of Pakistan's child health situation and in consultation with UNICEF and WHO experts on the subject, referring as well to the WHO/UNICEF guidelines of 1985 on infants who must be fed on breastmilk substitutes. Prescribing guidelines for infant formulas, any follow-on, lactose-free, non-allergic or any other special formulas should be included.

Baby Food Authority

Network recommends the formation of a Baby Food Authority with powers to regulate this sector. Some details are as follows:

- Any company intending to market a food product meant for children of breastfeeding age (birth to two years of age) or any other product that could influence breastfeeding in any way must seek permission to do so from the Authority.
- The Authority should have the power to register, disallow, de-register, or ban with immediate effect any food or other item meant for children of breastfeeding age. It should also have the power to limit a product's sale to permit holders only.
- The Authority should have the power to set the age of children for whom the product could be marketed and take care of other labeling issues, keeping in mind the objective that the product should not in any way become a hurdle to the initiation of breastfeeding or its continuation up to the age of two years and beyond.
- The Authority should have the power to approve or disapprove of any marketing practice of a company with regard to its baby food products. This includes the use of electronic or print media, publicity, any gift schemes, baby shows or sponsorship or any other form of advertising.
- The Authority should have the power to disapprove of any practice of companies or institutions not directly having a commercial interest in the promotion of baby food if the authority finds these practices

About Baby Friendly Hospitals

Though most monitors found the Baby Friendly Hospitals far better with regard to breastfeeding practices than other health facilities, they still found room for improvement and raised some points.

Female employees of Baby Friendly Hospitals are unable to breastfeed their babies because these hospitals have no creche facilities. Enabling hospital staff to breastfeed their babies, aside from the many benefits for mother, baby and employer, would set a powerful example for mothers attending the facility. A mother successfully combining breastfeeding and work would be the best advocate for breastfeeding.

Conversely, at present hospital staff seem to recommend breastfeeding only as a job requirement and do not speak from their hearts. They are least convincing and the contradiction in their act and advice is counter-productive.

Most hospitals are not well trained on the subject of "special formulas" and fall prey to the companies' concocted scientific evidence in favor of prescribing these to every child with diarrhea or suspecting lactose intolerance as the reason for every baby "crying too much." These hospitals accept all the gifts associated with "speciality" products - even samples and supplies - yet believe they are baby friendly.

The majority of the doctors working in Baby Friendly Hospitals are least baby friendly in their evening clinic practices. In some cases they are found to be the biggest formula fans of the city! Assessment of a hospital seeking Baby Friendly status should also include the practices of its doctors in their private evening clinics.

harmful for breastfeeding.

- The Authority should have the responsibility, and the requisite power, to undertake or to suggest/recommend to some other institution/ministry any activity that it deems helpful for the promotion and protection of a breastfeeding culture or the discouragement of a bottle feeding culture.
- The Authority should consist of mothers, consumer groups, NGOs working in the field of mother and child health, pediatricians, gynecologists and nutritionists. It should be a blend of professionals and common people, and all members must declare that they will not accept any kind of favors from formula companies. At least half the members should be women.
- The Authority should be financially autonomous and raise funds by levying a tax on the annual sales of the artificial baby food companies.

Campaign to counter feeding bottles as instruments of feeding

Aside from its effects on breastfeeding, the bottle as an instrument of feeding is a major health problem in Pakistan. They are used to feed babies (and children as old as 3, 4 and 5 years old) formulas, fresh animal milk, water, juices, tea, *sherbet,* or any liquid food. The hazards of the bottle need to be addressed separately from the breastfeeding issue through mass awareness campaigns.

Feeding bottles and pacifiers have been made a symbol of infancy and innocence. Anything marketed for children uses these images to make the product more appealing and specific to babies. Even children's playthings include feeding bottles. These are manifestations of the growing bottle-feeding culture that needs to be checked.

Appendices

SAARC Model Code
for Protection of Breastfeeding and Young Child Nutrition

International Code
of Marketing of Breastmilk Substitutes

And the related resolutions of the World Health Assembly

SAARC Model Code

for Protection of Breastfeeding and Young Child Nutrition

The text of this Model Code was first drafted by a Regional Training Workshop held in Nepal in February 1995. The SAARC Workshop on Formulation, Monitoring and Implementation of Legislation on Infant Milk Substitutes and Related Matters amended the text in February 1996 and forwarded it to the SAARC Technical Committee. This Committee met in April 1996 and endorsed the Code as worded.

The 3rd SAARC Ministerial Conference on Children of South Asia took place in Rawalpindi, Pakistan from 20 to 22 August 1996. Over 100 delegates from the seven South Asian countries attended and, among others, they adopted the "SAARC Model Code For Protection Of Breastfeeding And Young Child Nutrition".

Following is the text of the Code.

SAARC Model Code For Protection Of Breastfeeding And Young Child Nutrition

WHEREAS infant and young child malnutrition is widespread in SAARC countries;

WHEREAS the WHO/UNICEF Meeting on Infant and Young Child Nutrition (1979) affirmed the right of every child and every pregnant and lactating mother to be adequately nourished as a means of attaining and maintaining physical and psychological health;

WHEREAS the World Health Assembly adopted the International Code of Marketing of Breastmilk Substitutes in 1981 with the approval of all SAARC countries;

WHEREAS the Innocenti Declaration of August 1990 calls on all governments to have implemented the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety by the end of 1995;

WHEREAS the Colombo Declaration, adopted by SAARC countries in September 1992, expressed alarm at the declining trends of breastfeeding and increasing trends in use of breastmilk substitutes;

WHEREAS World Health Assembly Resolution 47.5 of May 1994 recommends exclusive breastfeeding for about six months;

WE THE PARTICIPANTS at the SAARC Workshop on Formulation, Monitoring and Implementation of Legislation on Infant Milk Substitutes and Related Matters held in Kathmandu, Nepal, from 09-11 February 1996 hereby recommend the following to SAARC Technical Committee for consideration:

Code for Protection of Breastfeeding and Young Child Nutrition

The purpose of this Code is to protect breastfeeding and child nutrition by educating health workers and the public about the benefits of breastfeeding and by regulating the marketing and promotion of infant and complementary foods and related products;

The Government shall direct its policy towards educating health workers, students and members of the public about the benefits of breastfeeding and appropriate child feeding practices and the hazards of using infant milk foods and related products.

1.0 Definitions

For the purposes of this Code:

1.1 "Advertising" means to make any representation by any means whatsoever of a designated product.

1.2 "Complementary food" means any food suitable as an addition to breastmilk or as a substitute for breastmilk when breastmilk becomes insufficient to satisfy the nutritional requirements of an infant.

1.3 "Container" means any form of packaging of a designated product, including wrappers.

1.4 "Designated products" means

1.4 (a) any milk food manufactured or marketed or promoted for the use of a child below the age of two years;

1.4 (b) any packaged food or drink, feeding bottles, teats, valves for feeding, bottles and pacifiers, nipple shields, manufactured or marketed or promoted for the use of a child below the age of two years, or which is commonly used for the feeding of such child;

1.4 (c) such other products as the Government may, by notification in the Official Gazette, declare to be designated products for the purposes of this Code.

1.5 "Distributor" means any person engaged in the business of marketing, whether wholesale or retail, any designated product and includes persons providing product public relations and information services.

1.6 "Feeding bottle" means any bottle or receptacle for the purpose of feeding an infant or a young child.

1.7 "Follow-up formula" means an animal or vegetable based milk product marketed for infants and young children older than six months and formulated industrially in accordance with the

standards of ..... [Country] (or in the absence of such standards with the standards of the Codex Alimentarius).

1.8 "Health care facility" means any public or private institution or organization or private practice directly or indirectly providing health care to infants, young children, pregnant women or mothers, including pharmacies, day-care centers, nurseries and other child-care facilities.

1.9 "Health worker" means any person providing services to infants, young children, pregnant women or mothers as a medical practitioner, nurse, midwife, traditional birth attendant, pharmacist or dispensing chemist, nutritionist, hospital administrator or employee, whether professional or not, paid or not, and any other person providing such services.

1.10 "Infant" means a child up to the age of twelve months.

1.11 "Infant formula" means an animal or vegetable based milk product manufactured in accordance with the relevant standards of ..... [Country] (or in the absence of such. standards with the standards of the Codex Alimentarius) adapted to meet the nutritional requirements of an infant.

1.12 "Importer" means any person or organization engaged in the business of importing, directly or indirectly, any designated product.

1.13 "Label" means any tag, mark, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed, attached or otherwise appearing on a container of a designated product.

1.14 "Manufacturer" means any person engaged in the business of manufacturing, directly or indirectly, a designated product.

1.15 "Marketing" means any method of introducing or selling a designated product, including, but not limited to promotion, distribution, advertising, distribution of samples or free or low-cost supplies.

1.16 "Nipple shield" means an appliance with a teat for baby to suck from the breast.

1.17 "Pacifier" means a teat for babies to suck, also referred to as a "dummy".

1.18 "Promoter" means any person or organization engaged in the promotion of any designated product.

1.19 "Promotion" means any method of directly or indirectly introducing a person to a product or inducing a person to buy or to use a designated product, including but not limited to advertising, donation of samples, supplies or gifts, discounts, distribution of literature, product public relations and information services.

1.20 "Professional bodies" means any society or association or groups of persons, private or otherwise.

1.21 "Sample" means any quantity of a designated product provided at no cost.

1.22 "Young child" means a person from the age of 12 months up to the age of two years.

2.0 Information and Education

2.1 Information and education material of any kind regarding young child feeding shall:

2.1(a) clearly and conspicuously explain:

(i) the benefits and superiority of breastfeeding;

(ii) how to prepare for and maintain breastfeeding;

(iii) how the introduction of bottle feeding or inappropriate complementary feeding interferes with breastfeeding;

(iv) why it is difficult to return to breastfeeding even after a short period of bottle feeding;

(v) the importance of mother's and young, child nutrition;

(vi) hazards of artificial feeding;

(vii) economic implications of artificial feeding.

2.1(b) contain only correct and current information and not use pictures or text that encourage bottle feeding or discourage breastfeeding;

2.1(c) be written in [insert desired language(s)].

3.0 Labeling

3.1 The label of a designated product shall:

3.1(a) not contain anything that may discourage breastfeeding;

3.1(b) contain a conspicuous notice in bold characters no less than 5 mm in height stating only:

MOTHER'S MILK IS BEST FOR YOUR BABY AND PREVENTS DIARRHEA AND OTHER ILLNESSES;

3.1(c) contain instructions for the correct preparation in easily understandable words and graphics;

3.1(d) indicate the age in months before which the product should not be used; provided that this clause shall not apply to infant formula, bottles, teats and pacifiers; and provided that in the case of follow-up formula such age shall not be less than six months, and in the case of complementary foods, not less than five months;

3.1(e) except for bottles, teats, pacifiers and nipple shields, indicate the ingredients, the composition and analysis of the designated product, the required storage conditions and batch number and the expiry date;

3.1(f) not use terms such as "maternalized" or "humanized" or the equivalent nor contain any comparison with mother's milk;

3.1(g) not show photographs, drawings or graphics; except that graphics may be used to illustrate the correct method of preparation;

3.1(h) contain the name and address of the manufacturer and of the wholesale distributor if the designated product is an imported item;

3.1(i) except for bottles, teats, pacifiers and nipple shields contain the following conspicuous warning in bold characters no less than 3mm in height:

WARNING!

IF YOU USE THIS PRODUCT EVEN ONCE, YOUR BABY MAY NO LONGER WANT TO BREASTFEED. THIS PRODUCT SHOULD ONLY BE USED UPON MEDICAL ADVICE;

3.1(j) be written in ..... (language).

3.2 In the case of infant formula, the label shall indicate the number of containers of the same weight required to properly

feed an infant for the first six months of life.

3.3 The label of every container of condensed milk, evaporated milk or skimmed milk shall contain a conspicuous notice in bold characters no less than 3mm in height stating:

THIS PRODUCT SHOULD NOT BE FED TO
BABIES BELOW ONE YEAR;

3.4(a) The label on every feeding bottle, teat, pacifier or nipple shield shall contain instructions for proper cleaning and sterilization in easily understandable words and graphics;

3.4(b) The label of every feeding bottle shall contain the following conspicuous warning in bold characters no less than 3mm in height:

WARNING!
FOLLOW THE INSTRUCTIONS CAREFULLY TO ENSURE
THAT YOUR BABY DOES NOT BECOME ILL;
IF YOU USE A FEEDING BOTTLE THIS WILL HAMPER
YOUR BABY'S BREASTFEEDING.
FEEDING WITH A CUP IS SAFER
THAN BOTTLE FEEDING;

3.5 The label of every teat, pacifier or nipple shield shall contain the following conspicuous notice in bold characters no less than 1.5mm in height:

USE OF THIS PRODUCT INTERFERES
WITH BREASTFEEDING.

4.0 Health Workers' Responsibilities

4.1 Health workers should encourage, support and protect breastfeeding and promote appropriate infant and young child nutrition. Those who are concerned in particular with maternal, infant and young child nutrition should make themselves familiar with the provisions of this Code.

4.2 Health workers should work to eliminate practices that directly or indirectly retard the early initiation and continuation of breastfeeding, such as prelacteal feeds.

4.3 Health workers should not accept any gift or benefit, either personally or in the name of their health care facility, financial or otherwise, of whatever value from a manufacturer, importer, promoter or distributor, that would interfere with their professional conduct.

4.4 Health workers should not accept nor give samples of designated products to any person.

5.0 Prohibitions

5.1 No person shall promote any designated product, except as provided under this Code.

5.2 No person shall in any manner state or imply that designated products are a substitute for mother's milk, nor that they are equivalent to or comparable with or superior to mother's milk; except that such a prohibition shall not curtail the expression of views in scientific research.

5.3 Manufacturers, importers, distributors and promoters shall neither produce nor distribute any educational or information materials relating to infant and young child feeding.

5.4 Manufacturers, importers, distributors and promoters shall not make gifts or contributions of any kind to health workers or their families.

5.5 Manufacturers, importers, distributors and promoters shall neither donate equipment or services nor provide designated products free of charge or at low cost to a health worker, a health care facility or a professional body.

5.6 No manufacturer, importer, distributor or promoter shall offer or give any gift nor offer or give any benefit to health workers or their associations, including but not limited to fellowships, training, study grants and funding for attendance of meetings, seminars, continuing education courses or conferences.

5.7 No manufacturer, importer, distributor or promoter shall, directly or indirectly, fund research on designated products, unless such research has been approved by a designated authority of the government. Any publication resulting from such research shall include a statement disclosing the source of funding.

Further Recommendations for Implementation
by the
SAARC Workshop on Formulation, Monitoring, and Implementation of Legislation on Infant Milk Substitutes and Related Matters

1. There should be a "freeze" on installed production capacities of breastmilk substitutes, and that member States should move towards a reduction in these installed production capacities.

2. There should be a freeze on present levels of import and export of the designated products as defined in the Code and member States should work towards a reduction in the existing import and export levels.

3. NGOs should be encouraged to play a "watch-dog" role in the implementation of the Code. They should also be involved in the implementation of the Code and related legislation.

4. The Code and related legislation should receive the widest possible publicity in the respective countries. Special focus should be on informing and educating adolescent girls about the provisions of the Code.

5. SAARC Secretariat should initiate a mechanism for coordinating the implementation of the model Code in the member States.

6. Effective monitoring systems should be established/ strengthened in each member State.

7. All member States should report on monitoring and evaluation to SAARC Secretariat annually.

8. Those member States who have not enacted legislation should do so by the end of 1996.

Kathmandu, 9-11 February 1996

International Code

of Marketing of Breastmilk Substitutes

The Member States of the World Health Organization:

Affirming the right of every child and every pregnant and lactating woman to be adequately nourished as a means of attaining and maintaining health;
Recognizing that infant malnutrition is part of the wider problems of lack of education, poverty, and social injustice;
Recognizing that the health of infants and young children cannot be isolated from the health and nutrition of women, their socioeconomic status and their roles as mothers;
Conscious that breast-feeding is an unequalled way of providing ideal food for the healthy growth and development of infants; that it forms a unique biological and emotional basis for the health of both mother and child; that the anti-infective properties of breast milk help to protect infants against disease; and that there is an important relationship between breast-feeding and child spacing;
Recognizing that the encouragement and protection of breast-feeding is an important part of the health, nutrition and other social measures required to promote healthy growth and development of infants and young children; and that breast-feeding is an important aspect of primary health care;
Considering that when mothers do not breast-feed, or only do so partially, there is a legitimate market for infant formula and for suitable ingredients from which to prepare it; that all these products should accordingly be made accessible to those who need them through commercial or non-commercial distribution systems; and that they should not be marketed or distributed in ways that may interfere with the protection and promotion of breast-feeding;
Recognizing further that inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in all countries, and that improper practices in the marketing of breast-milk substitutes and related products can contribute to these major public health problems;
Convinced that it is important for infants to receive appropriate complementary foods, usually when the infant reaches four to six months of age, and that every effort should be made to use locally available foods; and convinced, nevertheless, that such complementary foods should not be used as breast-milk substitutes;
Appreciating that there are a number of social and economic factors affecting breast-feeding, and that, accordingly, governments should develop social support systems to protect, facilitate and encourage it, and that they should create an environment that fosters breast-feeding, provide appropriate family and community support, and protects mothers from factors that inhibit breast-feeding;
Affirming that health care systems, and the heath professionals and other health workers serving in them, have an essential role to play in guiding infant feeding practices, encouraging and facilitating breast-feeding, and providing objective and consistent advice to mothers and families about the superior value of breast-feeding, or where needed, on the proper use of infant formula, whether manufactured industrially or home-prepared;
Affirming further that educational systems and other social services should be involved in the protection and promotion of breast-feeding, and in the appropriate use of complementary foods;
Aware that families, communities, women's organizations and other non-governmental organizations have a special role to play in the protection and promotion of breast-feeding and in ensuring the support needed by pregnant women and mothers of infants and young children, whether breast-feeding or not;
Affirming the need for governments, organizations of the United Nations system, non-governmental organizations, experts in various related disciplines, consumer groups and industry to cooperate in activities aimed at the improvement of maternal, infant and young child health and nutrition;
Recognizing that governments should undertake a variety of health, nutrition and other social measures to promote healthy growth and development of infants and young children, and that this Code concerns only one aspect of these measures;
Considering that manufacturers and distributors of breast-milk substitutes have an important and constructive role to play in relation to infant feeding, and in the promotion of the aim of this Code and its proper implementation;
Affirming that governments are called upon to take action appropriate to their social and legislative framework and their overall development objectives to give effect to the principles and aim of this Code, including the enactment of legislation, regulations or other suitable measures;
Believing that, in the light of the foregoing considerations, and in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breast-milk substitutes, the marketing of breast milk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products;

THEREFORE:
The Member States hereby agree the following articles which are recommended as a basis for action.

Article 1. Aim of the Code

The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast-feeding, 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.

Article 2. Scope of the Code

The Code applies to the marketing, and practices related thereto, of the following products: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast milk; feeding bottle and teats. It also applies to their quality and availability, and to information concerning their use.

Article 3. Definitions

For the purposes of this Code:

"Breast-milk substitute" means any food being marketed or otherwise represented as a partial or total replacement for breast milk, whether or not for that purpose.

"Complementary food" means 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 "weaning food" or "breast-milk supplement".

"Container" means any form of packaging of products for sale as a normal retail unit, including wrappers.

"Distributor" means a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level of a product within the scope of this Code. A "primary distributor" is a manufacturer's sales agent, representative, national distributor or broker.

"Health care system" means governmental, non-governmental or private institutions" or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets.

"Heath worker" means a person working in a component of such a health care system, whether professional or non-professional, including voluntary, unpaid workers.

"Infant formula" means a breast-milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as "home-prepared".

"Label" mean any tag, brand, mark, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any product within the scope of this Code.

"Manufacturer' means a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code.

"Marketing" means product promotion, distribution, selling, advertising, product public relations, and information services.

"Marketing personnel" means any persons whose functions involve the marketing of a product or products coming within the scope of this Code.

"Samples" means single or small quantities of a product provided without cost.

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

Article 4. Information and education

4.1 Governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition. This responsibility should cover either the planning, provision, design and dissemination of information, or their control.

4.2 Informational and educational materials, whether written, audio, or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include information on all the following points: (a) the benefits and superiority of breast-feeding; (b) maternal nutrition, and the preparation for and maintenance of breast-feeding; (c) the negative effect on breast-feeding of introducing partial bottle-feeding; (d) the difficulty of reversing the decision not to breast-feed; and (e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared. When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods, and, in particular, the health hazards of unnecessary or improper use of infant formula and other breast-milk substitutes. Such materials should not use any pictures or text which may idealize the use of breast-milk substitutes.

4.3 Donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary product

that is within the scope of this Code, and should be distributed only through the health care system.

Article 5. The general public and mothers

5.1 There should be no advertising or other form of promotion to the general public of products within the scope of this Code.

5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.

5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.

5.4 Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle-feeding.

5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

Article 6. Health care systems

6.1 The health authorities in Member States should take appropriate measures to encourage and protect breast-feeding and promote the principles of this Code, and should give appropriate information and advice to health workers in regard to their responsibilities, including the information specified in Article 4.2.

6.2 No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.

6.3 Facilities of health care systems should not be used for the display of products within the scope of this Code, for placards or posters concerning such products, or for the distribution of material provided by a manufacturer or distributor other than that specified in Article 4.3.

6.4 The use by the health care system of "professional service representatives", "mothercraft nurses" or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.

6.5 Feeding with infant formula, whether manufactured or home-prepared, should be demonstrated only by health workers, or other community workers if necessary; and only to the mothers or family members who need to use it; and the information given should include a clear explanation of the hazards of improper use.

6.6 Donations or low-price sales to institutions or organizations of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used or distributed for infants who have to be fed on breast-milk substitutes. If these supplies are distributed for use outside the institutions, this should be done only by the institutions or organizations concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement.

6.7 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution or organization should take steps to ensure that supplies can be continued as long as the infants concerned need them. Donors, as well as institutions or organizations concerned, should bear in mind this responsibility.

6.8 Equipment and materials, in addition to those referred to in Article 4.3, donated to a health care system may bear a company's name or logo, but should not refer to any proprietary product within the scope of this Code.

Article 7. Health workers

7.1 Health workers should encourage and protect breast-feeding; and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code, including the information specified in Article 4.2.

7.2 Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle-feeding is equivalent or superior to breast-feeding. It should also include the information specified in Article 4.2.

7.3 No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.

7.4 Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use, should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.

7.5 Manufacturers and distributors of products within the scope of this Code should disclose to the institution to which a recipient health worker is affiliated any contribution made to him or on his behalf for fellowships, study tours, research grants, attendance at professional conferences, or the like. Similar disclosures should be made by the recipient.

Article 8. Persons employed by manufacturers and distributors

8.1 In systems of sales incentives for marketing personnel, the volume of sales of products within the scope of this Code should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should not be

understood to prevent the payment of bonuses based on the overall sales by a company of other products marketed by it.

8.2 Personnel employed in marketing products within the scope of this Code should not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. This should not be understood as preventing such personnel from being used for other functions by the health care system at the request and with the written approval of the appropriate authority of the government concerned.

Article 9. Labeling

9.1 Labels should be designed to provide the necessary information about the appropriate use of the product, and so as not to discourage breast-feeding.

9.2 Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, and easily readable and understandable message printed on it, or on a label which cannot readily become separated from it, in an appropriate language, which includes all the following points: (a) the words "Important Notice" or their equivalent; (b) a statement of the superiority of breast-feeding; (c) a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use; (d) instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation. Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealize the use of infant formula. They may, however, have graphics for easy identification of the product as a breast-milk substitute and for illustrating methods of preparation. The terms "humanized", "materialized" or similar terms should not be used. Inserts giving additional information about the product and its proper use, subject to the above conditions, may be included in the package or retail unit. When labels give instructions for modifying a product into infant formula, the above should apply.

9.3 Food products within the scope of this Code, marketed for infant feeding, which do not meet all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant. Since sweetened condensed milk is not suitable for infant feeding, nor for use as a main ingredient of infant formula, its label should not contain purported instructions on how to modify it for that purpose.

9.4 The label of food products within the scope of this Code should also state all the following points: (a) the ingredients used; (b) the composition/analysis of the product; (c) the storage conditions required; and (d) the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.

Article 10. Quality

10.1 The quality of products is an essential element for the protection of the health of infants and therefore should be of a high recognized standard.

10.2 Food products within the scope of this Code should, when sold or otherwise distributed, meet applicable standards recommended by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practice for Foods for Infants and Children.

Article 11 . Implementation and monitoring

11.1 Governments should take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures. For this purpose, governments should seek, when necessary, the cooperation of WHO, UNICEF and other agencies of the United Nations system. National policies and measures, including laws and regulations, which are adopted to give effect to the principles and aim of this Code should be publicly stated, and should apply on the same basis to all those involved in the manufacture and marketing of products within the scope of this Code.

11.2 Monitoring the application of this Code lies with governments acting individually, and collectively through the World Health Organization as provided in paragraphs 6 and 7 of this Article. The manufacturers and distributors of products within the scope of this Code, and appropriate non-governmental organizations, professional groups, and consumer organizations should collaborate with governments to this end.

11.3 Independently of any other measures taken for implementation of this Code, manufacturers and distributors of products within the scope of this Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aim of this Code, and for taking steps to ensure that their conduct at every level conforms to them.

11.4 Non-governmental organizations, professional groups, institutions, and individuals concerned should have the responsibility of drawing the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should also be informed.

11.5 Manufacturers and primary distributors of products within the scope of this Code should apprise each member of their marketing personnel of the Code and of their responsibilities under it.

11.6 In accordance with Article 62 of the Constitution of the World Health Organization, Member States shall communicate annually to the Director-General information on action taken to give effect to the principles and aim of this Code.

11.7 The Director-General shall report in even years to the World Health Assembly on the status of implementation of the Code; and shall, on request, provide technical support to Member States preparing national legislation or regulations, or taking other appropriate measures in implementation and furtherance of the principles and aim of this Code.

Related WHA Resolutions

WHA 31.47 (1978)

The Thirty-first World Health Assembly, 1978

Recommends that Member States give the highest priority to ... preventing malnutrition in infants and young children by supporting and promoting breastfeeding; ... (by taking) legislative and social action to facilitate breastfeeding by working mothers ....
and ... regulating inappropriate sale and promotion of infant foods that can be used to replace breastmilk;.....

WHA 33.32 (1980)

The Thirty-third World Health Assembly, 1980

Recalling resolutions WHA27.43 and WHA31.47 which in particular reaffirmed that breastfeeding is ideal for the harmonious physical and psycho-social development of the child, that urgent action is called for by governments and the Director-General in order to intensify activities for the promotion of breastfeeding and development of actions related to the preparation and use of weaning foods based on local products, and that there is an urgent need for countries to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation, as well as to take appropriate supportive social measures for mothers working away from their homes during the lactation period;
Recalling further resolutions WHA31.55 and WHA32.42 which emphasized maternal and child health as an essential component of primary health care, vital to the attainment of health for all by the year 2000;
Recognizing that there is a close interrelationship between infant and young child feeding and social and economic development, and that urgent action by governments is required to promote the health and nutrition of infants, young children and mothers, inter alia through education, training and information in this field;
Noting that a joint WHA/UNICEF Meeting 011 Infant and Young Child Feeding was held from 9 to 12 October 1979, and was attended by representatives of governments, the United Nations system and technical agencies, non-governmental organizations active in the area, the infant food industry and other scientists working in this field;
1. ENDORSES in their entirety the statement and recommendations made by the joint WHO/UNICEF Meeting, namely on the encouragement and support of breastfeeding; the promotion and support of appropriate weaning practices; the strengthening of education training and information; the promotion of the health and social status of women in relation to infant and young child feeding; and the appropriate marketing and distribution of breastmilk substitutes. This statement and these recommendations also make clear the responsibility in this field incumbent on the health services, health personnel, national authorities, women's and other non-governmental organizations, the United Nations agencies and the infant-food industry, and stress the importance for countries to have a coherent food and nutrition policy and the need for pregnant and lactating women to be adequately nourished; the joint Meeting also recommended that "There should be an international code of marketing of infant formula and other products used as breastmilk substitutes. This should be supported by both exporting and importing countries and observed by all manufacturers. WHO and UNICEF are requested to organize the process for its preparation, with the involvement of all concerned parties, in order to reach a conclusion as soon as possible";
2. RECOGNIZES the important work already carried out by the World Health Organization and UNICEF with a view to implementing these recommendations and the preparatory work done on the formulation of a draft international code of marketing of breastmilk substitutes;
3. URGES countries which have not already done so to review and implement resolutions WHA27.43 and WHA32.42;
4. URGES women's organizations to organize extensive information dissemination campaigns in support of breastfeeding and healthy habits;
5. REQUESTS the Director-General:
(1) to cooperate with Member States on request in supervising or arranging for the supervision of the quality of infant foods during their production in the country concerned, as well as during their importation and marketing;
(2) to promote and support the exchange of information on laws, regulations, and other measures concerning marketing of breastmilk substitutes;
6. FURTHER REQUESTS the Director-General to intensify his activities for promoting the application of the recommendations of the joint WHO/UNICEF Meeting and, in particular:
(1) to continue efforts to promote breastfeeding as well as sound supplementary feeding and weaning practices as a prerequisite to healthy child growth and development;
(2) to intensify coordination with other international and bilateral agencies for the mobilization of the necessary resources for the promotion and support of activities related to the preparation of

weaning foods based on local products in countries in need of such support and to collate and disseminate information on methods of supplementary feeding and weaning practices successfully used in different cultural settings;

(3) to intensify activities in the field of health education, training and information on infant and young child feeding, in particular through the preparation of training and other manuals for primary health care workers in different regions and countries;

(4) to prepare an international code of marketing of breastmilk substitutes in close consultation with Member States and with all other parties concerned including such scientific and other experts whose collaboration may be deemed appropriate, bearing in mind that:

(a) the marketing of breastmilk substitutes and weaning foods must be viewed within the framework of the problems of infant and young child feeding as a whole;

(b) the aim of the code should be to contribute to the provision of safe and adequate nutrition for infants and young children, and in particular to promote breastfeeding and ensure, on the basis of adequate information, the proper use of breastmilk substitutes, if necessary;

(c) the code should be based on existing knowledge of infant nutrition;

(d) the code should be governed inter alia by the following principles:

(i) the production, storage and distribution, as well as advertising, of infant feeding products should be subject to national legislation or regulations, or other measures as appropriate to the country concerned;

(ii) relevant information on infant feeding .should be provided by the health care system of the country in which the product is consumed;

(iii) products should meet international standards of quality and presentation, in particular those developed by the Codex Alimentarius Commission, and their labels should clearly inform the public of the superiority of breastfeeding;

(5) to submit the code to the Executive Board for consideration at its sixty-seventh session and for forwarding with its recommendations to the Thirty-fourth World Health Assembly, together with proposals regarding its promotion and implementation, either as a regulation in the sense of Articles 21 and 22 of the Constitution of the World Health Organization or as a recommendation in the sense of Article 23, outlining the legal and other implications of each choice;

(6) to review the existing legislation in different countries for enabling and supporting breastfeeding, especially by working mothers, and to strengthen the Organization's capacity to cooperate on the request of Member States in developing such legislation;

(7) to submit to the Thirty-fourth World Health Assembly, in 1981, and thereafter in even years, a report on the steps taken by WHO to promote breastfeeding and to improve infant and young child feeding, together with an evaluation of the effect of all measures taken by WHO and its Member States.

MAY 1980 WHA 33/1980/REC/1,32
(emphasis added)

WHA34.22 (1981)

The Thirty-fourth World Health Assembly, 1981

Recognizing the importance of sound infant and young child nutrition for the future health and development of the child and adult;

Recalling that breastfeeding is the only natural method of infant feeding and that it must be actively protected and promoted in all countries;

Convinced that governments of Member States have important responsibilities and a prime role to play in the protection and promotion of breastfeeding as a means of improving infant and young child health;

Aware of the direct and indirect effects of marketing practices for breastmilk substitutes on infant feeding practices;

Convinced that the protection and promotion of infant feeding, including the regulation of the marketing of breastmilk substitutes, affect infant and young child health directly and profoundly, and are a problem of direct concern to WHO;

Having considered the draft International Code of Marketing of Breastmilk Substitutes prepared by the Director-General and forwarded to it by the Executive Board;

Expressing its gratitude to the Director-General and to the Executive Director of the United Nations Children's Fund for the steps they have taken in ensuring close consultation with Member States and with all other parties concerned in the process of preparing the draft International Code;

Having considered the recommendation made thereon by the Executive Board at its sixty-seventh session;

Confirming resolution WHA33.32, including the endorsement in their entirety of the statement and recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding held from 9 to 12 October 1979;

Stressing that the adoption of and adherence to the International Code of Marketing of Breastmilk Substitutes is a minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding;

1. ADOPTS, in the sense of Article 23 of the Constitution, the International Code of Marketing of Breastmilk Substitutes annexed to the present resolution;

2. URGES all Member States:

(1) to give full and unanimous support to the implementation of the recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding and of the provisions of the International Code in its entirety as an expression of the collective will of the membership of the World Health Organization;

(2) to translate the International Code into national legislation,

regulations or other suitable measures;

(3) to involve all concerned social and economic sectors and all other concerned parties in the implementation of the International Code and in the observance of the provisions thereof;

(4) to monitor the compliance with the Code;

3. DECIDES that the follow-up to and review of the implementation of this resolution shall be undertaken by regional committees, the Executive Board and the Health Assembly in the spirit of resolution WHA33.17;

4. REQUESTS the FAO/WHO Codex Alimentarius Commission to give full consideration, within the framework of its operational mandate, to action it might take to improve the quality standards of infant foods, and to support and promote the implementation of the International Code;

5. REQUESTS the Director-General:

(1) to give all possible support to Member States, as and when requested, for the implementation of the International Code, and in particular in the preparation of national legislation and other measures related thereto in accordance with operative subparagraph 6(6) of resolution WHA33.32;

(2) to use his good offices for the continued cooperation with all parties concerned in the implementation and monitoring of the International Code at country, regional and global levels;

(3) to report to the Thirty-sixth World Health Assembly on the status of compliance with and implementation of the Code at country, regional and global levels;

(4) based on the conclusions of the status report, to make proposals, if necessary, for revision of the text of the Code and for the measures needed for its effective application.

21 May 1981 WHA34/1981/REC/1
(emphasis added)

WHA35.26 (1982)

The Thirty-fifth World Health Assembly, 1982

Recalling resolution WHA33.32 on infant and young child feeding and resolution WHA34 22 adopting the International Code of Marketing of Breastmilk Substitutes;

Conscious that breastfeeding is the ideal method of infant feeding and should be promoted and protected in all countries;

Concerned that inappropriate infant feeding practices result in greater incidence of infant mortality, malnutrition and disease, especially in conditions of poverty and lack of hygiene;

Recognizing that commercial marketing of breastmilk substitutes for infants has contributed to an increase in artificial feeding;

Recalling that the Thirty-fourth World health Assembly adopted an international code intended, inter alia, to deal with these marketing practices;

Noting that, while many Member States have taken some measures related to improving infant and young child feeding, few have adopted and adhered to the International Code as a "minimum requirement" and implemented it "in its entirety", as called for in resolution WHA34.22;

1. URGES Member States to give renewed attention to the need to adopt national legislation, regulations or other suitable measures to give effect to the International Code;

2. REQUESTS the Director-General:

(1) to design and coordinate a comprehensive program of action to support Member States in their efforts to implement and monitor the Code and its effectiveness;

(2) to provide support and guidance to Member States as and when requested to ensure that the measures they adopt are consistent with the letter and spirit of the International Code;

(3) to undertake, in collaboration with Member States, prospective surveys, including statistical data of infant and young child feeding practices in the various countries, particularly with regard to the incidence and duration of breastfeeding.

May 1982 WHA35/19821REC/ 1, 20
(emphasis added)

WHA37.30 (1984)

The Thirty-seventh World Health Assembly, 1984

Recalling resolutions WHA27.43, WHA31.47, WHA33.32, WHA 34.22 and WHA35.26, which dealt with infant and young child feeding;

Recognizing that the implementation of the International Code of Marketing of Breastmilk Substitutes is one of the important actions required in order to promote healthy infant and young child feeding;

Recalling the discussion on infant and young child feeding at the Thirty-sixth World Health Assembly, which concluded that it was premature to revise the International Code at that time;

Having considered the Director-General's report, and noting with interest its contents;

Aware that many products unsuitable for infant feeding are being promoted for this purpose in many part of the world, and that some infant foods are being promoted for use at too early an age, which can be detrimental to infant and young child health;

1. ENDORSES the Director-General's report;

2. URGES continued action by Member States, WHO, non-governmental organizations and all other interested parties to put into effect measures to improve infant and young child feeding, with particular emphasis on the use of foods of local origin;

3. REQUESTS the Director-General:

(1) to continue and intensify collaboration with Member States in their efforts to implement and monitor the International Code of Marketing of Breastmilk Substitutes as an important measure at the national level;

(2) to support Member States in examining the problem of the promotion and use of foods unsuitable for infant and young child feeding, and ways of promoting the appropriate use of infant

foods;

(3) to submit to the Thirty-ninth World Health Assembly a report on the progress in implementing this resolution, together with recommendations for any other measures needed to further improve sound infant and young child feeding practices.

May 1984 WHA3711984/REC/1, 19
(emphasis added)

WHA39.28 (1986)

The Thirty-ninth World Health Assembly, 1986

Recalling resolutions WHA27.43, WHA31.47, WHA33.32, WHA34.221 WHA35.26 and WHA37.30 which dealt with infant and young child feeding;

Having considered the progress and evaluation report by the Director-General on infant and young child nutrition;[1]

Recognizing that the implementation of the International Code of Marketing of Breastmilk Substitutes is an important contribution to healthy infant and young child feeding in all countries;

Aware that today, five years after the adoption of the International Code, many Member States have made substantial efforts to implement it, but that many products unsuitable for infant feeding are nonetheless being promoted and used for this purpose; and that sustained and concerted efforts will therefore continue to be necessary to achieve full implementation of and compliance with the International Code as well as the cessation of the marketing of unsuitable products and the improper promotion of breastmilk substitutes;

Noting with great satisfaction the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breastmilk substitutes,[2] in the context of Article 6, paragraph 6, of the International Code;

Noting further the statement in the guidelines, paragraph 47: "Since the large majority of infants born in maternity wards and hospitals are full term, they require no nourishment other than colostrum during their first 24-48 hours of life - the amount of time often spent by a mother and her infant in such an institutional setting. Only small quantities of breastmilk substitutes are ordinarily required to meet the needs of a minority of infants in these facilities, and they should only be available in ways that do not interfere with the protection and promotion of breastfeeding for the majority";

1. ENDORSES the report of the Director-General;[1]

2. URGES Member States:

(1) to implement the Code if they have not yet done so;

(2) to ensure that the practices and procedures of their health care systems are consistent with the principles and aim of the International Code;

(3) to make the fullest use of all concerned parties - health professional bodies, non-governmental organizations, consumer organizations, manufacturers and distributors generally, in protecting and promoting breastfeeding and, specifically, in implementing the Code and monitoring its implementation and compliance with its provisions;

(4) to seek the cooperation of manufacturers and distributors of products within the scope of Article 2 of the Code, in providing all information considered necessary for monitoring the implementation of the Code;

(5) to provide the Director-General with complete and detailed information on the implementation of the Code;

(6) to ensure that the small amounts of breastmilk substitutes needed for the minority of infants who require them in maternity wards and hospitals are made available through the normal procurement channels and not through free or subsidized supplies;

3. REQUESTS the Director-General:

(1) to propose a simplified and standardized form for use by Member States to facilitate the monitoring and evaluation by them of their implementation of the Code and reporting thereon to WHO, as well as the preparation by WHO of a consolidated report covering each of the articles of the Code;

(2) to specifically direct the attention of Member States and other interested parties to the following:

(a) any food or drink given before complementary feeding is nutritionally required may interfere with the initiation or maintenance of breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period;

(b) the practice being introduced in some countries of providing infants with specially formulated milks (so-called "follow-up milks") is not necessary.

16 May 1986 A39/VR/15
(emphasis added)

1: Document WHA39/1986/REC/1, or Document A39/8
2: Document WHA39/1986/REC/1, or Document A39/8 Add.1

WHA41.11 (1988)

The Forty-first World Health Assembly, 1988

Having considered the report by the Director-General on infant and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22 and WHA39.28 on infant and young child feeding and nutrition, and resolutions WHA37.18 and WHA39.31 on the prevention and control of vitamin A deficiency and xerophthalmia, and of iodine deficiency disorders;

Concerned at continuing decreasing breastfeeding trends in many countries, and committed to the identification and elimination of obstacles to breastfeeding;

Aware that appropriate infant and young child nutrition could benefit from further broad national, community and family interventions;

1. COMMENDS governments, women's organizations,

professional associations, consumer and other non-governmental groups, and the food industry for their efforts to promote appropriate infant and young child nutrition, and encourages them, in cooperation with WHO, to support national efforts for coordinated nutrition programs and practical action at country level to improve the health and nutrition of women and children;

2. URGES Member States:

(1) to develop or enhance national nutrition programs, including multisectoral approaches, with the objective of improving the health and nutritional status of their populations, especially that of infants and young children;

(2) to ensure practices and procedures that are consistent with the aim and principles of the International Code of Marketing of Breastmilk Substitutes, if they have not already done so;

3. REQUESTS the Director-General to continue to collaborate with Member States, through WHO regional offices and in collaboration with other agencies of the United Nations system, especially FAO and UNICEF:

(1) in identifying and assessing the main nutrient and dietary problems, developing national strategies to deal with them, applying these strategies, and monitoring and evaluating their effectiveness;

(2) in establishing effective nutritional status surveillance systems in order to ensure that all the main variables which collectively determine nutritional status are properly addressed;

(3) in compiling, analyzing, managing and applying information that they have gathered on the nutritional status of their populations;

(4) in monitoring, together with other maternal and child health indicators, change in the prevalence and duration of full and supplemented breastfeeding with a view to improving breastfeeding rates;

(5) in developing recommendations regarding diet, including timely complementary feeding and appropriate weaning practices, which are appropriate to national circumstances;

(6) in providing legal and technical assistance, upon request from Member States, in the drafting and/or the implementation of national codes of marketing of breastmilk substitutes, or other similar instruments;

(7) in designing and implementing collaborative studies to assess the impact of measures taken to promote breastfeeding and child nutrition in Member States.

May 1988 WHA41/ 1988/REC/1, 9
(emphasis added)

WHA43.3 (1990)

The Forty-third World Health Assembly, 1990

Recalling resolutions WHA33.32, WHA 34.22, WHA35.26, WHA37.30, WHA39.28 and WHA41.11 on infant and young child feeding and nutrition;

Having considered the report of the Director-General on infant and young child nutrition;[1]

Reaffirming the unique biological properties of breastmilk in protecting against infections, in stimulating the development of the infant's own immune system, and in limiting the development of some allergies;

Recalling the positive impact of breastfeeding on the physical and emotional health of the mother, including its important contribution to child-spacing;

Convinced of the importance of protecting breastfeeding among groups and populations where it remains the infant-feeding norm, and promoting it where it is not, through appropriate information and support, as well as recognizing the special needs of working women;

Recognizing the key role in protecting and promoting breastfeeding played by health workers, particularly nurses, midwives and those in child health/family planning programs, and the significance of the counselling and support provided by mothers' groups;

Recognizing that, in spite of resolution WHA39.28, free or low-cost supplies of infant formula continue to be available to hospitals and maternities, with adverse consequences for breastfeeding;

Reiterating its concern over the decreasing prevalence and duration of breastfeeding in many countries;

1. THANKS the Director-General for his report;

2. URGES Member States:

(1) to protect and promote breastfeeding, as an essential component of their- overall food and nutrition policies and programs on behalf of women and children, so as to enable all infants to be exclusively breastfed during the first four to six months of life;

(2) to promote breastfeeding, with due attention to the nutritional and emotional needs of mothers;

(3) to continue monitoring breastfeeding patterns, including traditional attitudes and practices in this regard;

(4) to enforce existing, or adopt new, maternity protection legislation or other suitable measures that will promote and facilitate breastfeeding among working women;

(5) to draw the attention of all who are concerned with planning and providing maternity services to the universal principles affirmed in the joint WHO/UNICEF statement[2] on breastfeeding and maternity services that was issued in 1989;

(6) to ensure that the principles and aim of the International Code of Marketing of Breastmilk Substitutes and the recommendations contained in resolution WHA39.28 are given full expression in national health and nutrition policy and action, in cooperation with professional associations, women's organizations, consumer and other non-governmental groups, and the food industry;

(7) to ensure that families make the most appropriate choice with regard to infant feeding, and that the health system provides the necessary support;

3. REQUESTS the Director-General, in collaboration with

UNICEF and other international and bilateral agencies concerned:

(1) to urge Member States to take effective measures to implement the recommendations included in resolution WHA39.28;

(2) to continue to review regional and global trends in breastfeeding patterns, including the relationship between breastfeeding and child-spacing;

(3) to support Member States, on request, in adopting measures to improve infant and young child nutrition, inter alia by collecting and disseminating information on relevant national action of interest to all Member States; and to mobilize technical and financial resources to this end.

14 May 1990 A43/VR/12
(emphasis added)

1: Document WHA43/1990/REC/1,p.35
2: Protecting, promoting and supporting breastfeeding: the special role of maternity services. A joint WHO/UNICEF statement, Geneva, World Health Organization, 1989

WHA45.34 (1992)

The Forty-fifth World Health Assembly, 1992

Having considered the report of the Director-General on infant and young child nutrition;
Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11 and WHA43.3 concerning infant and young child nutrition, appropriate feeding practices and related questions;
Reaffirming that the International Code of Marketing of Breastmilk Substitutes is a minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding;
Recalling that products that may be promoted as a partial or total replacement for breastmilk, especially when these are presented as suitable for bottle feeding, are subject to the provisions of the International Code;
Reaffirming that during the first four to six months of life no food or liquid other than breastmilk not even water, is required to meet the normal infant's nutritional requirements, and that from the age of about six months infants should begin to receive a variety of locally available and safely prepared foods rich in energy, in addition to breastmilk, to meet their changing nutritional requirements;
Welcoming the leadership of the Executive Heads of WHO and UNICEF in organizing the "baby-friendly" hospital initiative, with its simultaneous focus on the role of health services in protecting, promoting and supporting breastfeeding and on the use of breastfeeding as a means of strengthening the contribution of health services to safe motherhood, child survival, and primary health care in general, and endorsing this initiative as a most promising means of increasing the prevalence and duration of breastfeeding;
Expressing once again its concern about the need to protect and support women in the workplace, for their own sakes but also in the light of their multiple roles as mothers and care-providers, inter alia by applying existing legislation fully for maternity protection, expanding it to cover any women at present excluded or, where appropriate, adopting new measures to protect breastfeeding;
Encouraged by the steps being taken by infant-food manufacturers towards ending the donation or low-price sale of supplies of infant formula to maternity wards and hospitals, which would constitute a step towards full implementation of the International Code;
Being convinced that charitable and other donor agencies should exert great care in initiating, or responding to, requests for free supplies of infant foods;
Noting that the advertising and promotion of infant formula and the presentation of other products as breastmilk substitutes, as well as feeding-bottles and teats, may compete unfairly with breastfeeding which is the safest and lowest-cost method of nourishing an infant, and may exacerbate such competition and favor uninformed decision-making by interfering with the advice and guidance to be provided by the mother's physician or health worker;
Welcoming the generous financial and other contributions from a number of Member States that enabled WHO to provide technical support to countries wishing to review and evaluate their own experiences in giving effect to the International Code,

1. THANKS the Director-General for his report;
2. URGES, Member States:

(1) to give full expression at national level to the operational targets contained in the Innocenti Declaration, namely:

(a) by appointing a national breastfeeding coordinator and establishing a multisectoral breastfeeding committee;

(b) by ensuring that every facility providing maternity services applies the principles laid down in the joint WHO/UNICEF statement on the role of maternity services in protecting, promoting and supporting breastfeeding;

(c) by taking action to give effect to the principles and aim of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions in their entirety;

(d) by enacting legislation and adopting means for its enforcement to protect the breastfeeding rights of working women;

(2) to encourage and support all public and private health facilities providing maternity services so that they become "baby-friendly":

(a) by providing the necessary training in the application of the principles laid down in the joint WHO/UNICEF statement;

(b) by encouraging the collaboration of professional associations, women's organizations, consumer and other non-governmental groups, the food industry, and other competent sectors in

this endeavor;

(3) to take measures appropriate to national circumstances aimed at ending the donation or low-priced sale of supplies of breastmilk substitutes to health-care facilities providing maternity services;

(4) to use the common breastfeeding indicators developed by WHO, with the collaboration of UNICEF and other interested organizations and agencies, in evaluating the progress of their breastfeeding programs;

(5) to draw upon the experiences of other Member States in giving effect to the International Code;

3. REQUESTS the Director-General:

(1) to continue WHO's productive collaboration with its traditional international partners, in particular UNICEF, as well as other concerned parties including professional associations, women's organizations, consumer groups and other non-governmental organizations and the food industry, with a view to attaining the Organization's goals and objectives in infant and young child nutrition;

(2) to strengthen the Organization's network of collaborating centers, institutions and organizations in support of appropriate national action;

(3) to support Member States, on request, in elaborating and adapting guidelines on infant nutrition, including complementary feeding practices that are timely, nutritionally appropriate and biologically safe and in devising suitable measures to give effect to the International Code;

(4) to draw the attention of Member States and other intergovernmental organizations to new developments that have an important bearing on infant and young child feeding and nutrition;

(5) to consider, in collaboration with the International Labor Organization, the options available to the health sector and other interested sectors for reinforcing the protection of women in the workplace in view of their maternal responsibilities, and to report to a future Health Assembly in this regard;

(6) to mobilize additional technical and financial resources for intensified support to member States.

14 May 1992 A45/VR/13
(emphasis added)

WHA 47.5 (1994)

The Forty-seventh World Health Assembly, 1994

Agenda item 19
Infant and young child nutrition

Having considered the report by the Director-General on infant and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA45.34 and WHA46.7, concerning infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming its support for all these resolutions and reiterating the recommendations to member states contained therein;

Bearing in mind the superiority of breast-milk as the biological norm for nourishing infants, and that a deviation from this norm is associated with increased risks to the health of infants and mothers;

1. THANKS to the Director-General for his report;

2. URGES Member States to take the following measures:

(1) to promote sound infant and young child nutrition, in keeping with their commitment to the World Declaration and Plan of Action for Nutrition,[1] through coherent effective intersectoral action, including;

(a) increasing awareness among health personnel, non-governmental organizations, communities and the general public of the importance of breast-feeding and its superiority to any other infant feeding method;

(b) supporting mothers in their choice to breast-feed by removing obstacles and preventing interference that they may face in health services, the workplace, or the community;

(c) ensuring that all health personnel concerned are trained in appropriate infant and young child feeding practices, including the application of the principles laid down in the joint WHO/UNICEF statement on breast-feeding and the role of maternity services;[2]

(d) fostering appropriate complementary feeding practices from the age of about six months, emphasizing continued breast-feeding and frequent feeding with safe and adequate amounts of local foods.

(2) to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and other products covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system;

(3) to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the International Code by given only if all the following conditions apply;

(a) infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes,[3]

(b) the supply is continued for as long as the infants concerned need it;

(c) the supply is not used as a sales inducement;

(4) to inform the labor sector, and employers' and workers' organizations, about the multiple benefits of breast-feeding for infants and mothers, and the implications for infants and mothers, and the implications for maternity protection in the workplace;

3. REQUESTS the Director-General:

(1) to use his good offices for cooperation with all parties concerned in giving effect to this and related resolutions of the Health Assembly in their entirety;

(2) to complete development of a comprehensive global approach and program of action to strengthen national capacities for improving

infant and young child feeding practices; including the development of methods and criteria for national assessment of breast-feeding trends and practices:

(3) to support Member States, at their request, in monitoring infant and young child feeding practices and trends in health facilities and households, in keeping with new standard breast-feeding indicators

(4) to urge Member States to initiate the Baby-friendly Hospital Initiative and to support them, at their request, in implementing this Initiative, particularly in their efforts to improve educational curricula and in-service training for all health and administrative personnel concerned;

(5) to increase and strengthen support to Member States, at their request, in giving effect to the principles and aim of the International Code and all relevant resolutions, and to advise Member States on a framework which they may use in monitoring their application, as appropriate to national circumstances;

(6) to develop, in consultation with other concerned parties and as part of WHO's normative function, guiding principles for the use in emergency situations of breast-milk substitutes or other products covered by the International Code which the competent authorities in Member States may use, in the light of national circumstances to ensure the optimal infant-feeding conditions;

(7) to complete, in cooperation with selected research institutions, collection of revised reference data and the preparation of guidelines for their use and interpretation, for assessing the growth of breast-fed infants;

(8) to seek additional technical and financial resources for intensifying WHO's support to Member States in infant feeding and in the implementation of the International Code and subsequent relevant resolutions.

Eleventh plenary meeting, 9 May 1994
A47/VR/11
(underscoring added)

1: World Declaration and Plan of Action for Nutrition, FAO/WHO, International Conference on Nutrition, Rome, December 1992.
2: Protecting, promoting and supporting breast-feeding: the special role of maternity services. A joint WHO/UNICEF statement. Geneva, World Health Organization, 1989.
3: Document WHO A39/8 Add.1, 10 April 1986. These guidelines provide suggestions for health care management which permits continued breastfeeding or breastmilk feeding in many situations.

WHA 49.15 (1996)

The Forty-ninth World Health Assembly, 1996

Agenda item 17
Infant and young child nutrition

Having considered the summary report by the Director-General on infant feeding and young child nutrition;
Recalling resolutions WHA33.32, WHA34.22, WHA39.28, and WHA45.34 among others concerning infant and young child nutrition, appropriate feeding practices and other related questions;
Recalling and reaffirming the provisions of resolution WHA47.5 concerning infant and young child nutrition, including the emphasis on fostering appropriate complementary feeding practices;
Concerned that health institutions and ministries may be subject to subtle pressure to accept, inappropriately, financial or other support for professional training in infant and child health;
Nothing the increasing interest in monitoring the application of the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant Health Assembly resolutions,

1. THANKS the Director-General for his report[1];
2. STRESSES the continued need to implement the International Code of Marketing of Breast-Milk Substitutes, subsequent relevant resolutions of the Health Assembly, The Innocenti Declaration, and the World Declaration and Plan of Action for Nutrition;
3. URGES Member States to take the following measures:

(1) to ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breast-feeding.

(2) to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby Friendly Hospital Initiative;

(3) to ensure that monitoring the application of the International Code and subsequent relevant resolutions is carried out in a transparent independent manner, free from commercial influence.

(4) to ensure that the appropriate measures are taken including health information and education in the context of primary health care, to encourage breast-feeding;

(5) to ensure that the practices and procedures of their health care systems are consistent with the principles and aims of the International Code of Marketing of Breast-Milk Substitutes;

(6) to provide the Director-General with complete and detailed information on the implementation of the Code;

4. REQUESTS the Director-General to disseminate, as soon as possible, to Member States document WHO/NUT/96.4 (currently in preparation) on the guiding principles for feeding infants and young children during emergencies.

Sixth plenary meeting, 25 May 1996
A49/VR/6
(underscoring added)

1: Document A49/4.

What is The Network?

We are a national NGO incorporated with the Corporate Law Authority as a company limited by guarantee not having a share capital.

The Association for Rational Use of Medication in Pakistan (The Network) is a voluntary group of health professionals and citizens working to promote the rational use of medication and the Essential Drug concept in Pakistan in order to optimize the usefulness of drugs and help bring equity in their access. This voluntary group acts as an apex council of the organization. Currently the Council is Chaired by Prof. Akhlaque un Nabi Khan and Dr. Tasleem Akhter is the Vice-Chairperson.

We have a vision of national consumer protection organization and we believe in consumer empowerment to combat the weaknesses of the free-market culture.

This vision and belief is driving us towards general consumer protection work. More specifically, we are sharpening our focus on such products and services that have negative implications for the consumers. This is in addition to our ongoing work on pharmaceuticals. The protection of breastfeeding and young child nutrition from irresponsible and ruthless promotion of artificial milk and baby food products is one such new area which we have added to our project list.

Our work strategies include:

Advocacy and campaigning

Information/Education/Communication

Operational research

Resource center development

Gradual expansion

The Network publishes a bimonthly English newsletter for health professionals and consumers and a bimonthly Urdu newsletter Sarfeen aur Sehat for consumers. We also produce campaign briefing papers, brochures, reports, etc. Relevant and important books at low-cost are also published under our “Network Publication Service”.

We also maintain a Resource Center on pharmaceutical issues, consumer protection and related issues.

For further details about our activities please contact:

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The report reveals a disturbing situation. Sixteen years after the International Code was overwhelmingly adopted there should not be such blatant violations in a country like Pakistan.
Urban Jonsson
Regional Director UNICEF, Regional Office for South Asia

The report is ... an eye opener for many of us who are committed to the promotion of breastfeeding and child nutrition in Pakistan.... It clearly points to the need for expediting all efforts to regulate this area.
Dr. Mubbashar Riaz Sheikh
Deputy Director General Health, Federal Ministry of Health, Islamabad

The report exposes the mercenary attitude of the milk and infant food industry and clearly shows that their only motive is to make money, no matter at whose expense.
Dr. M. A. Arif
Professor of Pediatrics, Convener and Chairman of the PPA Committee on Code of Ethics (1978 -94)

The Network, through a painstaking research process, has made a strong case for the authorities in Pakistan to ensure Code compliance and tightened legislation.
Josie Fernandez
Regional Director, Consumers International, Regional Office for Asia and the Pacific

This brave new report about the impact of baby food promotion in one of the poorest regions of the world cannot be ignored. It provides indisputable evidence that baby food marketing must be controlled by the strictest legislation.
Patti Rundall
International Coordinator, Baby Milk Action, UK.

The report should be required reading for every health-worker in Pakistan, and every sales person working for a baby food company.
Margaret Kyenkya-Isabirye
Chief Health & Nutrition, UNICEF Pakistan

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