RESTORING BREASTFEEDING AS OPTIMAL INFANT FEEDING CHOICE FOR INFANTS THROUGH THE IMPLEMENTATION OF THE REGULATIONS RELATING TO FOODSTUFFS FOR INFANTS AND YOUNG CHILDREN R991, 6 December 2012

What’s the law got to do with it?
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Regulations Relating to Foodstuffs for Infants and Young Children R991

• Why regulate the marketing of foods for infants and young children?
• Process of developing Regulations
• Aim of the Regulations
• Products covered under the Regulations
• Summary of the main points of the Regulations
Why Regulate the Marketing of Foods for Infants and Young Children?

- High Infant and Under-five mortality
- Only 8% of babies in SA are exclusively breastfed to six months.
- Breastfed children have at least a six times greater chance of survival in the early months than non-breastfed children.
- Optimal breastfeeding and improved complementary feeding has the potential to prevent almost 20% of under-five deaths annually (Lancet 2008 Nutrition Series)
Why Regulate the Marketing of Foods for Infants and Young Children?

At the Consultative Meeting in 2011, SA committed to actively promote, protect and support breastfeeding as a public health intervention to optimise child survival and health.

One of the commitments made was “National Regulations on the Code of Marketing of Breastmilk Substitutes to finalised adopted into legislation within twelve months”
WHA adopted the CODE OF MARKETING OF BMS in 1981 to counteract negative impact of promotion of BMS

• “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 breastmilk substitutes, the marketing of breastmilk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products.”

WHA Resolution 34.22 (1981) urges Member States:

- “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…” and to “translate the International Code into national legislation, regulations or other suitable measures”.

CODE OF MARKETING OF BMS adopted in 1981
Factors influencing a mother’s decision on infant feeding

Innocenti Declaration on the Protection Promotion and Support of Breastfeeding (1990)

- Maternity practices undermined the successful initiation of breastfeeding.
- Aggressive marketing of breastmilk substitutes by infant formula manufacturers.
- Lack of maternity leave and conditions for women in paid employment.
Progress in Code Implementation

State of the Code by Country 1991 to 2010

Source: UNICEF 2010
In 1986, the Department of Health developed a Code with representatives from Industry.

SA Code was based on the 1981 International Code and was voluntary. However, it did not include Article 11 which deals with implementation and monitoring and therefore could not be enforced.
Regulating the marketing of foodstuffs for infants and young children

• Important to keep in mind your country’s legislative framework
• Different possibilities: Health Act; Foodstuffs, Cosmetics and Disinfectants Act

Foodstuffs, Cosmetics and Disinfectants Act of 1972
• To control the sale, manufacture and importation of foodstuffs, cosmetics and disinfectants; and to provide for incidental matters.
Evolution of the Regulations

- 2003 - first draft published, major amendments recommended. Consequently, opened for public comment a second time.
- 2007 - many comments received but process delayed due to forthcoming publication of general food labelling regulations (2010).
- 2012 - third draft published, 63 sets of comments received - FINAL VERSION gazetted 6 December 2012!!!
Why Regulate the Marketing of Foods for Infants and Young Children?

The AIM

• To PROTECT and PROMOTE optimal infant and young child feeding practices
• To encourage the SAFE and APPROPRIATE use of commercially processed foods

The regulations are designed to remove commercial pressures from the infant feeding arena, to ensure that all parents receive independent and objective information and to ensure that all mothers who wish to breastfeed are supported to do so.
A Summary of the main points – and examples of violations
The Regulations apply to the marketing and related practices to designated products.

- Infant formula (0 to 12 months)
- Follow-up formula (above 6 months)
- Infant or follow-up formula for special dietary management for infants and young children with specific medical conditions
- Complementary foods (above 6 months)
The Regulations apply to the marketing and related practices to designated products.

- Liquid milks, powdered milks, modified powdered milks, or powdered drinks suitable for infants and young children
- Feeding bottles, teats and feeding cups with spouts, straws or teats;
Scope: The Regulations apply to designated products and cover the following key areas:

• Labelling, composition, packaging and manufacturing matters.
• Promotion of formulas, complementary foods and related products to the general public and mothers.
• Promotion of formulas, complementary foods and related products to health care personnel and health care establishments.
• Financial contributions or sponsorship to health care personnel working in infant and young child nutrition.
• Information and educational material on infant and young child nutrition
GENERAL LABELLING, COMPOSITION, PACKAGING AND OTHER MANUFACTURING MATTERS OF DESIGNATED PRODUCTS
R2 (2) No graphic representation

NO graphic representation, except for showing correct method of preparation/use e.g.

- Illustration of the method for safe preparation;
- Illustration of the sterilisation of equipment and utensils;
- Ingredients, composition or prepared product
R 2(4)(a) No Health, medicinal or nutrition claims shall be permitted in any manner for any designated product;

- WHA 58.32 (2005) Ensure that nutrition and health claims are not permitted for breast-milk substitutes, except where specifically provided for in national legislation.
- WHA 63.23 (2010) “End inappropriate promotion of food for infants and young children and to ensure that health claims shall not be permitted for foods for infants and young children, except...

- “Nutrition and Health Claims shall not be permitted for foods for infants and young children except where specifically provided for in relevant Codex standards or national legislation”

The toddler years are a critical period of development. Young children are gaining emotional control, acquiring language and attaining understanding of symbols. They also begin to increase their attention span, understand simple commands, learn self-control and improve fine motor skills. This age period is also characterised by variable eating patterns. Toddlers may resist certain foods or go through extended periods of time eating only a few select foods.

S-26 Progress Gold is a complete and balanced growing-up milk fortified with the important long-chain polyunsaturated fatty acids AA* and DHA as well as other at-risk nutrients. Given the food selectiveness and increasing autonomy of the toddler, S-26 Progress Gold is designed to complement the diet of these children during this critical period of brain and cognitive development.
R3 (3) provide instructions for the proper sterilisation of equipment and utensils and instructions for appropriate preparation and use according to the latest FAO/WHO
1. Infant formula increases an infant’s risk of allergy
2. Infant formula increases an infant’s risk of ear infections
3. Infant formula increases an infant’s risk of acute respiratory disease
4. Infant formula increases an infant’s risk of gastrointestinal infections

3(7)Containers and/or labels of infant formula...must contain at least one of the health messages...annexure D to these regulations.
Nutritional Information and Content

SHALL provide nutrition information

Annexure A and B: Minimum nutrition information required
Regulation 7
SALE AND PROMOTION
R 7 (1) **No person** shall undertake or participate in any promotional practice or device advertising in respect of any designated products, except complementary foods.

This is in line with the Code, which states: “There should be no advertising or other form of promotion to the general public of products within the scope of this Code” (Article 5.1)
R7 (2) Promotional practices or devices include, but are not limited to –

- sale devices such as rebates,
- benefits in kind,
- kickbacks or any other pecuniary advantages,
- special displays to promote sales,
- advertisements about the availability of the product at a specific retail outlet and the price of the product,
- tie-in sales,
- discounts in any form,
- competitions with prizes,
- or any other incentives and gifts;
Special Displays
Tie-inn Sales
Discounts
Promotion

VIOLATION
This is in line with the Code, which states:
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. (Article 7.3)
How companies win over health care providers
R7(3) No person shall sell, promote, or advertise any designated product, including complementary foods, through health care personnel or health establishments. Prohibited promotional practices include, but are not limited to:

- (a) provision or offer, direct or indirect, of any gift in cash or in kind, contribution, or benefit to health care personnel whether intended for such worker’s personal use or not; and

This is in line with the Code:

- Health care facility NOT to be used for the promotion of products within the scope of this Code. (article 6.2)
- No financial or material inducements to promote products within the scope of this Code... (article 7.3)
R7(4) No manufacturer, distributor, retailer, importer or person on behalf of the aforementioned shall produce or distribute any *educational material* on infant and young child feeding that *promotes any products referred to in sub-regulation 7 (1).*
R7(5) No manufacturer, distributor, retailer, importer or person on behalf of the aforementioned shall produce/distribute/present educational information relating to infant and young child nutrition.
R 9 Free / Low-Cost Designated Products or Samples

• NO manufacturer/distributor shall distribute free/at low cost **supplies/samples** to health care personnel/any other person/to a health establishment:
R 10. No person within any health establishment shall display or cause or permit to be displayed in a unit taking care of infants or young children, pregnant mothers or mothers of infants and young children—
(a) designated products;
(b) any educational material which bears the brand name, or any description of a designated product; or
(c) the name and or logo or both of the manufacturing or distributing company of designated products, when the material includes any message about infant and young child nutrition or feeding practice.

Article 6.3 No display of products within the scope of this Code, placards or posters concerning such products, or distribution of material provided by a manufacturer or distributor.
Regulation 11
Material directed at Health Care Providers
A person/manufacturer/distributor may provide technical scientific material to a health care provider, provided that:

- Information/material is restricted to current scientific and factual matters
- Material bears no health/medicinal/nutrition claims (text or picture)
- Relates only to the technical aspects and methods for use of the designated product;
- Excludes any promotion of the designated product in any manner
Dinner invitation to Health care professionals

MENU

STARTER
Fresh garden salad with Feta cheese, Olive Oil, Balsamic and Homemade vinaigrette
A selection of homemade breads served with flavoured butter

MAIN COURSE
Carvery
Pot roasted leg of Lamb infused with Rosemary and Thyme with Mint jelly
Hot Dishes
Grilled Teriyaki Line Fish with Spring Onion
Roast Brie
Oven roasted Chicken on Asian Noodles
Soy marinated Fillet of Beef medallions served on sautéed Potatoes
Oven roasted Tomato, Olive and Mozzarella
Pasteas bakes
Vegetarian Lasagna

Starch and Vegetables
Cavoury Basmati Rice
Oven roasted Chateaux Potatoes
Roasted Mixed Vegetables infused with Herbs

DESSERT
Sliced fresh Fruit platters
Bitter Chocolate Brule
Chocolate Malva pudding with Custard and Fresh Irene Daisy Cream
Passion fruit mousse
Selection of Tea, Filter Coffee & Biscotti

WINE SELECTION
White Wines
Sauvignon Blanc - Spier Signature Collection (Stellenbosch)
Chardonnay - Cloverfield un-wooded (Robertson)
Red Wines
Merlot - Excelsior (Robertson)
Cape Blend - Beyerskloof Synergy (Stellenbosch)

A local bar is available.
Please Note: Kosher / Halal catered for seperately

MENU
• 6 June 2013:
  – Prohibition of the distribution of free or low-cost designated products or samples (Regulation 9)
  – Prohibition of the display of a designated product or educational material (Regulation 10)
• 6 December 2013:
  – Sale and promotion (Regulation 7)
  – Gift packs (Regulation 8)
  – Material directed at health care providers (Regulation 11)
• 6 December 2014:
  – Labelling, composition, packaging and other manufacturing matters of designated products (Regulations 2, 3, 4, 5 and 6)
• 6 December 2015:
  – All non-compliant products must be removed from the market (Regulation 17)
Role of the Health care personnel

- Should encourage and protect breastfeeding
- Should educate the mothers on the benefits of exclusive breastfeeding and the risks of not breastfeeding.
- Any mother or family members who need to use formula should receive clear instructions on how to prepare and feed it safely. The preparation demonstration should be given by a health care worker, and never by company personnel.
- Should make themselves familiar with their responsibilities under the Regulations and Code.
Implementation of the Regulations is a policy instrument to protect and promote exclusive breastfeeding.

However, this alone will not guarantee adequate levels of exclusive breastfeeding.

Other strategies and actions namely Mother Baby Friendly Hospital Initiative, Breast milk Banking, Community-based breastfeeding promotion and support, Media and Social Marketing and Support for Breastfeeding in the Work Place should be strengthened.
Mortality trend in selected countries

**Brazil**

- IMR: 46 (1990), 17 (2009), 56 (1990), 21 (2009)

**South Africa**


**Sources**: DHS 1998, 2003; SOWC 2009

% Exclusive breastfeeding practice in Brazil

- 0-3 months
- 4-6 months
- <6 months
- Trend EBF < 6mo

**Sources**: DHS 1986, 1991 & 1996; SOWC 2009

% Exclusive breastfeeding practice in South Africa

- 0-3 months
- 4-6 months
- <6 months
- Trend EBF < 6mo

Source: UN Inter-agency Group for Child Mortality Estimation, 2010

* Source not specified for Brazil data in 2009.
WE ALL NEED TO JOIN FORCES TO PROMOTE BREASTFEEDING

Thank you

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