Advocacy Efforts to Move Forward
The International Code of Marketing of Breast-milk Substitutes (the Code):
Insights from a Real-time Evaluation in 9 Countries

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Objectives

1. To expose critical activities and stages of the policy process to translate the International Code into national measures.

1. To illustrate major challenges experienced during those stages.

1. To exemplify how strategic actors were able to move forward the Code through advocacy efforts in the nine countries.
Plan

• Context
• Alive & Thrive initiative
• Methods
• Critical activities at different stages of the policy process
• Conclusion

Source: Santé-Canada
Professional Standpoint

Nutrition

Clinical
Community
Public
International

Practice Research

Not a ‘legal’ expert

International nutritionist who engaged with strategic actors in 9 countries
Context
Globally, 90% of the burden of undernutrition in 34 countries

Source: MCH 2, Bhutta, Lancet, 2013
The International Code of Marketing of Breast-milk Substitutes (The Code)

• International health policy adopted by the WHA of the WHO in 1981

• Aim: To contribute to safe and adequate nutrition for infants, by the protection and promotion of BF, and by ensuring the proper use of breastmilk substitutes (BMS), when needed, on the basis of adequate information, and through appropriate marketing and distribution

(WHO, 1981)
Brief content of the Code

Targets:

• Breastmilk substitutes, feeding bottles and teats, infant cereals and other foods when marketed for use as partial or total replacement for breastmilk
• Quality and availability of products, information for their use

Bans:

• Advertising of products to public or HPs
• Free samples to mothers, their families and health workers
• Promotion of products (e.g. product displays) in health care facilities
• Pictures of infants, or other pictures or text which may be idealizing use of infant formula
• Nutrition or health claims

(ICDC/IBFAN, 2013)
Who is the Code for?

- Governments
- Industry (the Baby Food Industry)
- Health professionals
- Non-governmental organizations (NGOs)
- Consumers’ organizations
Why is the Code important?

Estimated value for global baby food and formula sales

44 800 000 000
(44.8 billion US$)

Value expected to reach 70.6 billion US$ by 2019

Gains for formula companies

Resources invested in breastfeeding
Alive & Thrive Initiative
 Alive &Thrive (A&T) Initiative

• Initiative to save lives, prevent illness, and ensure healthy growth and development
  – through improved breastfeeding (BF) and complementary feeding practices

• Funded by Bill & Melinda Gates Foundation, and the governments of Canada and Ireland

http://aliveandthrive.org/
Major accomplishments in Vietnam

- Advertisement Law (2012) = bans the advertisement of formula for up to 24 months
- Decree 100 approved (Dec 2014) to further specify the Advertisement Law
- Dissemination workshop for health staff (2014)
- Letter to formula companies
- Training workshops
- Media monitoring
- Fixed visits and visits upon violations
A&T Advocacy Approach

PARTNERSHIP
- Parliament
- Government Agencies
- Ministries
- Multilateral Organizations
- International NGOs
- Media Agencies
- Advocacy Meetings & Workshops
- Champions

CONSENSUS

EVIDENCE
- Scientific
- Socio-Cultural (current status)
- Economic
- International Status

MESSAGES AND MATERIALS
- Strategic Communications
- Policy Briefs
- Media Placements
- Presentations, Write-ups, Booklets

http://aliveandthrive.org/
Vietnam became the spearhead of a Movement – Dissemination of its approach to others.
Real-time Evaluation of Progress

• Various documents to support and follow the implementation of the Code, **but** limited information to understand **how** to translate the international Code into national measures

(WHO, 1981)
Methods
## Methods and data sources

<table>
<thead>
<tr>
<th>Methods</th>
<th>Data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant observation</td>
<td>7 A&amp;T staff interacting with partners and local governments in 8 countries</td>
</tr>
<tr>
<td>Key informant meetings in country</td>
<td>129 actors/19 tape-recorded interviews</td>
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<tr>
<td>In-depth interviews</td>
<td>41 actors/59 tape-recorded interviews</td>
</tr>
<tr>
<td>Reflective practice</td>
<td>Working documents developed to provide feedback and obtain methodological validation (e.g. theories of change)</td>
</tr>
<tr>
<td>Desk review</td>
<td>Many diverse documents including: legal documents, strategic documents, A&amp;T resources, research, progress updates</td>
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**A massive amount of data accumulated over 22 months!**
Critical activities at different stages of the Policy Process
Stages of the Policy Process

Depiction - linear

Agenda setting → Formulation → Adoption → Implementation → Evaluation

(Howlett & Ramesh, 2003)

Depiction - complex

Source: INSPQ, 2013
Stages of the Policy Process regarding the Code

Agenda setting
- Development of the Code
- Approval/Adoption
- Preparation for implementation
- Implementation: monitoring & enforcement
- Evaluation, learning and adaptation

Constant vigilance

Understanding the stages of the policy process can help actors develop more effective strategies.
Agenda setting

- Key stage to moving all the subsequent stages

Critical activity

1. Engage key relevant actors

**Who?**
- Small group of strategic actors
- Partners
- Champions

**How?**
- Generate evidence to influence various types of actors
- Use meetings or workshops as part of a larger advocacy process
- Use a country's positive experience to motivate others
Case 1: Timor Leste

- Code developed in 2003
- Code remained in draft for many years
- Draft revised in 2009
- Code has not been approved yet

Challenges:
- Lack of engagement of key actors
- Contextual factors: instability within the government, no working group, not a priority

Strong commitment is needed from both government and partner organizations
Development of the Code

- Each country develops its own Code, based on the original International Code (adaptation)
- The Code can remain in development for several years

Critical activities

2. Study and understand the hierarchy of laws and/or conduct a legal review

2. Conduct a consultation and validation process

2. Anticipate challenges related to enforcement
Case 2: Indonesia

- Code in 1997: several legal documents related to various laws
- In 2013, regulations needed revision
- Finalization of the drafts still confronts several challenges

Challenges:
- Different agencies working separately on the reforms
- The industry has used several tactics to try dissuading the government

Consultations help the agencies to align on the same objectives
Approval/Adoption

- Series of revisions and approvals before final adoption
- Can be long and arduous depending on the internal processes of the country and the opposition

Critical activities

5. Anticipate attacks during public hearings

6. In case of voting, present the options unequivocally
Case 3: Thailand

- In 2014, united efforts to improve the BF situation
- Draft Code was stuck at high-level for more than one year
- Final approval in 2017

Challenges:
- Code blocked twice due to opposition during public hearings
  - A group of health professionals objected to the Code - they had not been part of the drafting process
  - In 2016, new opposition from the same group - still not optimally involved with the process

Inclusion of key actors or consultative process during the development of the Code is critical
Preparation for implementation

- This stage identifies scenarios of violation of the Code and defines subsequent actions
- Can affect the overall success
- Some countries stay at this stage for a long period

Critical activities

7. Establish a committee to coordinate/oversee the implementation

7. Disseminate the Code

7. Set an enforcement date

7. Train stakeholders, including health professionals
Case 4: Myanmar

- After adoption of the Code, creation of a working group
- Deadline for compliance with the Code fixed to 24 July 2016

Challenges:
- Industry asked many questions to delay enforcement
- The government was very strong and persuasive in announcing the Code to the industry, but suddenly the intensity decreased

Presence of a committee is vital
Implementation: Monitoring & Enforcement

• First type of surveillance
• Essential for achieving the ultimate objective of the Code
• *NetCode* gives countries a certain orientation and helps them create their own monitoring system

Critical activities

11. Develop tools for monitoring and reporting violations

11. Take advantage of a communication platform
Case 5: Cambodia

- Significant improvement in BF practices between 2000 and 2010
- Sub-Decree 133 (2005) and Joint Prakas 061 (2007)
- In 2014, study showed that only 27% of the key actors knew about the Sub-Decree

Challenges:
- It took years to move the implementation forward

Recent developments:
- Creation of a supervisory mechanism
- Development of documents (terms of references, guidelines, checklists)
- Training of all stakeholders and pilot study (to assess the system)

An adequate preparation for monitoring and enforcement is crucial
13. Assess the dissemination of the Code among key stakeholders

13. Conduct media monitoring

13. Carry out and disseminate an assessment of compliance
Constant vigilance against industry tactics

- The Code represents a serious threat to the profitability of formula companies
- They will use many tactics to hinder the development, adoption, implementation or survival of the Code
- Examples of Lao and Vietnam

How?

- Stay alert at all times and be ready to react quickly
- Take nothing for granted
- Be aware of the tactics of the formula companies
Tactics of the formula companies

1. Put pressure on government
2. Use persuasive but misleading arguments
3. Gain a place in working groups
4. Support medical associations or other health professions
5. Delay the process
6. Use third parties to defend their interests
7. Promote in a roundabout way
8. Use social media and new technologies
9. Sponsor government actors
Case 6: Lao PDR

- In 2004, law complied with the international Code
- In 2007, law downgraded to an "Agreement"
- In 2010, the WHA declared "voluntary agreements" insufficient

Challenges:
- Almost 10 years of coordinated action to strengthen the legislation, time in which the industry had the freedom to interfere with BF practices

The Code can always be downgraded: need to keep an active eye on the industry at all times
Critical activities to translate «the Code» into national legal measures
Critical activities to translate «the Code» into national legal measures
Conclusion
Overall Insights

The great majority of the countries made significant progress in their policy process regarding the Code

- 3 countries were currently working on the revision of their Code (Indonesia, Lao and Burkina Faso) after putting it to the agenda of various organizations (including government).
- Thailand has progressed through the internal approval process for its Code.
- Cambodia, Myanmar and Vietnam moved forward with Code monitoring, which included the creation of guidelines, the setting up of working groups or the adoption of a deadline for compliance.

Relying solely on major accomplishments to assess progress would not do justice to all the work done and the gains achieved.
Overall Insights

- **One important enabler**: the creation of various groups of actors that interacted and developed strategies
- **Critical activities** which are specific to each stage of the policy process were identified
- **Monitoring and enforcement** are vitally important, require constant vigilance against industry tactics and continue to be a challenge
How could a similar movement be fostered in Canada?
We would like to acknowledge the generous contribution of all actors who participated in this real-time evaluation for their time, insights and commitment, as well as the support A&T, Bill and Melinda Gates Foundation, and the governments of Canada and Ireland.


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