

## IDEAS for ACTION

While globalisation may be perceived as a set of rules that override health goals, we can use its tools and structures to work toward peace and justice for a better world. In the past two decades, a variety of supportive legal instruments, technical documents, strategies and guidelines have been adopted and global networks created through which breastfeeding supporters can work. These instruments can be used to create breastfeeding cultures even in the face of globalisation.

**The International Code of Marketing of Breastmilk Substitutes and subsequent relevant Resolutions of the World Health Assembly (www.who.org)** regulates the marketing of artificial feeding products and sets out requirements for baby food companies, the health care system and governments to ensure that breastfeeding is not undermined.

**ACTION:** Educate and train health care workers on the importance of the Code and how to implement it. Help to monitor the advertising and promotion of infant foods. Help governments to regulate the marketing of these products. (See map: Who's Made the Code into Law? p3)

**The Baby Friendly Hospital Initiative (www.unicef.org/programme/breastfeeding/baby.htm)** ensures all maternities become centres of breastfeeding support. A hospital can be certified "baby-friendly" when it does not accept free or low-cost breastmilk substitutes, feeding bottles or teats, and has implemented the ten steps to support successful breastfeeding.

**ACTION:** Work with national breastfeeding coalitions and organisations to educate and encourage local hospitals and birthing centres to become certified "baby-friendly." Work with the International Lactation Consultant Association (ILCA) in the training of health workers and the certification of health facilities.

**The Global Strategy for Infant and Young Child Feeding (www.who.org)** calls upon governments to uphold the International Code and seeks to address the problems of malnutrition and overweight by the promotion of exclusive breastfeeding for six months and continued breastfeeding for two years and beyond with the addition of safe and nutritious complementary foods.

**ACTION:** Write to your local and federal governments to ensure that they implement the recommendations of the Global Strategy. Utilise the expertise and resources of ILCA to improve exclusive breastfeeding rates.

**The Convention on the Rights of the Child (www.unicef.org)** is the most universally accepted human rights instrument in history. Every country in the world – with the exception of the United States, Somalia and Timor-Leste – has ratified it.

**ACTION:** Educate mothers and children about the rights of the child through schools and support groups. Insist with authorities that the CRC principles must be upheld.

**The International Labour Organization Maternity Protection Convention (www.ilo.org)** contains specific recommendations for maternity protection and to support breastfeeding mothers in the workplace.

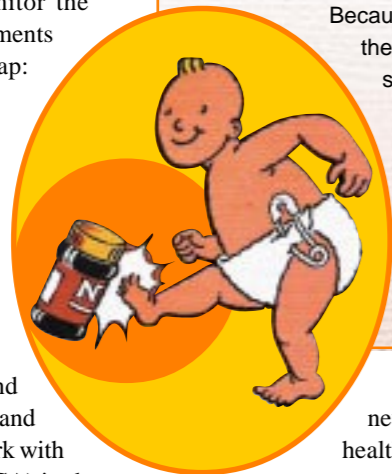
**ACTION:** Educate employers, union leaders, health workers and mothers about the ILO Convention through unions, company

### Breastfeeding movement in action! The Nestlé Boycott

The Nestlé Boycott is one of the most successful consumer campaigns ever staged. It targets Nestlé as the world's largest baby food company because of its flagrant promotion of artificial infant feeding. Nestlé routinely:

- Gives mothers information which promotes artificial infant feeding and discourages breastfeeding.
- Donates free samples and supplies to health care facilities.
- Gives inducements to health workers for promoting its products.
- Does not provide clear warnings on labels of the benefits of breastfeeding and dangers of artificial feeding. In some cases the labels are in a language that mothers are unlikely to understand.

Because of Nestlé's continued disregard for the International Code, the company is subject to an ongoing consumer boycott of its products in 20 countries. The Boycott will continue until Nestlé is in full compliance with the International Code and subsequent WHA Resolutions in policy and practice. For more information on the Boycott, visit [www.babymilkaction.org](http://www.babymilkaction.org)



newsletters, and dialogues with mothers, health workers and employers.

**The Convention on the Elimination of All Forms of Discrimination Against Women (www.un.org/womenwatch/daw)** is the only human rights treaty that affirms the reproductive rights of women. As such, it is an important tool for protecting a woman's maternity and her rights to breastfeed her baby.

**ACTION:** Use the Convention as a tool to lobby governments to protect women who are discriminated against when they breastfeed or during maternity.

**The Codex Alimentarius Commission (www.codexalimentarius.net)** is a joint WHO/FAO programme to set standards for foods, including baby foods. It intends to ensure fair trade practices in food trade and protect the health of consumers. However, it is strongly influenced by the food industry.

**ACTION:** Work with governments and non-governmental organisations who attend Codex meetings to ensure that the International Code and relevant WHA Resolutions are incorporated into the standard setting for infant formula and complementary foods.

**The Millennium Development Goals (www.undp.org/mdg)** is a United Nations Development Programme (UNDP) agenda for reducing poverty and improving lives.

**ACTION:** Educate community and political leaders about the critical roles of breastfeeding in achieving many of the Millennium Goals by reducing child mortality, improving

maternal health, promoting gender equality and empowering women.

**Mother-to-mother support (www.lalecheleague.org)** groups are a universal means for mothers to come together for information sharing and support.

**ACTION:** Organise support groups in your community for pregnant women and new mothers. Assist new mothers to get in touch with local mother-to-mother support groups.

## Networks & Resources

World Alliance for Breastfeeding Action [www.waba.org.my](http://www.waba.org.my)  
International Baby Food Action Network [www.ibfan.org](http://www.ibfan.org)  
La Leche League International [www.lalecheleague.org](http://www.lalecheleague.org)  
International Lactation Consultant Association [www.ilca.org](http://www.ilca.org)  
Academy of Breastfeeding Medicine [www.bfmed.org](http://www.bfmed.org)

The Alliance for a Corporate-Free UN [www.corpwatch.org](http://www.corpwatch.org) brings together a number of international organisations, including IBFAN, to ensure that UN agencies do not partner with corporations that violate the aims and principles of the UN, such as the International Code of Marketing of Breastmilk Substitutes.

The International Forum on Globalisation [www.ifg.org](http://www.ifg.org) is an alliance of 60 leading activists, scholars, economists, researchers and writers formed to stimulate new thinking, joint activity, and public education in response to economic globalisation.

The People's Health Movement <http://phmovement.org> believes that health is a social, economic and political issue and above all a fundamental human right. PHM actively supports breastfeeding cultures. Visit their website to link up with the nearest PHM group.

### RESOURCES

'We the People' or 'We the Corporations'?, Judith Richter, IBFAN/GIFA, 2003

*Alternatives to Economic Globalisation (A Better World is Possible)*, The International Forum on Globalisation, Berrett-Koehler Publishers, Inc, November 2002

*Holding Corporations Accountable: Corporate Conduct, International Codes and Citizen Action*, Judith Richter, Zed Books, 2001

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The World Alliance for Breastfeeding Action (WABA) is a global alliance of individuals, networks and organisations that protect, promote and support breastfeeding based on the Innocenti Declaration and the WHO/UNICEF Global Strategy on Infant and Young Child Feeding. Its core partners are International Baby Food Action Network (IBFAN), La Leche League International (LLL), International Lactation Consultant Association (ILCA), Wellstart International and the Academy of Breastfeeding Medicine (ABM).

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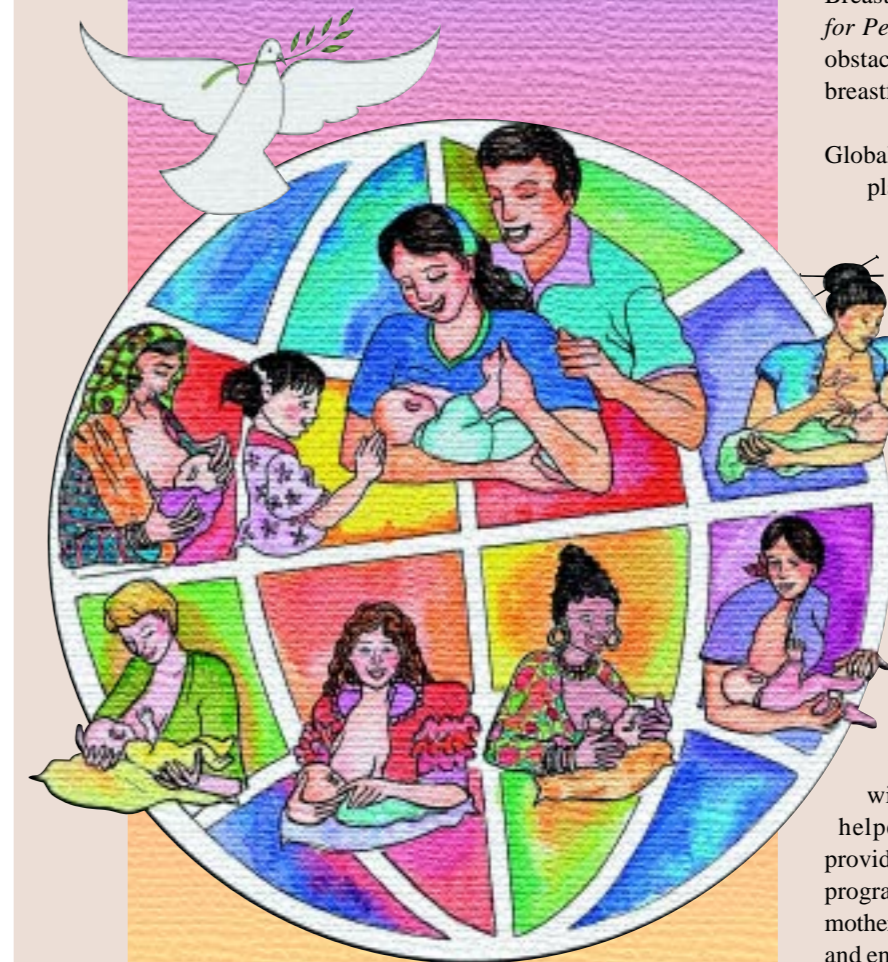
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WABA does not accept sponsorship of any kind from companies producing breastmilk substitutes, related equipment and complementary foods. WABA encourages all participants of World Breastfeeding Week to respect and follow this ethical position.

# Breastfeeding in a Globalised World

for Peace and Justice



“Breastfeeding is about peace and justice. It is the natural, universal and peaceful way of nurturing our children. In a world often wracked by injustice, violence and war, breastfeeding can be a sentinel of peace – inner peace, peace with other people and peace with the environment.”

Anwar Fazal, Co-founder of WABA and IBFAN,  
Right Livelihood Award Recipient, 1982

## WABA 2003

*Globalisation...is a manifold and elusive concept for there is no single definition. (It has been) defined as the intensification of worldwide social relations which link distant localities in such a way that local happenings are shaped by events many miles away and vice versa.*

Judith Richter – Holding Corporations Accountable

Protecting, promoting and supporting breastfeeding and optimal complementary feeding for infants and young children are the aims of the global breastfeeding movement. The theme for World Breastfeeding Week 2003 – *Breastfeeding in a Globalised World for Peace and Justice* – provides an opportunity to consider the obstacles as well as the benefits of globalisation, in promoting breastfeeding as a symbol for peace and justice.

Globalisation is the term often used to describe the process taking place in recent years of imposing harmonised rules of free trade and free financial flows throughout the whole world. Powered by large corporations and financial markets, globalisation has become a tool to maximise profits. In such an environment, where trade agreements and economic interests of transnational corporations often take precedence over the sovereign rights of nations, the needs of mothers and children are easily jeopardized. Global deregulation and the spreading privatisation of health care put profits before people. In this environment, breastfeeding-friendly practices can be lost, while the use of breastmilk substitutes increasingly becomes the norm.

However, other aspects of globalisation can be used to strengthen breastfeeding cultures and to protect this fundamental and vital act of nurturing our children. Our work for breastfeeding aims to create a better world: for mothers and children, the environment, justice and peace with all people. Internet communications and email have helped connect the breastfeeding community globally by providing instant access to our action networks of associations, programmes, alliances and institutions. Through these networks, mothers, parents, women's groups, health care workers, institutions and environmental networks are finding new and creative ways to ensure that infant and child health is protected through breastfeeding.

This action folder contains information that can help you and the groups you work with to realise the goals for World Breastfeeding Week 2003. These are:

- To recognise the challenges and opportunities of globalisation for breastfeeding practices.
- To maximise the potential of global communications to educate people on the importance of breastfeeding, appropriate complementary feeding and the health risks of artificial feeding.
- To promote and act on the Global Strategy for Infant and Young Child Feeding.
- To support the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly (WHA) Resolutions and oppose any undermining of these instruments.
- To build alliances with public interest groups striving for global justice, peace and health for all
- To think globally and act locally with all sectors of our worldwide breastfeeding community in order to protect, promote and support breastfeeding.



## What are the Challenges?

### Free trade or fair trade

- Free trade should not prevent a country from adopting national laws regulating the marketing of artificial infant feeding products that undermine breastfeeding.
- Trade agreements should not be used by governments as an excuse not to develop and enforce national infant feeding policies, covering exclusive breastfeeding, indigenous complementary foods, genetically modified food ingredients, labelling of infant foods and food safety standards.

### Privatisation of public health and nutrition care services

- Worldwide, public funds for health care are being cut, diminishing their capacity to provide high quality services, especially to mothers and children.
- Governments are curtailing their accountability for ensuring health care.
- Corporations may use UN's halo indiscriminately, detract attention from unethical businesses, and/or put themselves in a policy making role through inappropriate partnerships with UN agencies, particularly through the UN Global Compact.
- Public health programmes and initiatives that promote breastfeeding such as the Baby-Friendly Hospital Initiative are no longer receiving adequate support.
- The disparities between the rich, who can afford private care, and the poor are increasing. This affects women and children in poorer areas particularly.



## Trade Agreements

International trade agreements, like those administered under the World Trade Organisation (WTO) are sometimes viewed as an obstacle to the ability of nations to set their own health policies to protect consumers, including babies. For instance, representatives of Health and Welfare Canada advised that the International Code of Marketing of Breastmilk Substitutes was "... superseded by the North American Free Trade Agreement (NAFTA) with the USA." The Code was perceived to be a "...restriction on the rights of formula manufacturers to compete freely in the marketplace."

Such views, however are unfounded. According to the International Code Documentation Centre, the International Code and national legislation to implement it do not impinge on WTO and regional trade agreements, like NAFTA. Trade agreements aim to provide a level playing field for all manufacturers of "like products", therefore eliminating trade barriers. They do allow countries to adopt technical regulations in conformity with relevant international standards (such as the Code), notably to protect the health of consumers.

Two important facts must be considered in countering arguments such as those used in Canada:

- Breastmilk is not a "like product" comparable to infant formula and other baby foods.
- Governments may put aside trade commitments in order to protect the health of consumers.

## Inappropriate Marketing

*Every day some 3,000 to 4,000 infants die because they are denied access to adequate breastmilk.*

The late James Grant, Executive Director of UNICEF

Since the International Code of Marketing of Breastmilk Substitutes was approved 22 years ago, much progress has been made but many manufacturers continue their aggressive promotion of artificial feeding products. Breastmilk substitutes are promoted as equivalent in nutritional value to mother's milk and labels boast products that are "easier to digest", "endorsed by nutrition experts", and "closer than ever to breastmilk." Free samples are given to pregnant women and new mothers at medical clinics and product information and coupons are routinely mailed to new mothers.

Such practices have particularly devastating effects in developing countries where in some cases formula companies routinely provide free baby milk to maternity hospitals to shorten the duration of breastfeeding. This has a devastating impact on the health of babies and their families in a number of ways:

- When newborn babies are given bottles, nipple confusion can result, making them less able to suckle at the breast and thus increasing breastfeeding failure. The baby is then dependent on artificial milk.
- When the mother and baby leave hospital, the milk is no longer free. At home parents are forced to buy more milk, which can cost 50% or more of the family income. As a consequence, baby milks are often over-diluted to make them last longer, contributing to increased malnutrition.
- The expense of baby milks affects all members of the family, impoverishing those already poor and increasing the risk of malnutrition for all family members.

## Who's Made the Code into Law ?

This map shows countries that have implemented most of the International Code of Marketing of Breastmilk Substitutes and subsequent WHA Resolutions by means of a comprehensive law, decree and other legally enforceable measure.



Source: IBFAN/ International Code Documentation Centre (ICDC)

- Lack of the immunological benefits of breastmilk, unhygienic food preparation and unsafe water means that a bottle-fed child is up to 25 times more likely to die as a result of diarrhoea or other diseases than a breastfed child.
- The World Health Organization (WHO) estimates that 1.5 million infants die every year because they were not breastfed.

## Infant feeding in emergencies

In the globalised world of the 21st century, emergency situations are becoming ever more commonplace. Flooding and desertification due to climate change and increase in poverty and war will enlarge the number of disenfranchised mothers and children. In such situations, breastfeeding is of critical importance – it saves babies' lives. Breastmilk provides the perfect nutrition for babies while its anti-infective properties protect against diarrhoea and respiratory infections that can be epidemic in emergencies. By contrast, artificial feeding in these situations is dangerous and increases the risk of malnutrition, disease and infant death.

Breastfeeding can provide nurturing and support for both mother and child and should be protected at all times. It is important to de-bunk certain myths about breastfeeding in emergency or humanitarian situations:

### Myth 1 – Stress makes milk dry up

While extreme stress or fear may cause a mother's milk to momentarily stop flowing, this response is usually temporary. There is growing evidence that breastfeeding produces hormones that actually reduce tension, calming both mother and child.

### Myth 2 – Malnourished mothers cannot breastfeed

In emergency situations, food should be given to the lactating mothers so that they maintain their strength to care for older children and other family members in addition to breastfeeding their babies. Only during severe maternal malnutrition does breastmilk production decline. In such rare cases, infants can be supplemented until the mother's nutritional status improves.

### Myth 3 – Babies with diarrhoea need water or tea

Breastfed babies with severe diarrhoea should receive oral rehydration when they have signs of dehydration, but breastfeeding should never be stopped nor reduced. Care is required as water is often contaminated in emergency situations.

### Myth 4 – Once breastfeeding has stopped, it cannot be resumed

With an adequate relactation technique, it is possible for mothers to resume breastfeeding. This can provide life-saving nutrition and immunological benefits in an emergency.

Source: BFHI News, UNICEF, September/October 1999

## Environment

*Contaminants found in breastmilk are messengers - like canaries in a coal mine - telling us about the chemical body burdens found in everyone.*

Paraphrased from *Towards Healthy Environments for Children* – November 2002

Breastfeeding is ecologically sound, provides the complete first food to infants and is one of the world's most valuable renewable

natural resources. However, like most of the world's natural resources, breastmilk has been contaminated by chemical pollution. But even where breastmilk contamination is highest, the overall health risks associated with artificial feeding are higher. Those concerned about toxins should keep in mind that heavy metals such as lead, aluminum, cadmium and mercury, chemical residues from pesticides and fertilizers, and hormone-disrupting plasticizers have all been found in formula. In addition, recalls of infant formula from the market are regularly made because of industrial and bacterial contamination.

To protect this valuable resource, we must support the global movement to reduce the use of pesticides and other persistent organic pollutants (POPs) through initiatives like the UN Stockholm Convention on POPs and the ILO Convention 184 on Health and Safety in Agriculture.

## HIV/AIDS

The global HIV/AIDS pandemic is one of the most difficult challenges to the promotion of optimal infant feeding practices. In response, there are some workable initiatives such as an increase in milk banks to provide for the infants of HIV positive mothers. In addition, some research suggests that exclusive breastfeeding can reduce the risk of transmission to the level artificially fed infants are exposed to.

A WHO review\* suggests that in some HIV high-risk environments, the risk of dying from infectious diseases in the first two months of life is six times greater for infants who are not breastfed. Such infants are up to 14 times more likely to die from diarrhoea and three times more likely to die from acute respiratory infections than children who are exclusively breastfed. The promotion of infant formula feeding to reduce HIV infection in these environments may increase overall infant morbidity, mortality and malnutrition.

\* WHO Collaborative Study Team on the Role of Breastfeeding in the Prevention of Infant Mortality. Effect of breastfeeding on infant and child mortality due to infectious diseases in less developed countries: a pooled analysis. *Lancet* 2000; 355:451-55

## Genetically Modified Organisms (GMOs)

*Bottle-fed babies could be undernourished if given genetically modified infant formula milk because of inadequate regulations and testing regimes for GE foods.*

The Royal Society Working Group on Genetically Modified Food of the United Kingdom

Lax labelling laws in many countries allow companies to include GMOs in formula and other infant foods without the knowledge of the consumer. Inserted genes can disrupt a plant's natural growth and development or function differently than expected. As a result, genetically engineered foods can have unintended effects, with potentially harmful consequences for human health. Along with the toxins and allergens that can be transferred from one organism to another, there is concern about the possibility of antibiotic resistance developing through the use of GMOs and the fear that genetic engineering can decrease a food's nutritional value. Infant foods should be kept GMO-free because of these associated risks. Is it right that we experiment with these modified foods on human infants before fully knowing the consequences?

## What are the Opportunities ?

Improved global communication offers opportunities for worldwide dialogue, networking and action. In this new millennium, we need to use these available mechanisms to bring people together and find ways to address the challenges of globalisation while creating viable solutions. Working together, members of the global

breastfeeding movement can have a positive impact – both internationally and within local communities – on the structures and individuals that influence and enable women to breastfeed and to provide optimal care for their children. Some ideas for action include:

- Increase worldwide cooperation among members of the breastfeeding movement to address common problems and issues.
- Stress the importance of breastfeeding among civil society organisations working toward peace and justice.
- Use access to efficient, low-cost communication tools to link with people across the globe working to promote and protect breastfeeding.

- In the face of the HIV epidemic, groups can insist on independent research to provide accurate information to mothers facing infant feeding decisions.

- Use global networks to persuade governments to establish sound policies that regulate and control the marketing and labelling of infant feeding products.