

Summary report on the

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Intercountry meeting for the development of an action plan for the implementation of the International Code of Marketing of Breast-milk Substitutes

Cairo, Egypt
21–24 September 2014



World Health
Organization

Regional Office for the Eastern Mediterranean

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1. Introduction

The World Health Organization, Regional Office for the Eastern Mediterranean Region, conducted an intercountry meeting for the development of an action plan for the implementation of the International Code of Marketing of Breast-milk Substitutes. The meeting was held in Cairo, Egypt, on 22–24 September 2014. It was attended by representatives of ministries of health from Afghanistan, Bahrain, Egypt, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen, and by international experts and staff of the United Nations Children’s Fund (UNICEF), International Baby Food Action Network (IBFAN) and WHO. This was the second such meeting; the first was held in Cairo in 1993.

The objectives of the meeting were to:

- Review the current regional situation concerning the implementation of the Code of Marketing for Breast Milk Substitutes;
- Identify the key challenges for implementing the Code and recommend actions;
- Review and finalize a regional roadmap and a framework for national action plans for the implementation of the Code.

The meeting was opened by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, who emphasized the importance of Code implementation and monitoring and mentioned the low rate of breastfeeding in the Region. Target 5 of the global nutrition programme aims to increase the rate of exclusive breastfeeding in the first six months of life up to at least 50% by the year 2025. In 2006–2010, the global average rate for exclusive breastfeeding was

estimated to be 37%. Despite global commitments for promoting exclusive breastfeeding, its practice in the Region is still as low as 34%. Promotion of breastfeeding and implementation of the Code is one of the “best buys” for noncommunicable diseases prevention.

2. Summary of discussions

Status of implementation of the International Code

In 2013–2014 the Regional Office for the Eastern Mediterranean Region conducted a comprehensive regional assessment on implementation and application of the Code. The assessment considered the legal status of the Code implementation and the quality of existing national legal measures to implement the Code. Thirty three years after the adoption of the Code in 1981, out of 22 countries, only 6 (27%) have fully implementing the International Code: Afghanistan, Bahrain, Lebanon, Pakistan, Yemen, and recently Kuwait. Nine countries (45%) have partial implementation: Djibouti, Egypt, Islamic Republic of Iran, Jordan, Oman, Palestine, Saudi Arabia, Sudan and Syrian Arab Republic. Those Member States which have not implemented the Code are Iraq, Libya, Morocco, Qatar, Somalia and United Arab Emirates, representing 27% of countries of the Region.

Participants discussed the results of the assessment. Three working groups were established based on level of Code implementation (full, partial or none). The group work and subsequent plenary discussions allowed for sharing information on good practices as well as exploring obstacles to effective implementation.

Key challenges and difficulties

During discussions the participants identified a number of challenges. Political commitment does not necessarily translate into action, e.g. effective implementation and application of existing laws, designated coordinating mechanism, adequate funding and human resources. The health workforce is vulnerable to commercial incentives, plus there is high turnover of health workers. Awareness and sensitization campaigns are needed. Within the health system, there is ineffective oversight, accountability mechanisms and processes for Code compliance, particularly in the private sector; in addition to lack of adequate financial and human resources (including legal literacy and expertise). Objective and consistent information on infant and young child feeding and the Code is lacking for the public, including caregivers, and information provided to health workers needs to be more scientific and factual. The participation of civil society is ineffective and there is need for a national focal point responsible for breastfeeding promotion and Code implementation among the health sector and community. Provision of breast-milk substitute supplies in emergency and conflict situations is an ongoing challenge, as is government subsidization of breast-milk substitutes.

The working groups discussed violations in the countries participating in the meeting. Most of the Code provisions and subsequent relevant World Health Assembly resolutions are violated in all countries. These include advertising to the public through mass and social media, promotion to the general public and mothers in health care facilities and public places (shopping malls, supermarkets, pharmacies), provision of free samples to mothers and health workers, inducement to health workers through sponsoring meetings and training, and false labelling, including false health claims.

The working groups also proposed a number of action points for countries and WHO.

- Sending a letter from WHO to all countries of the Region reiterating the importance of the Code and the need for high-level commitment to implement and apply it.
- Organizing a follow-up regional meeting with a series of national workshops.
- Providing support for adoption of legislation, or strengthening legislation, or establishing monitoring mechanisms according to country implementation status.
- Fundraising and priorities: WHO to provide support for raising funds or ensure incorporation of budgets for Code implementation and application into regular budgets, e.g. for women's and children's health.
- Periodic reporting to WHO on progress made in the implementation of the recommendations of the meeting.
- Networking with other government entities, in particular child protection committees and committees, health facilities accreditation, quality assurance and committees for the protection of the rights of women.
- Developing strategies for ensuring that health professionals are adequately protected from company incentives and influence.
- Ensuring the inclusion of the Code's aim and principles in educational curricula for nurses, midwives, paediatricians, etc.
- Strengthening incorporation of the Code in the Baby-Friendly Hospital Initiative.
- Addressing mothers who are targeted by research institutions with breast-milk substitute messages.
- Addressing emergencies and donations of breast-milk substitute.
- Mobilizing communities for breastfeeding support, promotion and protection, and for implementation of the Code through outreach

programmes (e.g. such as community health workers outreach in Egypt).

- Conducting multistakeholder analysis.

3. Recommendations

To Member States

1. Initiate advocacy workshops for relevant stakeholders on the importance of breastfeeding and the International Code, and submit reports to policy-makers to strengthen political commitment.
2. Prepare a 2015–2016 costed plan of action by end of April 2015, based on the template prepared by WHO, UNICEF and partners. Plans should be prepared in accordance with the status of Code implementation and application in countries.

To WHO, UNICEF and partners

3. Develop a template for the preparation of a national plan of action.
4. Explore country needs for capacity-building.
5. Provide technical and legal support to countries in the preparation and implementation of the national roadmaps.
6. Establish an informal network for information sharing and support, including a dedicated website on Code status and implementation in countries of the Region and available key documents.
7. Establish a regional monitoring and surveillance system for the International Code.
8. Share and emphasize policy statement on emergencies and breast-milk substitutes and the Code.
9. Develop a Code monitoring kit to be available online by the end of 2014.



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