
Global Congress on the Implementation of the International Code of Marketing of Breast-milk Substitutes

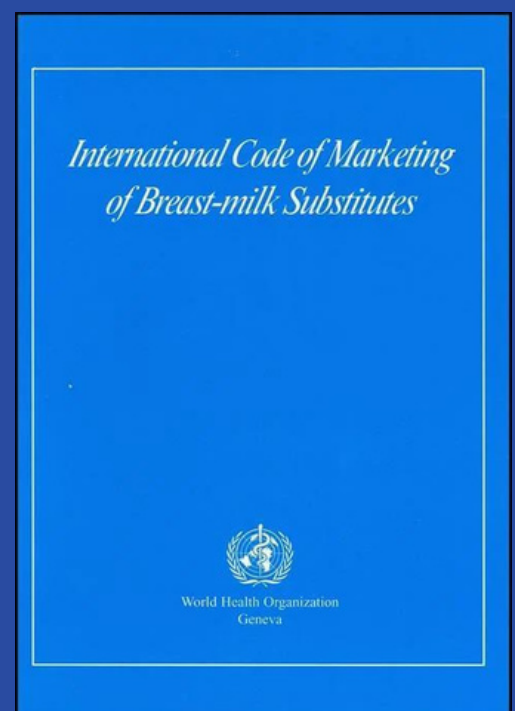
Report of breastfeeding organizations in Canada

SafelyFed Canada

Mouvement allaitement
du Québec

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In June 2023, WHO and UNICEF convened the Global Congress on Implementation of the International Code of Marketing of Breast-milk Substitutes, with delegates from around the world gathering to address the urgent issue of exploitative marketing of breastmilk substitutes.

This report summarizes the experiences of an alliance of Canadian non-governmental organizations.

Canada invests significantly in the health and well-being of infants, young children and their families, through healthcare, social services and policies such as parental leave and tax credits. Yet, by failing to appropriately regulate breastmilk substitutes ("BMS") such as infant formula and feeding bottles, this support is eroded in favour of corporate profits.

The Global Congress provided evidence of how far behind Canada is its commitments on International Code of Marketing of Breast-milk Substitutes ("the Code") since it was first passed in 1981.

Our delegates learned about the experiences of other advocates in creating effective, enforceable legislation to regulate BMS marketing as well as the emerging digital tools available.

After three days of plenary and regional group discussions, the Canadian delegation committed to **including the Code into legislation by 2025** by building broad alliances, strengthening relationships with public sector champions and organizing to take advantage of opportunities.

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MESSAGE FROM STEPHANIE GEORGE

The harm to Indigenous communities of failing to adequately regulate breastmilk substitutes extends deeper and beyond those described in the rest of this report.



Racist policies have shaped both the historical experience of infant feeding in Indigenous communities and continue to prevent Indigenous families from providing the safe and nutritious first foods their children are entitled to.

Read my full letter and watch the video of my closing pledge on behalf of Canada's delegates to the Congress [here](#).



Today's governments have an obligation to begin repairing these harms

INTRODUCTION

Breastfeeding forms the foundation of infant feeding and young child feeding ("IYCF") recommendations globally and in Canada. The International Code of Marketing of Breast-milk Substitutes including subsequent relevant WHA resolutions ("the Code") aims to prevent commercial interests from interfering in infant feeding practices. The Code's four key audiences are government, manufacturers and distributors, the healthcare system and the general public. It is designed as a model policy intended to be included in national legislation and regulations.

In Canada, responsibility for the protection, promotion and support of breastfeeding and IYCF practices is shared by federal, provincial and territorial and municipal governments, as well as civil society organizations, researchers and healthcare professionals.

The federal government has primary responsibility for the regulation of breastmilk substitutes and requirements for manufacturers and distributors of these products, including enforcement. Provincial, Territorial and municipal governments have legislative and regulatory authority in Code-related areas in addition to adhering to federal regulations in their policies and practices.



*pacifiers are included in many interpretations of the Code, including the [EU Region Model Policy](#).

Canada is signatory to the Code and has obligations to implement its principles through other commitments, such in the Convention of the Rights of the Child. While Canada has integrated some aspects of the Code into regulation and guidance documents, significant gaps remain that result in weak protections and a shifting of responsibility for the protection of breastfeeding to entities without the resources and powers to do so effectively.

Laws & Regulations Related to BMS Marketing in Canada



Regulations on the labelling and promotion of foods for infants and young children have not kept up with marketing practices and enforcement is further hampered by a lack of consistent, independent monitoring mechanisms.

Canada was downgraded from having "few provisions of the Code in law" to "no provisions" due to consistent non-enforcement of the existing provisions in the WHO/UNICEF/IBFAN [global report](#) on the state of national implementation of the Code in 2018. Canada is still one of only three OECD countries in [this category](#).

Between 2020 and 2023, multiple parallel crises came together to bring the issue of a safe, reliable supply of infant formula and related products to the fore of public consciousness. This included the food industry capitalizing on consumer worries and myths through misleading and predatory marketing campaigns, as well as supply chain disruptions.

In April 2022, the World Health Organization brought renewed attention to "[the shocking extent of exploitative formula milk marketing](#)" employed by an industry that had grown to US\$55B/year, and there were widespread calls for urgent action to stop the exploitation of families' uncertainty, fear, and vulnerability.

CONGRESS SUMMARY

In June 2023, the WHO and UNICEF convened the Global Congress on Implementation of the International Code of Marketing of Breast-milk Substitutes. The objective was to increase the capacity of policymakers, advocates and researchers working on the Code, sharing tools, expertise and best practices to create system-level change to protect infants and their families from exploitative marketing during a vulnerable period.

Mouvement allaitement du Québec (MAQ) and SafelyFed Canada (SFC) along with Indigenous midwife, lactation consultant and advocate Stephanie George, attended to explore how Canada can meet its obligations under the Code.



Organizers placed mock BMS marketing throughout the Congress spaces, inviting delegates to scan a QR Code to report using a Kobo-based monitoring tool

Over three days, delegates at the congress heard from global public health, legal experts and country representatives on the barriers and enablers to successful implementation of the Code in legislation.

Most countries, including Canada, have signed the Convention on the Rights of the Child, agreeing to protect and promote these rights, and have agreed to adopt maternity protection laws and the right to breastfeed in public and at work.

However, many countries have not adopted the full provisions of the Code, and in countries with weak regulatory frameworks or reliance on voluntary compliance, exploitative marketing practices are rampant. Country-level studies have shown that better infant feeding outcomes are associated with stronger Code legislation.

During regional group discussions, it became apparent there are many shared challenges. **Decades of highly effective and multifaceted strategies used by industry have resulted in significant cultural and institutional barriers to achieving individual and national breastfeeding goals.** Delegates described how families face a bewildering array of infant and child feeding products for sale, with little to no guidance from independent experts on how these products contribute to a healthy diet.

At the same time, food companies employ a marketing and pricing strategy that manipulates parents into purchasing the highest-priced products. With the increasing complex global nature of our food systems and supply chain pressures, country delegates reported shortages of products and focus on supply. Delegates also reported contradictory interests and relationships, as the large multinational companies that manufacture and distribute products for infants and children are also providing processed foods, bottled water and other products that are key consumer products.

These challenges also present opportunities. Increasingly, there is recognition of the cost of population-wide adverse health outcomes and early death from non-communicable diseases ("NCDs"), including rising child overweight and obesity. The recent [infant formula crisis](#) has resulted in a renewed interest in progressing the Code in national regulations. New tools available from [WHO](#) and [partners](#) make it easier and more cost-effective to monitor violations of the Code.

These conditions have created stronger political will to curb inaccurate claims on labels and in advertising, and to regulate the marketing of ultra-processed foods to children, teenagers, and the general public.



DAY 1

The Congress focused on six key themes, which are summarized over the next few pages, culminating in the creation regional networks to share information and a bold action plan for Canada, which was shared on the floor in the closing session by Stephanie George on behalf of the Canadian delegates.

Theme	Summary	Actions
Building political will	<p>In both plenary and regional group discussions, contributions emphasized the importance of identifying allies and champions inside and outside of government. High-level commitments to drive action were identified as key early steps, including ensuring that nutrition's vital and central role is identified as a concern for all, without partisanship.</p> <p>A long-term ongoing commitment is required for a strategic, broadly-based approach. The approach must be flexible enough to take advantage of opportunities while remaining focused on the specific goal of implementing monitored, enforced regulations. In the regional group which included colleagues from government, civil society, and international organizations, both the challenge and the value of a long-term strategic plan and clear goals was expressed across geography and roles.</p>	<ul style="list-style-type: none">• Participate in planned consultations on infant formula regulation and Nutrition Guidelines for Healthy Term Infants• Increase knowledge translation & community organizing activities
Identifying and managing industry interference	<p>Industry prevents adequate regulations through lobbying and other interference in policy-making. Speakers identified the consistent failure of voluntary measures across time and jurisdictions and described a “playbook” used by the baby food industry to insert themselves into policymaking to prevent protective measures.</p> <p>Digital marketing and the increasing use of new technologies that allow improved targeting and personalization were identified as specific concerns that amplify the reach of marketing directly to families, healthcare providers and others, while making redress through public health messaging more difficult because of the individualized nature of the marketing content. WHO presented a summary of new research that found 2.47 billion people were reached by formula milk companies in just six months in 2021, a significantly greater reach than the informational posts about breastfeeding from non-commercial accounts.</p> <p>The role of healthcare professionals and the healthcare system was identified as an important conduit for industry interference. This interference occurs both directly through sponsorships and other forms of funding to trusted professional organizations which then advance industry goals with government and indirectly by cultivating relationships with individual healthcare providers that prevent them from meeting their obligations under the Code and to their clients.</p>	<ul style="list-style-type: none">• Learn how industry, public sector and civil society are included in consultations on infant feeding & related topics• Ensure that organizational policies prevent the formation of conflicts of interest

DAY 2

Theme	Summary	Actions
Implementing the Code into law	<p>The next theme considered which aspects of the Code are already in law in various countries and how those existing regulations might be made more effective.</p> <p>Some aspects of the Code are commonly already found in regulations, even in countries where there are very limited regulations in place. For example, the Codex Alimentarius functions as a global mechanism to recommend minimum nutritional and labelling standards. Most countries, including Canada, apply specific requirements to products labelled as infant formula and other baby foods.</p> <p>Similarly, many countries have requirements to report and address conflicts of interest with respect to commercial influence on public servants and others in positions of authority such as healthcare professionals. False advertising or other exploitative sales inducements are also prohibited in many countries, including Canada, that may not be directly tied to products covered by the Code.</p> <p>Ongoing monitoring and enforcement of existing laws and regulations was identified almost universally as an area of difficulty, regardless of the strength or breadth of existing regulations.</p>	<ul style="list-style-type: none">• Communicate existing Canadian legal measures and regulations to ensure they are being enforced• Participate in consultations and other opportunities to educate lawmakers & public sector on Code obligations
Strengthening coordination and governance mechanisms in national laws	<p>The importance of long-term commitment to the specific goals of the Code underpinned the next theme which considered how to build on-going capacity in the institutions and mechanisms that are responsible for the promotion, protection and support of breastfeeding.</p> <p>In the plenary session, speakers outlined how the progress on the Code globally on the acknowledged importance of protections and the prevention of promotion in healthcare facilities has been dwarfed by a lack of enforcement and a failure to address common conflicts of interest such as free samples, gifts to healthcare workers and industry-funded training and resources.</p> <p>During the regional discussions, the importance of ensuring proposed regulations include implementation and maintenance of enforcement as well as funding was further underlined and identified as a source of weakness in some of existing regulations of discussion participants. The impact of conflicts of interests with the healthcare system also arose again, where existing funding sources by industry that are prohibited by the Code would need to be replaced in order keep services whole.</p>	<ul style="list-style-type: none">• Amplify work to outline existing Canadian legal measures and regulations to ensure they are being enforced• Participate in consultations and other opportunities to educate MPs and others on Code obligations

DAY 3

Theme

Summary

Actions

Monitoring and enforcing Code laws

Monitoring and enforcement of Code-related legislation and regulations has been particularly weak globally. Without these two key steps, even well-drafted legislation with broad support is likely to fail to meet the regulatory objectives.

Drawing on the framework developed by the NetCode initiative, periodic monitoring tasks which would provide deeper snapshots in time to identify gaps and emerging issues while on-going monitoring would provide data for enforcement and real-time trends.

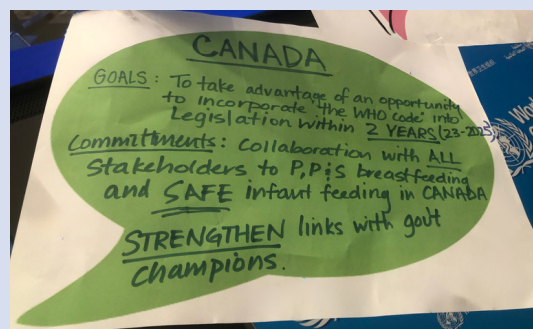
Both periodic and ongoing monitoring are necessary for an accurate and thorough evaluation of regulatory success and must be independent of industry influence and control while ensuring transparency and feedback from the public. While monitoring that is explicitly Code-related is weak, mechanisms including product registration (ie: pre-market authorization), importation regulations and manufacturing and retail health & safety inspections are all existing points at which Code monitoring can be introduced.

While much of the discussion about emerging technologies during the congress focused on how industry is using new technologies to reach more consumers and market in novel ways, there was also good news about how technology can assist civil society and regulators to do better. An AI-tool being used to improve Code monitoring and to capture data that would have previously been impractical to report as part of an evaluation was presented as an exciting potential solution to the enormous volume of digital and other advertising. Similarly, Code monitoring using smartphones and automated forms have been deployed as part of NetCode and other monitoring actions. Some countries, such as Ireland, have moved to enforce Code laws through digital marketing legislation.

- Review how industry, public sector and civil society are included in consultations on infant feeding & related topics
- Ensure that our own organizational policies prevent the formation of conflicts of interest
- Support the implementation of technology-enabled monitoring

Take action!

In the final sessions of the congress, delegates shifted focus from learning and sharing to creating action plans for their country. Canada's delegation collaboratively committed to:



- Take advantage of an opportunity to incorporate the Code into legislation within 2 years
- Collaboration with all stakeholders on the promotion, protection & support of breastfeeding and safe infant feeding in Canada
- Strengthen links with government champions

WHAT'S NEXT?

Modernizing the regulation of products covered by the Code to improve protections for Canadian families is a major undertaking that will be at risk of inappropriate influence by industry. Canada can do this right and we must.

There's a lot of work ahead. Canada has lagged behind, but we're energized to move forward to protect families.

01

Get involved!

Contact us to learn more about how you or your organization can stay informed or get involved.

02

Learn more

The Global Breastfeeding Collective has created a Code Implementation Toolkit that will be regularly updated, which includes a new free course on the Code. Our organizations also each have resources on the Code.

03

Share

Parents, caregivers and healthcare workers bear the burden of the lack of regulation and enforcement. Tell your stories and invite others to share theirs too.



ABOUT US



SafelyFed Canada is a national, not-for-profit dedicated to improving infant and young child feeding in emergencies in Canada.

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OPEN LETTER

INEQUITIES IN INDIGENOUS MATERNAL AND CHILD HEALTH: CHALLENGING HEALTHCARE POWER AND CORPORATE INFLUENCE IN CANADA

June 30, 2023

The harm to Indigenous communities of failing to adequately regulate breastmilk substitutes extends deeper and beyond those described in the rest of this report. Racist policies have shaped both the historical experience of infant feeding in Indigenous communities and continue to prevent Indigenous families from providing the safe and nutritious first foods their children are entitled to. Government policies with genocidal objectives have marked the Indigenous communities that survived them, obscuring the nurturing wisdom that sustained our babies and blighting them with the outcomes of generations of trauma.

In the 2016 paper written by Kristin Burnett, Travis Hay, and Lori Chambers*, documentation referring to the postwar period, said:

Indigenous women and their infants were singled out as being of particular nutritional concern. Notices for pabulum and milk posted at HBC forts started with thinly veiled warnings. "Our King has made a law that all mothers of children will get help in seeing that his children grow up to be strong and healthy," announced one statement issued by Indian Affairs. This aggressive program concentrated on introducing strict daily feeding routines, altering what kinds and when supplementary foods were to be introduced to infants, and changing when breast-feeding should be terminated.

The King had been seen as a father-type figure who wanted to help them. Nothing could be further from the truth. This advice weakened communities, by sickening their children and prohibiting the responsive parenting that buffered against suffering and traumatization. Malnutrition was pushed on Indigenous people to subjugate them, to make their numbers smaller so the governments could take the rest of their lands, to rid the government of the so-called, "Indian problem".

These instructions were to be distributed at HBC posts, nursing stations, at treaty payment time, and by IA medical officers. Instructions for "feeding Indian babies" were also circulated by the Indian agent giving the guidelines an unstated authority. The "Health Rules for Feeding Indian Babies" outlined strict instructions regarding the appropriate length of time to breast feed infants and when and how to bottle feed. But in mobile communities and places where clean water was unavailable, such instructions posed insurmountable obstacles and serious health consequences for babies; moreover, "a bottle-fed baby is up to 25 times more likely to die from diarrhea where water supplies are unsafe."

The government made themselves the legal authority over Indigenous people's lives, their movement, their education, and parenting methods. They took authority for themselves, tying money or help to how closely Indigenous people followed their orders.

Direct connections can then be drawn between high infant mortality rates in northern First Nations communities and the European-Canadian norms regarding appropriate lengths of breastfeeding that were being imposed on Indigenous women—an example that demonstrates the ways in which settler colonialism continued to cause death amongst Indigenous peoples. This situation was then exacerbated by the prohibitive costs of baby formula and the high rates of infant adoption by extended family among the Inuit. For instance, in some Inuit communities, as many as 40 percent of the children were adopted and "most mothers were only able to afford infant formula for the first two or three months" at which point the formula was replaced by a combination of evaporated milk, powdered whole milk or fruit drinks.

.../2

* Burnett, K., Hay, T., & Chambers, L. (2016). Settler Colonialism, Indigenous Peoples and Food: Federal Indian policies and nutrition programs in the Canadian North since 1945. *Journal of Colonialism and Colonial History*, 17(2), Summer, Johns Hopkins University Press.

OPEN LETTER

INEQUITIES IN INDIGENOUS MATERNAL AND CHILD HEALTH: CHALLENGING HEALTHCARE POWER AND CORPORATE INFLUENCE IN CANADA

- 2 -

The generational effect of these policies on Indigenous communities is seen today. Traditional breastfeeding knowledge has been lost in many communities. We are 3 or 4 generations from the government telling us how to feed our babies. Teachings about infant feeding has become a suggestion, "Just do it." Because of the patriarchal views being forced onto, then being entrenched, some new parents feel it is better to have an individual right to put the parent foremost, instead of the Old Ways which put children front and centre of everything. We are supposed to have an obligation to our children and communities first. Colonization has changed that mentality.

Today's governments have an obligation to begin repairing these harms, yet they fail to even ensure that communities have access to the minimum standards that the government themselves accepted and have repeatedly endorsed internationally for more than 40 years. In many communities, it continues to be the government itself that provides many of the breastmilk substitutes used by parents and caregivers, without regard to ensuring that they can be used safely. The dependency on breastmilk substitutes that successive governments have created and continue to create carries an obligation to ensure that Indigenous parents and caregivers have access to the culturally-appropriate support and information needed to make informed decisions.

The UN Declaration on the Rights of Indigenous Peoples (UNDRIP) states in section 24.2 that, "Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right." More than 40 years after the Code was passed, Canada has not progressed but rather is going backward in meeting this obligation.

While the Truth and Reconciliation Commission (TRC) doesn't specifically refer to breastfeeding, it is inherent in Section 5, "We call upon the federal, provincial, territorial, and Aboriginal governments to develop culturally appropriate parenting programs for Aboriginal families." The obligation to address health outcome disparities in TRC Section 19 specifically names gaps in "infant mortality, maternal health ... life expectancy, birth rates, infant and child health issues, chronic diseases, illness, and injury incidence" all of which are improved when babies receive human milk.

The Missing and Murdered Indigenous Women and Girls (MMIWG) report says, "2.5 We call upon all governments, in partnership with Indigenous Peoples, to create a permanent empowerment fund devoted to supporting Indigenous-led initiatives for Indigenous individuals, families, and communities to access cultural knowledge, as an important and strength-based way to support cultural rights and to uphold self-determined services."

We need cultural rights to uphold self-determined services. What the genocidal policies of decades past began, unfettered predatory marketing of commercial milk formulas and ultra-processed complementary foods continues, with the help of policies and programs that continue to be imposed on families. The patriarchal laws that undermine our mothers' choices with false information and threats to our families and communities may have different forms today, but they continue to cause harm.

Western healthcare practitioners, working under the laws and policies of governments and policymakers wield great power and authority. Health systems have failed to return birth to the land, medicalizing birth and preventing the support and rituals central to the healthy welcome of a new baby. Few communities have Indigenous midwives or lactation support, but they all receive infant formula and ultra-processed baby foods. Healthcare workers are empowered to threaten parents with investigation or removal of their infants or children for not following their "recommendations" to use these products while there is no requirement or support for infants in care to receive human milk or culturally-appropriate foods. Meanwhile, large global corporations are allowed unfettered access to influence those same healthcare workers and market their products to mislead parents into thinking that they are just like breastmilk.

This must stop.



Stephanie George
Indigenous Midwife, Lactation Consultant,