

TRAINING MANUAL ON

THE CODE OF MARKETING OF BREASTMILK SUBSTITUTES

IN NIGERIA





2016

National Agency for Food and Drug Control

2032 Olusegun Obasanjo Way

Wuse Zone 7

Abuja

United Nations Children’s Fund,

UN Building,

Central Area,

Abuja

World Health Organisation,

UN Building,

Central Area,

Abuja

This revised Code Training Manual is a Revised Edition of the 2006 Code Training Manual which was developed from materials obtained from the following manuals: The Regulations 2005; “Breastfeeding Counselling: A training course” (WHO/UNICEF, 1993) and Integrated Infant and Young Child Feeding Counselling (Nigeria 2012), the International Code of Marketing of Breastmilk Substitutes and other documents from relevant bodies, the ICDC generic Code training Manual (ICDC), ICDC Model Law (2002)(1and Nigeria Demographic and Health Survey

This Manual is not for sale.

# Foreword

# Acknowledgements

Reviewers

List of Acronyms

AFASS Affordable, Feasible, Available, Sustainable and Safe

AIDS Acquired immunodeficiency syndrome

ANC Antenatal Care

ARIs Acute Respiratory Infections

BFHI Baby-Friendly Hospital Initiative

BFI Baby-Friendly Initiative

BMS Breastmilk Substitutes

FMOH Federal Ministry of Health

HIV Human Immunodeficiency Virus

IBFAN International Baby Food Action Network

ICDC International Code Documentation Centre

IEC Information, Education and Communication

IMCI Integrated Management of Childhood Illness

IMR Infant Mortality Rate

IYCF Infant and Young Child Feeding

LAM Lactational Amenorrhoea LAM

MTCT Mother-to-Child Transmission of HIV

NAFDAC National Agency for Food and Drug Administration and Control

NCM Nigeria Code Monitoring

NGO Non-governmental Organisation

PAHO Pan American Health Organisation

SIM Standard IBFAN Monitoring

U5MR Under-five Mortality Rate

UNICEF United Nations Children’s Fund

WABA World Alliance for Breastfeeding Action

WHA World Health Assembly

WHO World Health Organisation

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# INTRODUCTION

Optimal infant and young child feeding standard consists of an exclusive breastfeeding period in the first six months of a baby’s life followed by continued breastfeeding with adequate nutritious complementary feeding in increasing amount until three years (now recommended by WHO and not the earlier ‘two years or beyond’). Infants aged 0–5 months who are not breastfed have seven-fold and five-fold increased risks of death from diarrhoea and pneumonia, respectively, compared with infants who are exclusively breastfed. At the same age, non-exclusive rather than exclusive breastfeeding results in more than two-fold increased risks of dying from diarrhoea or pneumonia. Also 6–11-month-old infants who are not breastfed have an increased risk of such deaths.Although, exclusive breastfeeding is the natural and optimal means of ensuring food security and optimal health for infants and young children, the rates have remained low globally at 36% and in Nigeria 17% (NDHS 2013).

Breastfeeding offers numerous benefits for children and their mothers. The WHO estimates that 1.5 million infants die from diarrhoea yearly because they are not breastfed.

Among children under five years, suboptimal breastfeeding and other nutritional risk factors, including underweight, and vitamin and mineral deficiencies,(especially vitamin A, iron, iodine and zinc), are responsible for 3.9 million deaths (35% of total deaths) and 144 million disability-adjusted life years.

Worldwide 186 million children are stunted and malnutrition accounts for 11% of the global burden of disease, with attendant negative long-term later-life consequences of poor health and disability and poor educational and developmental outcomes. Children under two years of age are most affected by under-nutrition. The importance of sound infant and young child nutrition for the future health and development of the child and adult cannot be overemphasized.

The World Health Assembly recognizes that promotion of breast-milk substitutes and some commercial foods for infants and young children undermines progress in optimal infant and young child feeding. The World Health Assembly therefore recommends that breastfeeding, the only natural method of infant feeding, must be actively protected and promoted *in all countries* and they should improve implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes.

As part of the efforts to ensure best infant feeding practices for optimal child growth and development, the United Nations (UN) in 1979 convened a meeting on Infant and Young Child Feeding. This led to the production of the draft International Code of Marketing of Breastmilk Substitutes which subsequently in May 1981 at the 34th World Health Assembly, was adopted with Nigeria being one of the signatories. The resolutions of that 34.22 World Health Assembly urged Member States to implement the Code into national legislation, regulations and other suitable measures. Adoption and adherence to the Code was stressed as a minimum requirement for countries.

There are many other World Health Assembly Resolutions thereafter to address other areas of concern with the Code such as special situations as well as those promoting exclusive breastfeeding, for example, the 1989 Joint Statement on protection and support of breastfeeding, by UNICEF and WHO, the Innocenti Declaration of 1990, the Baby Friendly Hospital Initiative (BFHI) of 1991 with the “Ten Steps to Successful Breastfeeding” These will be fully discussed in Module 2 of this manual.

Nigeria developed her “Code of Ethics and Professional Practice” on Marketing of Breastmilk Substitutes in 1986 and has taken several necessary steps to fully implement the Code including the Act 41 of 1990 amended in 1999, strengthened by “Regulations 2005” which has now been reviewed to produce Regulations 2017. This current instrument is backed by a principal legislation, “Control of Marketing of Breastmilk Substitutes Act” which is under the process of being enacted and will repeal Act 41 of 1990.

The HIV/AIDS scourge, and identification of the virus in breastmilk, further undermined exclusive and sustained breastfeeding and posed challenges to the promotion of exclusive breastfeeding. Even in other special circumstances, such as emergencies, displaced populations and infants who are separated from their mothers, feeding of infants and young children should be in compliance with the Code and the use of breastmilk substitutes must be free from commercial influences. The Code becomes even more applicable in these special circumstances to protect and support optimal infant and young child feeding consistent with the Global Strategy on Infant and Young Child Feeding.

Why this course is needed

Breastfeeding is the gold standard in infant and young child feeding. It is estimated globally that over one million children die each year from diarrhoea, respiratory and other infections because they are not adequately breastfed. Many more children suffer from unnecessary illnesses that they would not have if they were breastfed. Breastfeeding promotion has been identified as a key method of controlling diarrhoeal diseases, preventing dehydration and promoting quick recovery from childhood illnesses.

Breastfeeding also protects mothers' health and helps to build healthier communities.

However many mothers in most countries like Nigeria, start giving their babies artificial feeds or drinks including water before 6 months, and many stop breastfeeding long before the child is 2 years old.

Widespread and free availability of breastmilk substitutes due to inappropriate marketing of breastmilk substitutes is a main reason for this. Other reasons include mothers’ belief that they do not have enough breastmilk, non-supportive health care practices and the wrong advice from health workers, inadequate maternity leave and child care facilities such as crèches for the working mothers.

This manual is designed to build the capacity of all stakeholders on Code awareness and implementation, monitoring compliance and detecting and reporting violations. These efforts will contribute towards the promotion, protection and support of breastfeeding for optimal child health, survival and development.

How to use the training manual

The training manual on the Code of Marketing of Breastmilk Substitutes in Nigeria consists of 23 Sessions, which are arranged in three modules. Module 1 deals with Infant and Young Child Feeding (7 Sessions). Module 2 discusses the International Code of Marketing of BMS, the subsequent relevant WHA Resolutions as well as the Nigerian Instruments and other international perspectives (10 Sessions), while Module 3 deals on Code implementation, monitoring tools and methodology in Nigeria (6 Sessions).

It is suggested that for all categories of training, Modules 1 and 2 should be covered in details while Module 3 will be dealt with exhaustively in the training of Code Regulatory Agency staff whose responsibility is to enforce Code compliance and sanction offenders.

Your Course Director will plan the course that is most suitable for your needs, and will give you a time-table.

The recommended duration for this course is five days.

In the course of this training, you will be given a lot of information including lectures, group exercises, practical sessions and field visits. It is believed that you will find the course interesting and enjoyable, and the skills that you learn will make you more aware of the Code, equip you to monitor compliance, detect and report violations for redress and thus participate effectively in promoting, protecting and supporting breastfeeding. Your contributions will help reduce infant morbidity and mortality and therefore encourage child survival, protection and development. Remember, breastfeeding is the right of the child.