



LEGISLATION TO PROTECT BREASTFEEDING IN VIET NAM:

A Stronger Decree 21 Can Improve Child Nutrition and Reduce Stunting

The scientific evidence is clear: Breastfeeding gives children the best start in life. The World Health Organization (WHO), UNICEF, and scientists and doctors worldwide recommend exclusive breastfeeding for the first six months of a child's life, along with continued breastfeeding up to two years of age and beyond. It is the best option for Vietnamese families and the best choice for our nation.

However, this life- and cost-saving practice faces serious threats. Vietnamese families must often overcome their doctor's skepticism that a mother's milk is enough for her child. At maternity hospitals, mothers may be bombarded with persuasive marketing that undermines their confidence to breastfeed, idealizes artificial feeding, and does not warn of the risks of not breastfeeding. Products on the market can be labeled with misleading information and images.

Milk formula companies are the only ones to gain. By adopting strong regulations that meet international standards for the promotion and protection of breastfeeding, we can ensure that all mothers and families receive the very best, unbiased information to help them choose the safest, healthiest, and most nourishing method of feeding their children.

WHAT IS DECREE 21?

Adopted in 2006, Decree 21 aimed to support optimal infant and young child feeding (IYCF) by limiting how and where breast milk substitutes can be promoted.

Specifically, Decree 21:

- Prohibits all advertising of milk for children less than 12 months of age, the advertising of complementary foods for children less than six months of age, and the promotion of feeding bottles with teats and pacifiers
- Requires that advertising and marketing of breast milk substitutes for children older than 12 months clearly state that breastfeeding is the superior option
- Outlines how infant foods can be promoted, and where they can be provided or sold
- Identifies the role that key groups, including product manufacturers and the health community, must play in upholding the regulations

Decree 21 is based on the International Code of Marketing of Breast-milk Substitutes (BMS Code), adopted by the World Health Assembly in 1981 and updated regularly by subsequent World Health Assembly Resolutions. However, Decree 21 does not include all provisions set forth in the BMS Code and Resolutions, which are intended to be a "minimum measure." It thus does not offer parents and children the necessary protection from unscrupulous promotional practices.

WHY IS DECREE 21 IMPORTANT?

Strong regulations for the marketing of breast-milk substitutes support better feeding practices, like exclusive breastfeeding for six months. Supporting optimal nutrition with a strengthened and well-enforced Decree 21 will reduce malnutrition and stunting among our children. Ultimately, this will increase our nation's productivity by reducing our burden of disease and supporting a thriving workforce.

REGULATING THE MARKETING OF BREAST MILK SUBSTITUTES IMPACTS CHILD FEEDING.

Many factors affect how or what infants and young children are fed, but misinformation about breastfeeding, together with widespread availability and promotion of breast-milk substitutes, have a significant impact on the decisions that families make about nutrition.

Promotion of breast-milk substitutes causes confusion for mothers and families about the best possible feeding choices for their infants and young children.

- A study conducted between 1972 and 2000 found that as the frequency of artificial feeding advertisements in a parenting magazine increased, the percentage change in breastfeeding rates decreased.¹
- A majority of studies have found lower breastfeeding rates among mothers that receive free formula samples at hospital discharge.²

WHEN COUNTRIES ADOPT THE CODE, IT DECREASES THE USE OF BREAST MILK SUBSTITUTES.

- Large-scale surveys have shown that when a law was passed in Papua New Guinea banning the sales of bottles and teats except by prescription, it resulted in a decrease in bottle feeding and an increase in breastfeeding in the capitol city.³
- In the Philippines, the passage of a strong national code resulted in a decrease in health facilities distributing free infant formula samples, from 57.5 percent in 1986 to 2.8 percent in 1988.⁴

"Evidence from a variety of countries indicates that marked improvements in exclusive breastfeeding are often associated with effective regulatory frameworks and guidelines, and when comprehensive programmatic approaches are at scale. Over the past 5-10 years, for example, 19 countries have recorded gains of 20 percentage points or more in exclusive breastfeeding rates. The implementation of large-scale programmes in these countries was based on national policies and often guided by the Global Strategy for Infant and Young Child Feeding, a joint action of the World Health Organization (WHO) and UNICEF, which promotes the adoption and implementation of national legislation on the International Code of Marketing of Breast-milk Substitutes."⁵ - UNICEF

INFANT FORMULA COMPANIES ARE TARGETING VIET NAM.

Infant and baby food manufacturers have identified the Asia-Pacific region as a target market for continued and aggressive sales growth.

- Global sales of baby food are projected to grow by 37 percent (US \$11.5 billion) to US \$42.7 billion from 2008 to 2013. Almost two-thirds of this growth (US \$7.5 billion) will come from Asia-Pacific, with China (US \$5.2 billion) and Indonesia (US \$1.1 billion) as the biggest contributors.⁶
- In 2009, baby food sales in Viet Nam grew 18 percent over the previous year, with sales of more than VND 7.5 trillion. Standard milk formula also recorded substantial growth of 17 percent.⁷
- The price of baby food products remains a concern for many Vietnamese parents. Despite raw materials decreasing in price from their peak in 2008, the price of most imported milk formula increased by 10 to 15 percent, while the price of domestic milk formula increased by 7 to 10 percent.⁷

Case Study: Milk Formula Sales and Regulatory Environments in India and China⁶



Between 2002 and 2008, retail sales of milk formula in China grew from approximately US \$1 billion to nearly US \$3.5 billion. During this same time, retail sales in India have held steady at under US \$500 million. This huge disparity is tied to how each country regulates the marketing of breast-milk substitutes. In India, all advertising is prohibited; in China, TV advertising and the use of celebrity spokespeople is permitted.

VIOLATIONS OF DECREE 21 ARE COMMON IN VIET NAM.⁸

A 2011 review of the implementation status of Decree 21 found varied and relatively widespread violations of the Decree by multiple domestic and multinational companies. For example:

- Infant formula companies display brand names and logos in health facilities.
- Some hospitals permit the sale of infant formula at kiosks or even through health workers.
- Advertising and labels make unsubstantiated claims about the product's health benefits.

Violations were documented in all provinces reviewed and breached many provisions of the Decree, including promotion and advertising, regulations in health facilities, labeling, and information, education, and communication materials.

More than 10 percent of the mothers we talked with said they had been contacted directly by company representatives. Without a strongly enforced Decree 21, these companies can easily distribute their advertising and products to families, convincing them to give up breastfeeding and placing their babies' health at risk.

Less than half of nutrition products for infants younger than six months old complied with every product labeling regulation of the Decree.⁸

WHAT SHOULD MEDICAL ESTABLISHMENTS AND WORKERS DO TO SUPPORT DECREE 21?

Medical establishments and workers must:

- Encourage breastfeeding
- Organize communication on breastfeeding
- Support early initiation of breastfeeding within the first hour after birth
- Provide proper guidance on how to use breast-milk substitutes for infants only on the basis of the World Health Organization's "Acceptable medical reasons for use of breast-milk substitutes"⁹

Medical establishments and workers must not:

- Sell or allow the sale of food for infants under six months of age or milk for infants under 12 months of age, except in hospital drugstores
- Allow companies selling or producing nutritious products for infants to display products, except in hospital drugstores
- Accept material benefits or products featuring the names or logos of products for infants under six months of age or milk products for infants under 12 months of age
- Help businesses give samples or gifts related to breast-milk substitutes for infants
- Advise women to use nutritious products for infants unless it is necessary to use such products

WHAT CAN VIET NAM DO TO STRENGTHEN DECREE 21?

A stronger and better enforced Decree 21 will protect mothers and families from inappropriate and inaccurate marketing of breast-milk substitutes in Viet Nam. This can be done by narrowing the gap between the International BMS Code and Viet Nam's Decree 21.

Key recommended revisions to Decree 21 include:

- Extending age limits to cover all milk products up to two years of age, in accordance with the International BMS Code
- Regulating donations of educational and informational products and materials from breast-milk substitute companies
- Expanding labeling provisions to comply with the International BMS Code
- Prohibiting all promotional and marketing tactics that promote products identified in the Decree

Monitoring and compliance of the existing Decree 21 should be strengthened to:

- Implement and enforce the law, including collaborative annual monitoring and inspections by departments in the Ministry of Health
- Establish a steering committee to improve the cohesiveness, coordination, and consultation of relevant ministries in Decree 21 monitoring, enforcement, and revisions
- Revise Decree 45 so that sanctions for violations are more frequently enforced and more punitive

For more information on infant and young child feeding, please visit www.aliveandthrive.org, (+84-4) 3573-9066; www.mattroibetho.vn, (+84-4) 3971-7090; and www.unicef.org/vietnam, (+84-4) 3942-5706.

"By strengthening and enforcing our laws, we can protect families and doctors from harmful commercial marketing that undermines breastfeeding—the best choice for Vietnamese mothers."

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