Infant Formula Promotion and the Health Sector in the Philippines

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Abstract: We use data collected in 1984, 1986, and 1988 from public and private health facilities in the Metropolitan Cebu area of the Philippines to assess effects of World Health Organization and Government of the Philippines Codes of Marketing of Breast Milk Substitutes on distribution of formula supplies. Distribution of free and low-cost infant formula declined drastically between 1986 and 1988. Industry compliance was almost complete. (*Am J Public Health* 1990; 80:74–75.)

Introduction

After nearly a decade of controversy on the role of infant formula promotion in changes in Third World breast-feeding behavior, the World Health Assembly adopted the International Code of Marketing of Breast Milk Substitutes on May 21, 1981. Most troublesome among these provisions was Article 6, paragraph 6, stating that "[d]onations or low-price sales to institutions or organizations of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used for, or distributed to, infants who have to be fed on breast milk substitutes."[1]

The World Health Organization (WHO) Guidelines issued on April 10, 1986, defined "infants who have to be fed on breast milk substitutes" as those who have rare metabolic disorders, cannot suck, or are motherless through death or abandonment as well as those whose mothers have decided not to breast-feed, fully or partially, for whatever reason.[2] The World Health Assembly passed a resolution on May 16, 1986 urging governments to take action "to ensure that the small amounts of breast-milk substitutes needed for the minority of infants who require them in maternity wards and hospitals are made available through the normal procurement channels and not through free or subsidized supplies."[3]

On December 22, 1986, the Philippine Government passed its own code of infant food marketing (the GOP code),[4] banning the distribution of free and subsidized formula supplies to hospitals.

WHO in 1988 affirmed that the International Code, which permits free or subsidized supplies of infant formula for infants who have to be fed on breast milk substitutes, had not been modified by the 1986 World Health Assembly Resolution.[5,6]

While the International Code acknowledges a legitimate market for infant formula that includes mothers who cannot breast-feed or choose to bottle-feed, the National Code for Marketing of Breast Milk Substitutes of the Government of the Philippines is silent on the issue of procurement and forbids infant food manufacturers and distributors from giving free supplies to the general public, hospitals, and other health facilities and medical personnel except on request by, or with the approval of, the Department of Health (DOH). Approval by the DOH is given only for catastrophic occurrences such as floods or famine. Violators of the GOP Code face fines or imprisonment. Omission of any reference to procurement in the GOP code raises questions on how to obtain formula for infants unable to breast-feed and/or whose mothers are unwilling or unable to suckle them. We analyzed existing data to assess the effect of these different codes on hospital practices.

Methods

Between 1984 and 1988, as part of a larger study, we surveyed health facilities serving the Philippines' second largest metropolitan area (Cebu City) three times. During this period, the major infant food companies serving this market (American Home Products, Bristol-Myers, Nestlé, and Abbott) had accepted the WHO Code.

We collected data from 73 (1984), 78 (1986), and 72 (1988) Metropolitan Cebu health facilities, all providing prenatal and obstetrical care. These facilities include all public and private hospitals and a representative sample of clinics and health centers. Approximately 70 percent of these facilities are public (government) institutions; about one-fifth of the public facilities and three-fourths of the private facilities have on-site obstetrical services; the remainder provide home-delivery assistance.

We obtained information on whether facilities had received any infant formula, other milk, or food supplies in the three months preceding each survey from manufacturers of those products; the brand name and source of each sample received; how the facilities had used infant formula supplies; and their policies toward industry representatives. The 1988 survey asked additional questions on procurement practices particularly for higher risk infants such as premature babies confined in special care nurseries.

Results

The proportions of facilities receiving as manufacturers' gifts any kind of milk remained basically unchanged between 1984 and 1986 but fell in the following two years (Table 1): infant formula distribution declined by 95 percent, while the proportion of facilities with formula for older infants increased by 80 percent in the same period. These foods intended for use as the liquid part of the weaning diet are not covered by the WHO or GOP codes.* The same applies to any weaning food.

Before passage of the GOP code, public facilities with on-site delivery were most likely to receive free formula (Table 2). All on-site delivery facilities show an increase in

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*Editor's Note: "Follow-up" formulas have not been marketed successfully in the United States. A policy statement of the American Academy of Pediatrics, "Follow-up or Weaning Formulas," appears in the February 1989 issue of AAP News.

TABLE 1—Percentage of Facilities Receiving Any Infant Food as Gifts by Type

Type of Food	1984	1986	1988
Infant formula	57.5	52.6	2.8
Follow-up formula	11.0	15.4	27.8

distribution of formula supplies between 1984 and 1986 by all manufacturers. In the 1988 survey we find only one manufacturer still distributing free formula supplies. Recipients were two private health facilities with on-site delivery which had received a soy-based preparation.

In 1984 and 1986, over half the total sample of facilities had distributed free samples to mothers; in 1988, only 3 percent still did so (data not shown).

The proportions of facilities allowing representatives to visit their patients rose from 30 percent to 40 percent from 1984 to 1986. In 1988, only 2.6 percent of the facilities allowed them to do so. Moreover, only seven of 72 facilities in Metropolitan Cebu still supplied clients' names to industry representatives—a marked decrease from previous years.

The 1988 survey found that seven private facilities sold infant formula in their own hospital pharmacies, an increase from two in 1984 and five in 1986. Bottle-feeding mothers who deliver in these private facilities have a choice of purchasing formula from these pharmacies or from outside sources. Mothers delivering in public hospitals have to buy formula from outside retail outlets if they need or want to bottle-feed their newborns.

Discussion

The trends shown over these three surveys suggest that the WHO International Code of 1981 had little direct influence in reducing the level of infant formula donations to hospitals which the Code did not prohibit.

TABLE 2—Percentage of Facilities Receiving Free Infant Formula Supplies from Specific Industry Sources by Facility Type and Year of Survey[a]

	1984		1986		1988	
Facility Type	%	(N)	%	(N)	%	(N)
Public facility						
With on-site delivery	85.7	(7)	100.0	(7)	0.0	(6)
Without on-site delivery	54.4	(46)	38.0	(50)	0.0	(46)
Private facility						
With on-site delivery	78.6	(14)	93.3	(15)	13.3[b]	(14)
Without on-site delivery	0.0	(6)	16.7	(6)	0.0	(6)

[a]Formula supplies were received within a three-month period preceding each survey.
[b]Soy-based formula only.

While committing itself to eliminating indiscriminate distribution of infant formula supplies, industry took the position that the responsibility of providing directives to health care facilities and manufacturers on infant formula promotion rests with national governments. We observed significant decreases in such activities in 1988 which may be attributable to restrictions and penalties of the National Code passed by the Philippine Government late in 1986.

Whether the changes in the distribution of free supplies observed in the 1988 survey will lead to an increase in breast-feeding among Filipino mothers and an improvement in infant health and development is still unknown. What is apparent is that present policies and practices are designed to make it inconvenient and difficult for mothers to bottle-feed in hospitals.

Finally, it is important to note that this study does not imply that the WHO Code has been of no value. The WHO Code has served as the basis for the development of country codes and has centered extensive publicity on the need to use legislation as one means of promoting breast-feeding. The GOP Code is noteworthy in being one of the first to implement the purpose of the 1986 WHO resolution.

ACKNOWLEDGMENTS

This study is part of a collaborative research project of the Office of Population Studies, University of San Carlos, directed by Dr. Wilhelm Flieger; the Nutrition Center of the Philippines, directed by Dr. Florentino S. Solon; and a group from the Carolina Population Center, University of North Carolina at Chapel Hill (UNC-CH). Dr. Barry Popkin of UNC-CH coordinates the total project. Funding for project design, data collection, and computerization was provided by the National Institutes of Health (grant nos. R01 HD19983A, R01-HD18880, and R01-HD23182), the Nestlés Coordinating Center for Nutrition Research, Wyeth International, Ford Foundation, the US National Academy of Sciences, the World Health Organization, the Carolina Population Center, and the US Agency for International Development. Funds for this article were partially provided by NIH (R01-HD23182). We thank Wilhelm Flieger, Gina Gantt, Lynn Igoe, and Amanda Lyerly for their extensive assistance.

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