

# Annelies Allain: Pioneer of the International Code of Marketing of Breastmilk Substitutes

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## Abstract

Annelies Allain has been at the forefront of global efforts to support and promote breastfeeding for more than 30 years. Her accomplishments continue to affect all of us who work with breastfeeding families. Born in the Netherlands in 1945, Annelies Allain-van Elk received a scholarship and completed a BA from the University of Minnesota, Duluth, USA. Back in Europe, she obtained a BA in French language and literature (University of Geneva, Switzerland) as well as a translator's diploma. After 4 years working in West Africa and visits to South America, she returned to Geneva to obtain an MA in development studies. She is fluent in English, French, and Dutch and has working knowledge of Spanish, Portuguese, Italian, and German. Ms. Allain was a co-founder of IBFAN (1979) and the coordinator of IBFAN Europe (1980-1984). In 1984, she moved to Penang, Malaysia, and IBFAN work soon took over as a full-time job. She was instrumental in developing the Code Documentation Centre (1985) and by 1991 it became a foundation (ICDC) registered in the Netherlands. Subsequently, the Centre has trained over 2,000 officials from 148 countries about the International Code, making it the world's top International Code implementation institution. Among her many other education and advocacy activities, Ms. Allain was a co-founder of WABA (1990) and for many years has been a consultant with UNICEF and WHO's Western Pacific Regional Office on International Code implementation and monitoring. In this interview she provides a firsthand account of how most of the major global breastfeeding protection efforts influencing our current situation came into being. (This is a verbatim interview: **MA** = Maryse Arendt; **AA** = Annelies Allain.)

## Keywords

artificial feeding, breastfeeding, breastfeeding barriers, IBFAN, infant formula, International Code of Marketing of Breastmilk Substitutes

## Interview

**MA:** What made you interested in breastfeeding?

**AA:** To be honest, I was not interested in breastfeeding, breastfeeding was interested in me.

**MA:** Oh, explain that to me.

**AA:** Because I lived in Geneva, because I knew how the UN worked, because I had spent years in Africa and Latin America—*not* because I knew anything about lactation or child health. I didn't, and in fact, I thought all that was extremely boring. Those days, I was interested in economics, in terms of trade, how the world price of copper would help or hinder development in



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Zambia; that kind of thing, big economic development. Not small babies, not health.

A friend somehow managed to convince me that this breastfeeding battle would be very interesting and deserved support. In Oct. 1979, WHO and UNICEF called for a Joint Meeting in Geneva, to discuss the decline in breastfeeding worldwide. Invited were 4 parties; governments, industry, NGOs, and experts. (An explosive mix and daring new initiative in the UN system, used to plain intergovernmental meetings.) The NGOs [nongovernmental organizations], we called them the “breastfeeding people” needed a place in Geneva to meet, to work and to sleep (because hotels were so expensive). They also needed to figure out how WHO operated and develop a

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strategy about industry. We offered our apartment as a meeting place and to accommodate some of them. My husband, born in Paraguay, and I had worked in West Africa for four years. We were interested in “development,” and we understood the danger of bottle-feeding in poor surroundings. The breastfeeding people wanted me to set up a group in Geneva, because clearly there would be more WHO meetings. I agreed to give it 6 months and then to get on with my (real) life. That was in October 1979 and the six months never ended—39 years have passed. We set up the Geneva Infant Feeding Association (GIFA) and joined other NGOs to form IBFAN—the International Baby Food Action Network, and I never stopped. So in a way it all started in our apartment in Geneva in 1979.

**MA:** So, it was the formula marketing that captured your attention?

**AA:** Oh yes, there was the Baby-Killer scandal and I became interested in how marketing needed to be restricted. The October Meeting had marketing experts and NGOs who pushed WHO and UNICEF to develop a Code of Marketing. This was something the UN had never been able to do before, control trade where it harms health. With the help of a few governments, the baby food industry strenuously opposed any efforts by WHO to stop product promotion to mothers and health workers. The companies were mainly supported by the USA who believed in commercial free speech. Nonetheless, development NGOs, breastfeeding groups, and the scientific community managed to convince Member States of the need to protect breastfeeding. Fortunately the Americans also had strong groups with lobbying skills opposing corporate free speech. At the 1981 World Health Assembly, global marketing restrictions were adopted by an overwhelming majority. The International Code of Marketing of Breastmilk Substitutes [IC] was born. I was proud to have helped in the drafting process.

**MA:** So how did you learn about breastfeeding and how did you get hooked on to it?

**AA:** Yes, I did get hooked. I learnt about breastfeeding by osmosis, I guess. For IBFAN work, for ICDC trainings, we went to so many hospitals, so many maternities in countries around the world and listened to professionals teaching, we asked mothers what happened to their babies, what the nurses said and did, by experience we figured out what helped and what hurt. We read the books, met with people like Dr. Clavano, Felix Savage, traveled with experts like Derrick and Patrice Jelliffe, Michael Latham, and Raj Anand. The more I learned about breastfeeding, the more convinced I became about the need to protect it and the better I understood the evil nature of clever commercial promotion that competes with breastfeeding and seeks to undermine it. I saw and heard about so many mothers

who were convinced by formula promotion of all kinds that using it was special, more modern, and just as good as, or even better than breastfeeding. And their babies suffered; some died. The Lancet reported 800,000 die every year because they were not breastfed. I believe it is more, closer to a million.

**MA:** So that’s when you started questioning and analyzing marketing?

**AA:** Initially, and innocently, I believed in logic . . . once people realized how crazy it was to promote cow’s milk for human babies, then very soon measures would be taken to stop the advertising of infant formula and other breastmilk substitutes, and breastfeeding would again become the norm. Some type of control of marketing was bound to happen. I thought the Code of Marketing of Breastmilk Substitutes would be applied because it made sense. Even companies themselves would realize their formula was a dead substance and that they could not honestly and successfully compete with breastfeeding.

But only too soon I realized that there is no honesty in marketing, that the profit margins of these products are huge, that many health professionals are complicit in product promotion and that consumers are too gullible and will buy the stuff even though it is very expensive. No logic and no honesty. The lack of complexity made it a perfect subject for popular action, like the Nestlé Boycott.

I also realized that mothers do need support, that breastfeeding does not always succeed just like that, especially if they have a late start. Some mothers have real problems with latching on, some babies are little dictators, biting and very demanding of their mums; they can be really difficult. However, it was clear that the first hurdle in protecting breastfeeding was the marketing. That was our job; IBFAN’s job. Lactation consultants, pediatricians, mothers’ groups, and families can do the rest. Their job will be so much easier without the formula competition. We had to make the Code work. We needed to prevent doubts from entering the mothers’ minds. They should know there is nothing as complete as breastmilk. Companies would have to abide by the rules. Governments had to implement the Code without fear or favor, through national regulation. They had to be reminded that saying YES in Geneva had implications at home; it was meant to be seriously followed through.

**MA:** So that’s what you tell government officials when you train them?

**AA:** Yes, because we were there when they voted in favor of the Code. We had brought 90 people from all over the world to the WHO’s World Health Assembly to witness the 1981 Code adoption. We explained the Code to so many delegates. We lobbied so many

countries to isolate the American NO-vote and to obtain an overwhelming 118 to 1 vote with only 3 abstentions. And we made sure it was a roll-call vote, so everybody would know who had voted against babies. No hiding behind numbers or consensus.

**MA:** Not many NGOs get to teach governments. How did you get recognition for your expertise and gain the governments' trust?

**AA:** It took time. Around 1985 we realized countries were not going to translate the Code into national legislation, not only because they were busy with other things, but because it is difficult. We talked with many people and concluded that it was necessary to train government officials and lawmakers in marketing and in enforceable regulations. So we began with a program: Code Documentation, pressuring politicians, shaming companies with publications; developing monitoring tools, training NGO monitors. The actual government training began after we formally set up the International Code Documentation Center (ICDC) in 1991 with the help of the Dutch government. The 1981 International Code is not a text one can simply copy and paste into national law or regulation. It requires understanding of the issue, i.e., how marketing affects breastfeeding; it needs legal precision of terms, understanding of the national juridical context, etc. We discovered that the Ministries of Health (MoH) have the least power of all in most countries. A few countries had simply made a Health Ministry decision to endorse the Code as national policy but the Ministries of Trade, Industry, Justice and the companies just laughed, as such a policy was totally unenforceable. So we needed to train MoH lawyers and ideally help them to convince Justice, Trade, and other officials that the Code could save lives, that it was good for the country.

**MA:** Tell us about some ICDC experiences with countries. Positive ones and disappointments may be?

**AA:** One story I will never forget is about Liberia. After teaching and training there for nearly two weeks, the UNICEF Director invited my lawyer and me to join her on an official visit to the MoH where she was to announce a huge commitment of \$6 million in aid. The event was covered by TV, radio and newspaper journalists. At the end, the UNICEF Director explained briefly why the two ICDC people were there and then the Minister jumped up and exclaimed: "Oh, the Code has come to Liberia!" He explained excitedly to TV and all, how in 1981, in Geneva, he was a junior member of the delegation and had studied the Code, as it was on the World Health Assembly (WHA) agenda for adoption. The delegation had decided to vote in favor; but one day before the debate they received orders from Monrovia to vote against. They thought the Code was good but could not ignore

the HQ orders. They were in a quandary. In the end they decided to be absent from the vote and went shopping. He had always felt guilty and angry about that and now that he was Minister he decided to personally take the Code forward.

Liberia was one of a dozen countries where, in 1981, the USA had either tried coercing a negative vote by threatening withdrawal of economic benefits or other political pressure. Thinking back, it was amazing how we as an inexperienced but enthusiastic lobby group, had managed to isolate the USA as a single NO and only have those 3 abstentions (Argentina, Japan and Korea) to the Code. Recently the same American pressure was put on Ecuador (and other countries that wanted to support breastfeeding protection) at the WHA in 2018 and the tactic was denounced in a major op-ed article in the *New York Times* and ended up in a whirlwind of translations and comments in media around the world. So like the NO-vote, the pressure on Ecuador was also counterproductive. IBFAN was glad for Ecuador to get so much media support; although, it came after all was over. In fact, Russia took over from Ecuador to table the 2018 resolution (the one the US did not want to be discussed at all).

And one other story, very short. Usually adoption of laws is extremely slow. It can take years before the training bears results and sometimes we have to start all over again. But there was one exception: Fiji. Like most people we don't like military governments but it must be said that if they decide to do something they can do it very fast; very efficiently. My colleague had written draft legislation and we had carefully checked it with the Attorney General's Office, who made some amendments . . . we left it with them and were amazed when it took less than 3 months to become an enforceable Decree. Companies were shell-shocked.

Our training was not always one-way. Brazil has a very strong IBFAN group and a very exciting social marketing strategy for breastfeeding promotion. We learned a lot from Brazil that we could use in other countries. Botswana and Vietnam were two countries where we had to come to grips with enforcement, a whole new ballgame, after drafting and implementation.

**MA:** Could you explain more about the daily work at ICDC.

**AA:** Quite a lot is deskwork—review draft laws . . . answer questions about monitoring—"Is this a violation?" Monitoring has become so much more easy now that people have cell phones and can send pictures of violations directly to us in Penang, via an app we designed. We receive a lot of information from volunteers around the world. We double check Code violations, write a legal opinion and file it to be published in our *Breaking the Rules* report. That report allows us to keep track of Code offenders and

reply to questions by ethical investment organizations. Since we can only publish *Breaking the Rules* once every 3 years, (it is huge and a lot of work) we decided to put the most interesting recent violations on our website <https://www.ibfan-icdc.org/>. The internet has also made research easier, both finding out about marketing and about legislative frameworks, etc. Our office spends quite a bit of time preparing PowerPoints for training, on writing articles, books, and networking.

**MA:** You were present when IBFAN was founded, who were the other co-founders?

**AA:** Yes, there were 6 groups: War on Want, OXFAM from the UK, Infant Formula Action Coalition (INFACT) and Interfaith Centre for Corporate Responsibility (ICCR) both from the USA, Baby Food Action Group (AGB—Aktionsgruppe Babynahrung) from Switzerland and the International Organization of Consumer Unions (IOCU) based in Malaysia. Most of these 6 were development NGOs but with a health angle: War on Want had published *The Baby Killer*, while AGB had translated it into German with the title *Nestlé Kills Babies*. AGB was a small group of Swiss students—Nestlé sued them over the book and it became a huge two-year court case. INFACT and ICCR ran the Nestlé Boycott and worked with many church organizations in the USA. Related to IOCU, some consumer unions had done research on products, notably SCM—sweetened condensed milk, widely used for babies. IOCU came with the idea of a worldwide network to keep in touch and work together in the future. On 12 October 1979, the 6 decided to create IBFAN and pledged to get more third world groups involved. They pooled meager resources and plentiful energy to get to Geneva for the Code drafting meetings. By May 1981, just before the WHA, which adopted the Code, IBFAN had participants from over 25 countries. It kept on growing and a few years ago we counted 273 groups in 168 countries.

**MA:** Could you explain how drafting of the Code took place with industry at the table?

**AA:** WHO and UNICEF had learned a lesson in October 1979; remember, they had invited 4 parties: governments, NGOs, industry, and experts. The working group on marketing had attracted most company delegates and many pressure groups and had become quite confrontational and unproductive; so when it came to Code drafting, the 4 groups were split in different ways and asked to comment in writing on subsequent drafts. In other words, industry and NGOs hardly ever sat around the same table. UNICEF and WHO did the drafting reflected the feedback from the 4 groups, integrating it when possible. There were angry responses in the line-by-line drafting format with companies

objecting and NGOs wanting it stronger. But it was important to have the opposing parties in it! It is because industry was involved in drafting the 1979 Meeting Recommendations and the Code itself that it is obliged to abide by these compromise rulings even if they are not put into national law. Both the UNICEF Executive Director (James Grant) and the WHO Director General (Halfdan Mahler) were strong leaders who took a personal interest and managed to push through compromises. The fourth draft was the final text sent to the Executive Board (EB) in January 1981. The EB sent it to the Assembly in May where it was adopted.

**MA:** Do you have any special episodes that are still very present in your mind from subsequent WHA resolutions, which managed to fill loopholes exploited by industry?

**AA:** Yes, there are a couple I can share. I think it was in 2005 when we wanted to highlight that claims about products should not be allowed, as they were mostly promotional. This was to get rid of statements about DHA, intelligence and other ingredient advantages. Everything went well until the delegate of the Member State, who tabled the resolution, got called in by the WHO Secretariat and told there were some amendments (e.g., would he agree to add in the word misleading?) So it would become “*misleading claims not allowed. . .*” Unfortunately, the delegate did not immediately understand the implications and agreed. This happened at the end of a day and he did not think it was a serious change. He trusted the Secretariat. When IBFANers learnt about it the next day, they had a fit. All claims are misleading! Adding a word did not make matters clearer. It would actually defeat the purpose and render the ban on claims useless. By then the draft resolution had been translated into 5 other languages, which made it even more difficult to remove that one word. IBFAN and the government delegate had to explain to so many people that adding just one single adjective would change the meaning and therefore it had to be removed. But we managed. It was never clear if the attempted change was deliberately detrimental or a genuine mistake.

**MA:** Why is IBFAN always talking about the Code and resolutions? Isn't it enough to say the Code?

**AA:** Glad you asked that question because the resolutions are very important. You see the Code was adopted in 1981 and nobody wants a text frozen for 40 years. The Code is still the basis for all marketing regulations, but WHA resolutions have regularly updated the situation and brought the Code into the 21st century. The resolutions have the same legal value as the Code. Every two years the Assembly looks at the market, its products and current promotional practices and tries to clarify difficult issues and

answer questions. It is not always easy to find well-informed Member States willing to table and support a resolution or for the wording of a Secretariat resolution to be strong and clear but over the years, the IBFAN advocates at WHA have usually managed. There are some 18 “subsequent, relevant” WHA resolutions.

**MA:** But is it true that they are collectively called the CODE?

**AA:** Yes, we usually say right at the beginning of a training or a book that we use the word Code to include all the subsequent resolutions. Otherwise it is so cumbersome and wordy. What people need to understand is that the resolutions have the same legal value as the Code, adopted by the WHA in the same way. In fact, the Code itself was adopted by resolution.

**MA:** Could you give me an example how resolutions solved problems?

**AA:** One difficult marketing problem solved via resolutions was the issue of “supplies,” the free formula donated to hospitals and clinics and passed on to mothers as samples, also called “discharge packs.” This was a very effective marketing tool and industry used all the excuses it could find to keep it, from the complexity of some babies “really needing” free formula it to the delivery mechanism. Are breastmilk substitutes not .... allowed into maternity wards? OK we’ll bring it to the pediatric wards or to Dr’s homes. No more free formula? OK, we’ll charge! How about 1 cent per kilo? It took 7 resolutions to close all the loopholes. Only in 1994, a resolution clearly said the ban on “supplies” applies to all products under the scope of the Code and it applies to “*any part of the health care system.*” That same 1994 resolution, I remember, turned out to be very important for Americans. 1994 became the year when the USA stopped its opposition to the Code. Ever since its solitary No-vote in 1981, the US had been explaining its continued disagreement to each of the subsequent resolutions. It had to do so because each one begins with a litany of all previous resolutions, including WHA34.22, which adopted the Code. Adoption by consensus, more rarely by vote, would always include the American opposition to WHA34.22. But in 1994, the US delegation remained silent and there was a huge applause when the chair announced that the 1994 resolution [WHA47.5] had been approved by full consensus. It was a watershed WHA in many ways. The resolution brought that final clear ban on “free supplies” and when the US tried to weaken that ban with no less than 7 amendments, it met with a solid wall of opposition by the developing world led by 50 African countries, speaking as a bloc, opposing the US amendments that had come directly from industry. Clever delegates from Swaziland, South

Africa, and Sweden, plus a good chair, suggested a compromise by asking all countries to drop all their amendments and approve the original wording of the Executive Board resolution. Surprisingly it worked.

**MA:** What would be your recommendation for health workers?

**AA:** I would ask them to protect their hospitals . . . to remember that it took 7 resolutions to clarify Article 6 of the Code, i.e. so many years to close all the loopholes around “supplies,” the free formula no longer allowed to be donated to hospitals and clinics. I would ask for a stop to the discharge packs, and also to refuse the gifts, the lunches, the tickets — think of conflict of interests when considering sponsorship. He who pays the piper sets the tune.

**MA:** What would you recommend to policy makers today?

**AA:** I’d ask them to remember, it’s the Code AND resolutions to be put into national law. A strong law is necessary, that will be enforced and monitored by people without conflicts of interest.

**MA:** Very soon, in 2019, IBFAN will be 40 years old. In your view, what has it achieved?

**AA:** That is a difficult question. Definitely, without IBFAN the Code would have been dead and buried. On the other hand, we did not manage to make it into the success it should have been. . . . But that has more to do with industry’s enormous commercial and political power. From a value of a few million in 1981, sales of breastmilk substitutes came to US\$ 44.8 billion last year and by 2019 are expected to rise to US\$ 70.6 billion. Companies with that much profit in the pipeline are not giving up easily. They are not going to abandon promotional tactics that bring in market share, sales and profits even if abandoning them is the ethical thing to do.

I never thought that making the Code work, would take that long. It is still on the table 40 years later. Only 67 out of 198 countries have implemented all or most of the Code, according to ICDC’s *2018 State of the Code by Country* chart. However, if IBFAN had not been there at all, I am afraid there would be far fewer laws, more commercial formula promotion, more growing up milks, more bottle feeding — more babies would have died or suffered; breastfeeding promotion would have hit many more obstacles. IBFAN did a lot but it is never enough! Infant nutrition, babies’ lives are emotional issues and the big companies have to pay attention to public opinion, so they must show some measure of compliance with the Code, or with the national law based on the Code. If IBFAN had not been there to force that minimum of respect, bottle-feeding would have increased. Implementing the International Code not only helps countries to invest in a healthier future generation but also to reduce expenditure on costly imported

substitutes and on the costs of unnecessary morbidity and mortality. The International Code has been identified as a key area for priority action.

**MA:** Thank you for sharing all those interesting insights with our readers! IBFAN has been doing a lot of the tough work on breastfeeding. Save the Children aptly called IBFAN: the necessary thorn in the rose of child survival (Geneva, March 5, 2012).

**Please send Code violations to ICDC at <https://www.ibfan-icdc.org/report/>**

**Addendum from Ms. Allain:** There is one spelling used here that I need you to respect throughout: *breastmilk* as one word, not hyphenated like in the original Code document. We have changed the Code's title. ICDC publishes several books, leaflets, brochures, every year and maintains that one word spelling, no hyphen, everywhere, even when we reprint the Code and resolutions in thousands of copies (WHO buys copies from IBFAN).

### Authors' Note

Maryse Arendt is an ILCA delegate to the World Health Assembly.

### Editor's Note

The *Journal of Human Lactation* editors have made the decision not use the term breastmilk (or breast milk) when referring to human milk, preferring the more precise language of mothers' own milk or human milk. In this article, we honored the request of the authors; however, our policy is unchanged.

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