

Emergencies in Mexico: The recurrent failure to implement measures to protect breastfeeding

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For the past ten years the Government of Mexico has opted to collaborate with breastmilk substitutes (BMS) manufacturers. Instead of enforcing the International Code of Marketing of Breastmilk Substitutes (1981) and related WHO resolutions, Mexico has chosen to let industry self-regulate its marketing. In August 2016, high officials from the Ministry of Health were special guests at a public ceremony for the launching of an Industry Ethical Code. Four months later the Secretary of Health approved changes to the Mexican regulatory framework that allow donations of breast milk substitutes in emergencies.²

Fearing the potential impact of the approaching hurricane season, and in view of the above mentioned changes in the Mexican regulation, IBFAN Mexico sent an urgent appeal to Dr. José Narro Robles, Secretary of Health, on 19 June 2017, stressing the need to prevent the risks of artificial feeding of infants and young children during disasters and emergencies and the importance of implementing the *Guidelines for Infant and Young Child Feeding in Emergencies* (Operational Guidance for Emergency Staff and Programme Managers (ENN - www.ennonline.net/ifecoregroup). IBFAN urged the Secretary to ensure implementation of the Guidelines and demanded that the blanket authorization for BMS donations in emergencies be cancelled. There was no response from the Secretary of Health nor any other health authority.

On September 6, as part of a series of technical discussions hosted by PAHO to study further implementation of the International Code of Marketing of Breast Milk Substitutes, participants interviewed the vice director of COFEPRIS, the Mexican authority in charge of health regulations. He was asked about the regulation that allows BMS donations in emergencies. He assured participants that BMS donations require an explicit request to the National Health Council so as to be allowed. Only 24 hours after

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² **Reglamento de Control Sanitario de Productos y Servicios**, Article 147 dated Dec 12, 2016 states that: “The free delivery of breastmilk substitutes ... may be carried out ... when necessary in cases of disaster or emergency situations, as well as for the prevention of imminent risks, as referred in the General Law of Public Protection”. Available in (Spanish): http://www.dof.gob.mx/nota_detalle.php?codigo=5425506&fecha=12/02/2016

this statement by COFEPRIS³, Nestlé and Mead Johnson were delivering BMS donations directly to the populations affected by the strong quake that hit the country.

The 8.1 degree earthquake that hit the states of Oaxaca and Chiapas on September 7 caused vast destruction. More than 50,000 families were left homeless and scores of people were killed. On the following day, the National Institute of Nutrition and IBFAN called on the media and aid centres to prevent requests, donation and distribution of BMS and feeding bottles. Despite this immediate call, huge amounts of BMS donations could not be prevented.

On September 14, the representatives of PAHO (WHO) and UNICEF sent a joint communication to the Secretary of Health of Mexico, expressing their concern about the risks posed by artificial feeding during the emergency and the need to promote the continuity of breastfeeding. In their letter, technical assistance on this issue was offered.

Twelve days later, a new and severe 7.1-degree earthquake caused extensive destruction in Mexico City and in the states of Mexico, Morelos and Puebla, killing 366 people and destroying more than 40,000 houses. This dramatically increased the number of families who were left without shelter by the two seismic phenomena. A second strong earthquake hit on September 19, the same date that the earthquake that destroyed much of Mexico City happened 32 years earlier. Ironically, this quake occurred two hours after an earthquake simulation.

Confronted by a disaster situation and bewildered by a series of numerous earthquakes of lesser intensity that followed, the response of the population was very similar to that of 1985: Civil society, mainly young people, quickly joined both rescue operations, coming to the help of affected people. It was a great spontaneous dynamic movement, but without leadership or government guidance. Emergency protocols were implemented belatedly and insufficiently. As in 1985, 32 years earlier, civil society participation in rescue operations surpassed that of the government. People turned out massively to donate food, medicines, clothes and other basic articles. This tremendous flow of aid during the first weeks overwhelmed the handling capacity of relief workers and volunteers. Among the lists of products requested in appeals for aid were infant formula and bottles, just like 32 years ago.

Aware of this, a group of 16 civil and academic organizations quickly coordinated a call for government intervention. In a letter they urged the Mexican Secretary of Health to make a public call to stop the request and donation of BMS and bottles, as well as to establish mechanisms to provide information and support for mothers to continue breastfeeding during the emergency. Despite the importance of the contents of this

³ PAHO, minutes of the meeting, Sept 5-6, 2017.

letter and the fact that it was signed by a long list of respected organizations, the response was merely a formality sent out by the Reproductive Health Officer and not addressed to all the organizations that had signed the communication. It was written as a personal letter to the prestigious researcher who had volunteered as a conduit. The answer of the nation's health authority did not respond to any of the concerns raised by the organizations, nor was it followed by any action.

Civil and academic organizations⁴ sent a second communication to the federal health authorities stressing the need for an urgent call to the general public, institutions and charity organizations to warn about the risks of artificial feeding during emergencies and to stop the flow of unsolicited donations of infant formula and feeding bottles. In their statement, the signatory organizations also offered the Ministry of Health technical support and qualified personnel to assist mothers affected by earthquakes, so that they can continue breastfeeding. The Ministry of Health did not respond and disregarded the offer of help. Until now, neither the Secretary of Health of Mexico, nor any other top health authority, has issued any message to the public or the press, nor implemented any effective action to curb the flow of donations, so as to protect mothers and babies.

In contrast, civil and academic organizations have undertaken a multitude of actions in all the regions affected by the quakes. They have monitored the origin and destination of BMS donations, put texts on cans and packaging, warning of the hazards of artificial feeding and recommending that mothers continue to breastfeed their babies. Members of these organizations are instructing mothers on how to use the content of donated formula tins to prepare foods for older children, mixed with cereals and hot foods. They have produced posters and placed them in shelters and aid collection centres. They also visited shelters to sensitize health workers and other members of relief operations, to produce and disseminate educational materials, to offer support to breastfeeding mothers, and to provide instructions for adequate use of BMS in cases of need.

Despite the work of all the organizations that participated in this coordination, the flow of donations of BMS continues arriving. The largest donations come directly from the companies that produce and distribute infant formulas. On the basis of the decree that

⁴ The organizations that took part in this coordination are: Alianza por la Salud Alimentaria, Asociación de Consultores Certificados en Lactancia Materna, Centro de Capacitación en Ecología y Salud para los Campesinos, COA Nutrición, Comisión Nacional de Protección Social en Salud, Comité Promotor de una Maternidad, Segura y Voluntaria en Chiapas, Cunitas de Amor, Disfrutando mi embarazo, Educación en Psicoprofilaxis Perinatal, Fundación Primero la Infancia, International Baby Food Action Network (IBFAN), Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Instituto Nacional de Salud Pública, La Leche League Internacional, Pamiparras, Pilmama, Proyecto Alimento, Save the Children, Universidad Iberoamericana, Universidad de Yale y Un Kilo de Ayuda A.C. This list includes both NGO's and academic institutions, as well as international organizations.

authorizes donations of BMS, companies are sending thousands of BMS tins (see photos) without any intervention by the Ministry of Health to stop them or to regulate their use.

Significant amounts of BMS are being delivered to Mexico as part the international aid donated by other countries. One example is a shipment of large amounts of BMS that are now being indiscriminately distributed, without instructions in Spanish.

Due to the inaction of the health authorities, some international appeals have been addressed to the Secretary of Health of Mexico demanding action on this matter. A group of organizations and individuals filed a complaint with the National Human Rights Commission against the omissions of the Secretary of Health and other top health officials. From a human rights perspective, this failure to protect safe infant feeding constitutes a breach of the responsibilities of the State to protect the people and, more specifically, to safeguard the supreme rights of children.

With the support of PAHO and UNICEF, the academic and civil organizations that have coordinated their work during the emergency will push for the adoption of binding guidelines to adequately address future emergencies. There is consensus that this is one of the most important and urgent tasks.

History of infant and young child feeding in emergencies in Mexico

Disasters in Mexico have been a major concern for IBFAN since as early as 1982, when two emergency situations of very different nature took place in Chiapas, Mexico: the violent eruption of the Chichonal volcano and the massive arrival of indigenous Guatemalan refugees fleeing the civil war in their country of origin.

As a new member of IBFAN, I had attended the 1981 World Health Assembly at which the International Code of Marketing of Breastmilk Substitutes was adopted. I was totally committed to the spirit of the new code when, as part of a voluntary emergency relief mission by the National Institute of Nutrition (INNSZ), I went to Tuxtla Gutiérrez, the capital of Chiapas, where more than twenty two thousand Zoque indigenous people were taken for temporary refuge from the violent volcanic eruption that killed more than 2,000 persons⁵ and devastated dozens of indigenous towns.

⁵ Cruz-Reyna S and Del Pozo ALM, The 1982 eruption of El Chichón volcano, Mexico: Eyewitness of the disaster, *Geoffs. Intl* 2009 (8) 1 21-31

When the general public in the rest of the country learnt about the tragedy and the high victims toll, there was a spontaneous mobilisation to donate food, medicines and clothes. In the same way as during the more recent disasters, public radio and TV appeals for donations included feeding bottles and infant formula. I arrived in Tuxtla as part of a volunteer disaster relief group of nutritionists, physicians and researcher of the INNSZ. While the institute didn't have any previous experience in emergencies, it had developed a special sensitivity for work in indigenous communities, due to decades of field work in most rural regions of Mexico.

The long isolation, poverty and high rates of malnutrition of the Zoque people were clearly evidenced by this disaster. Due to the crisis, many of the numerous cases of moderate malnutrition were exacerbated by a combination with bad sanitation that posed a formidable threat to infant lives.

The National Institute of Nutrition and the Mexican Institute for Social Security coordinated their efforts and compensated their lack of experience in emergencies by their committed and continued work for more than a year. The local coordinators of these institutions agreed not to distribute the huge quantities of infant formula that had been made available by donations and instead to use infant formula to prepare other foods for children older than one year who were suffering different forms of malnutrition. Cup and spoon were used in most cases and the continuation of breastfeeding was successfully promoted. Unfortunately, the systematization of this experience was interrupted by the emergence of a new and more enduring crisis, the massive arrival of Guatemalan refugees.

One of the most challenging emergencies in Mexico was the arrival of more than 55,000 Guatemalan indigenous refugees in the state of Chiapas in 1982. This was a protracted emergency that, at first, had the characteristics of a generalized famine, because the refugees arrived in Mexico after several months of hiding in the mountains of Guatemala, fleeing from the army and paramilitary groups that imposed a scorched land counterinsurgency strategy and destroyed the food and crops of many indigenous populations, in addition to perpetrating ethnocide and massacres.

Due to the precarious health and nutrition conditions in which the refugees arrived, one of the most pressing tasks was to establish therapeutic feeding centres for the large number of children that suffered severe or moderately acute malnutrition. In the registration lists of children that required this type of care, there were only few children under one, because the vast majority of them were satisfactorily breastfed, despite the precarious health and nutrition conditions of their mothers. But this changed rapidly shortly afterwards, once international food aid was made available, with large quantities

of vitamin A added skim milk, channelled through the World Food Program. Feeding bottles and infant formula donations from some charity groups encouraged artificial infant feeding in some refugee camps, where it was often observed that infants were bottle-fed with skim milk. The documentation that IBFAN collected on these cases coincided in time with the reports about harmful effects of donations and use of formula in Afghan refugee camps in Pakistan. That was one of the events that prompted the development of international guidelines to promote safe food distribution in emergency situations. Today, 35 years later, the remaining survivors in Mexico, who were born or were less than two years old during the most acute periods of this emergency, show an unusual high prevalence of diabetes and other chronic diseases.

The emergency caused by the 1985 Mexico City earthquake was a remarkable example of citizen mobilization and solidarity. However, it is also often remembered as an example of the serious problems that result from improvisation and inadequate material assistance. Images of huge mountains of donated expired drugs are part of this. There were also massive donations of feeding bottles, BMS cans and milk powder that were collected by both institutions and civil organizations in response to appeals for donations, which were intensively broadcasted by radio and television, with no supervision from health authorities.

One successful experience worth mentioning is the immediate creation of shelters for pregnant women and mothers with infants, set up by the health authorities in Chiapas during the Hurricane Stan emergency in 2005. Although the main purpose of the shelters was to prevent maternal and neonatal deaths, the rapid identification of vulnerable populations and the fitting out of a dedicated place with qualified personnel made it possible to provide special care, including breastfeeding support. Although at the outset the staff were unaware of the international guidelines for infant feeding in emergencies, it was not difficult for IBFAN members to communicate these and to promote compliance. A similar experience took place during the floods in Villahermosa in 2007. Unfortunately, this program was not sustained and has not been reproduced ever since.

As part of the National Plan for disaster relief, called DN III, the Mexican Army deploys effective rescue operations and assists the affected populations with comprehensive interventions, including the provision of hot foods for large numbers of people and medical assistance. Previously, the same army personnel distributed BMS in plastic bags and bottles. Fortunately, after written evidence was shown to military commanders about the negative consequences of the distribution of BMS, this practice has stopped, although no specific guideline has been adopted.

The Mexican Red Cross, for its part, is obliged by its mandate to distribute every item it receives as donations, including infant formula and feeding bottles. During the emergency caused by the earthquakes of September 2017, the staff of some Red Cross delegations were approached by La Leche League and IBFAN and accepted to stick labels on the BMS tins with warnings about the dangers of artificial feeding and advising to breastfeed. In some regions, Mexican Red Cross personnel sympathised and helped to distribute educational leaflets and posters, including recipes on how to use the content of donated formula tins to prepare hot foods for older children, pregnant women, infants or the elderly. However, as no specific guidelines have been adopted by the institution, these positive changes will probably be reversed in future emergencies.

In 2007, the Mexican federal administration expressed its willingness to implement the Operational Guidance for Emergency Staff and Programme Managers after several measures were successfully taken to protect pregnant women and mothers with children under one year of age, including specific actions to protect breastfeeding. This came after a series of hurricanes and tropical storms hit both the Pacific and Atlantic coasts of Mexico. On that occasion, the Secretary of Health wrote to IBFAN thanking for its collaboration and issuing an invitation to participate in the development of national guidelines. However, the H1N1 virus influenza pandemic that seriously affected Mexico in 2009 diverted government attention to other priorities and the interest in implementing national guidelines was soon forgotten.

Period from 2012 to 2017

In 2008, a World Breastfeeding Trends Initiative (WBTI) assessment was carried out in Mexico⁶ for the first time. It revealed that no action had been taken to adopt the Operational Guidance for Emergency Staff and Programme Managers. Therefore, no training for health personnel or regulation of BMS donations had been implemented. Neither had any steps been taken to protect breastfeeding mothers in emergencies. The same WBTI assessment estimated that the proportion of children under six months who were exclusively breastfed was only 11% and that there were no significant interventions to implement the International Code of Marketing of Breastmilk Substitutes.

In 2012, the National Health and Nutrition Survey⁷ reported that the percentage of infants under six months receiving exclusive breastfeeding had dropped to 14.1% from

⁶ LacMater IBFAN, Iniciativa Mundial sobre Tendencias de la Lactancia Mundial WBTi: Informe de México (2008). Available in:

<http://www.worldbreastfeedingtrends.org/GenerateReports/report/WBTi-Mexico-2008.pdf>

⁷ Instituto de Salud Pública, Encuesta Nacional de Salud y Nutrición 2012. Available in:

http://ensanut.insp.mx/doctos/ENSANUT2012_Sint_Ejec-24oct.pdf

the 2006 survey. This number raised a great concern, encouraging major coordinated efforts by public institutions and NGOs to develop a national breastfeeding strategy. These efforts, however, have not resulted in further enactment of the International Code on Marketing of Breast Milk Substitutes.

Testimony

Maria Guadalupe and her family lost everything they had when the Coatan River flooded and washed away their house, their few belongings and even the bicycle with which her husband Jose went to work as employee in a pharmacy. His family was one of about twenty thousand families affected by Hurricane Stan in 2005.

Her daughter Anita was three months old when the hurricane hit our town: "During the three days it rained without stopping and we had to wait sitting on the roof of our neighbour's house, with wet clothes and nothing to eat. Anita was breastfeeding and fell asleep even though I was tired and completely wet. I was afraid that she would get sick, but during those very tough days she survived well. Among all of us who spent those days on the roof, Anita was the only one who could eat and sleep. Then we were rescued and taken to a school and given temporary shelter, dry clothes, bed and food. They also gave me clothes for Anita, as well as feeding bottles and two tins of infant formula. Two days later, Anita got diarrhoea and fever. We took her to a hospital where we spent several days. She got so ill that we were afraid she would die. She lost so much weight that she was skinny when she left the hospital ... Now I have another child, his name is Luiseno ... He took advantage of all the feeding bottles I was given while I was in the shelter for Anita ... Now, his dad buys tins of formula from the pharmacy where he continues to work. But Luiseno gets sick often."⁸

⁸ * Testimony registered during the aftermath of Hurricane Stan in Chiapas, 2005, in Arana, M, *Cuando la ayuda lastima: alimentación infantil en situaciones de emergencia. Cuadernos de Nutrición,*

Cans of donated BMS and milk. (Photo: M. Arana, 2017)



Donations for one family in Morelos Photo: La Leche League, 2017



Poster produced by the Coordination of organizations to protect breastfeeding during the emergency. 2017

¿Por qué es importante proteger la lactancia materna en situaciones de emergencias?

Las causas de muerte más frecuentes los bebés durante las emergencias son las enfermedades diarreicas y las infecciones de vías respiratorias.

La lactancia materna es la mejor opción para la alimentación de los bebés en situaciones de emergencia ya que:

- Las condiciones no son higiénicas para la preparación de la fórmula infantil y esterilización de biberones y chupones.
- La leche materna ofrece protección inmunológica y por lo tanto se previenen diarreas e infecciones respiratorias.
- Una vez que concluya las donaciones de fórmulas infantiles las madres que hayan abandonado la lactancia materna por estos productos no tendrán recursos para adquirirlos.

¿Cómo apoyar la lactancia materna en ALBERGUES durante situaciones de emergencias?

- Destinar un lugar adecuado/privado para la lactancia materna en los albergues.
- Apoyar a las mujeres que amamantan a seguir lactancia materna, reanudar la lactancia materna exclusiva o continuar amamantando.
- Explicar a las madres que el susto no afecta la calidad de la leche materna y que aquellas que han suspendido el pecho por la angustia y el estrés si se colocan frecuentemente al bebé la leche volverá a bajar.
- Proporcionar a las madres que están amamantando raciones adecuadas de alimentos frescos y saludables.
- No se debe promocionar el uso de las fórmulas donadas, ni ningún sustituto de la leche materna.

Recomendaciones para dar fórmulas infantiles si ya se recibieron en los albergues:

- La fórmula recibida que no requiere ser dada a los niños se puede usar en otro tipo de preparaciones como alios, bebidas y otras preparaciones de alimentos para niños mayores y adultos.
- La fórmula debe ser proporcionada con todos los recursos necesarios para alimentar a los bebés con seguridad, incluyendo agua limpia, combustible, alimentación y utensilios de limpieza, educación y cuidado de la salud.
- Verificar en los botes están cerrados y no estén caídos.
- Bajo ningún concepto una fórmula se abrirá para distribuir su contenido en empaques individuales para ser entregados a varias madres.
- Cuando se comience a dar la fórmula a los niños se recomienda:
 - Indicar y demostrar claramente las formas de preparación, especificando cantidad del producto por onzas y por edad y medidas de higiene.
 - Indicar que la leche ya preparada que no se use, se refrigere o se descarte después de 1 hora de preparada. Recomendar el monitoreo estricto del peso y talla del bebé por personal de salud.
 - Sugerir que la leche proporcionada sea la más homogénea posible, es decir, de la misma marca y tipo.
 - Preferir el uso de tazas en lugar de biberones debido al alto riesgo de contaminación y dificultad de limpieza.

La lactancia materna es una alimentación limpia, segura, sostenible, que aporta todos los nutrientes y agua necesarios, que los protege contra la deshidratación, desnutrición e infecciones.

BMS unsolicited donations by Mead Johnson In Juchitán, Oaxaca (3,700 tins) October 2017

SAGARPA México @SAGARPA_mx Follow

Recibimos en el albergue de Juchitán 3,700 latas de leche donativo de Mead Johnson Nutrition a través de la @Canilec, ¡Muchas gracias!

12:21 PM - 7 Oct 2017

100 Retweets 147 Likes

3 100 147



Members of La Leche League International in Mexico are tireless defenders of breastfeeding and the Code. They have stuck labels of warning to numberless tins of BMS in all regions affected by the earthquakes. Here in Morelos, sept, 2017.



LLL and IBFAN working together.

