

UNETHICAL MARKETING of INFANT FORMULA and BREASTMILK SUBSTITUTES in CAMBODIA 2009



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Executive Summary

The report finds substantial evidence of breaches of the *Cambodian Sub-Decree on Marketing of Products for Infant and Young Child Feeding* and of the World Health Organisation (WHO) *International Code of Marketing of Breastmilk Substitutes* by some baby food companies.

In 2005 the mortality rate for under one year of age infants in Cambodia was measured as 66 per 1,000 live births. The promotion of breastfeeding has an important role to play in reducing the child mortality rate. The Cambodian Government has set a goal of increasing the breastfeeding rate of infants exclusively breastfed up to 6 months from 11.4% in 2000 to 49% in 2005.

Between 2000 and 2005 the proportion of infants less than six months of age given infant formula increased from 1.7% to 3.6%.

Key breaches of the *Cambodian Sub-Decree on Marketing of Products for Infant and Young Child Feeding* by baby food companies were:

- The use of posters, brochures and gifts in health clinics and hospitals to advertise breastmilk substitutes;
- Provision of gifts, including formula, to mothers;
- Provision of free samples of infant formula to new mothers;
- The use of pictures that idealise the use of formula on labels;
- Direct contact between company sales representatives and new mothers (with Abbott-Ross, France Bebe, Dumex and Celia being identified as being involved in this activity);
- Labels on infant formula not being in the local language (Khmer); and
- Promotions, gifts and samples being used in pharmacies to market products covered by the Cambodian Sub-Decree.

The findings indicate that the existing accountability structures and systems of regulation in Cambodia currently lack effectiveness. This has led to a situation whereby some companies are marketing their products without concern for breaching the local Sub-Decree as well as the WHO *International Code of Marketing of Breastmilk Substitutes* and subsequent World Health Assembly Resolutions on infant and young child nutrition.

The baby food companies operating in Cambodia should immediately review all their marketing practices and ensure that they and their staff do not commit violations of the *Cambodian Sub-Decree on Marketing of Products for Infant and Young Child Feeding*, the WHO International Code and subsequent WHA Resolutions on infant and young child nutrition.

The Government of Cambodia should ensure compliance of the baby food companies with the *Cambodian Sub-Decree on Marketing of Products for Infant and Young Child Feeding* and ensure prosecution of companies for breaches of the Sub-Decree. Penalties for breaches should be reviewed to ensure that they are adequate to deter unethical corporate behaviour.

CDHS	Cambodia Demographic and Health Survey
INFACT	Infant Feeding Action Coalition
IYCF	Infant and Young Child Feeding
MCH	Maternal and Child Health
MOH	Ministry of Health
NGO	Non-governmental Organization
NNP	National Nutrition Program
NNS	National Nutrition Strategy
NTWG	Nutrition Technical Working Group
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization

Acronyms



Glossary of Terms

Breastmilk substitute

Any food or drink marketed or otherwise represented as a partial or total replacement of breastmilk, whether or not suitable for that purpose.

Colostrum

The thick yellowish mother's milk that is produced in the first days after birth, that is rich in nutrients and antibodies.

Complementary feeding

Feeding an infant or young child other food and drink as a nutritional complement to breastmilk.

Early initiation of breastfeeding

Breastfeeding that begins within one hour of birth.

Exclusive breastfeeding

The child receives no other food or drink other than breastmilk in the first six months of life.

International Code of Marketing of Breastmilk Substitutes

The WHO/UNICEF International Code of Marketing of Breastmilk Substitutes was adopted by a Resolution (WHA34.22) of the WHA in 1981. The International Code bans all promotion of bottle feeding and sets out requirements for labelling and information on infant feeding. Any activity which undermines breastfeeding also violates the aim and spirit of the Code. The Code and its subsequent WHA Resolutions are intended as a minimum requirement in all countries¹.

Joint Prakas on the Marketing of Products for Infant and Young Child Feeding

Ministerial declaration of the Cambodian Ministries of Health; Commerce; Industry, Mines and Energy; and Information that governs the implementation of the Sub-decree on the Marketing of Products for Infant and Young Child Feeding.

Pre-lacteal feeding

Feeding any liquid or food to a child before the initiation of breastfeeding.

Sangkat

The municipalities (large urban areas - for example, Phnom Penh) are divided into districts called *khan*. These *khan* are further divided into quarters called *sangkat* which is the basic administrative level of local areas in the city.

Sub-decree on the Marketing of Products for Infant and Young Child Feeding (No.133)

Cambodian regulation on the marketing of products for infant and young child feeding.

The Justice and International Mission (JIM) Unit exists to engage with the church and society about issues of social justice. This work is guided by the statements and resolutions of the Uniting Church in Australia and a belief that Christian theology calls us to advocate on behalf of those who are poor or marginalised. Our position is guided by basic Christian values and principles such as, *“the importance of every human being, the need for integrity in public life, the proclamation of truth and justice, ... personal dignity, and a concern for the welfare of the whole human race².”*

The church believes life is a gift from God and all human beings are important to God. Health depends on all dimensions of an individual's life - physical, emotional, mental, cultural, social and spiritual. Therefore, in assessing the health benefits of breastfeeding, JIM believes it is also necessary to assess if there are policies and practices that are preventing all people access to these benefits.

Health is internationally recognised as a human right under Article 12 of the *International Covenant on Economic, Social and Cultural Rights* which states the right of everyone to, “the enjoyment of the highest attainable standard of physical and mental health”³.

It is a well recognised fact that breastfeeding is the best start in life for a baby, where breastfeeding is possible. This view is held by the WHO and UNICEF and continues to be confirmed by medical research. The WHO recommends exclusive breastfeeding for the first six months of life, the introduction of local, nutrient rich complementary foods thereafter with continued breastfeeding to two years of age and beyond⁴. In reaching this conclusion the WHO Expert Consultation reviewed more than 3,000 references⁵.

The importance of exclusive breastfeeding to reduce infant mortality is profound in developing countries where access to clean water is uncommon and sanitised conditions are compromised. According to UNICEF, “In a developing country, a child who is breastfed is almost three times more likely to survive infancy than a child who is not breastfed”⁶. Evidence suggests that breastfeeding is more strongly linked to infant survival in homes without piped water or toilet sanitation⁷. Furthermore, there is often no viable breastmilk substitute in resource-poor settings.

The UNICEF Innocenti Research Centre has estimated that the lives of up to two million babies could be saved each year if all babies were exclusively

Introduction

“Marketing practices that undermine breastfeeding are potentially hazardous wherever they are pursued: in the developing world, WHO estimates that some 1.5 million children die each year because they are not adequately breastfed. These facts are not in dispute.”

United Nations Children's Fund (UNICEF)

2 Uniting Church in Australia, Statement to the Nation, 1977

3 Officer of the High Commission for Human Rights, International Covenant on Economic, Social and Cultural Rights, http://www.unhchr.ch/html/menu3/b/a_ceschr.htm

4 World Health Assembly Resolution 54.2, 2001.

5 Colin Binns, 'Encourage and Support Breastfeeding', in National Health and Medical Research Council, Dietary Guidelines for Children and Adolescents in Australia, 10 April 2003, p. 1.

6 http://www.unicef.org/media/media_35142.html

7 <http://ajeoxfordjournals.org/cgi/content/abstract/119/4/516>

breastfed for six months⁸. The World Bank has stated that exclusive breastfeeding for six months is the single most effective measure that could be implemented to reduce child mortality rates globally⁹.

UNICEF estimates that since 1990, six million lives have been saved by exclusive breastfeeding and global breastfeeding rates have risen by at least 15%¹⁰. These important successes have brought the international community closer to meeting the original goals of the *Innocenti Declaration on the Protection, Promotion and Support for Breastfeeding*¹¹ and pursuing Millennium Development Goal 4 to reduce infant mortality. However, immense efforts are still required to save the lives of infants in resource poor settings. Despite the reported improvement in breastfeeding rates in the developing world, approximately 63% of children under 6 months of age are still not adequately breastfed¹².

In response to unethical marketing activities of breastmilk substitute companies the WHO developed the 1982 *International Code of Marketing of Breastmilk Substitutes* (WHO International Code). As the baby food companies found ways around the spirit of the WHO International Code, the WHA has passed further resolutions to restrain unethical marketing activities that undermine breastfeeding rates. The implementation of the WHO International Code and subsequent WHA resolutions is left to national governments.

The JIM Unit is concerned that the marketing activities of the manufacturers of breastmilk substitutes undermine breastfeeding rates

and the effectiveness of the money spent by governments, including donor countries such as Australia, to promote breastfeeding. It is well documented that advertising and attitudes of health care workers and obstetricians also influence women's choice of infant feeding methods¹³.

A mother's right to make an informed decision about the initiation and duration of breastfeeding is being undermined by the marketing practises of infant formula companies. The WHO postulate:

“trying to prove the precise effect of advertising, however, misses the point that there are inherent dangers in encouraging uninformed decision-making and the bypassing of the mother's physician or other health worker. Those who suggest that direct advertising has no negative effect on breastfeeding should be asked to demonstrate that such advertising fails to influence a mother's decision about how to feed her infant”¹⁴.

The following study sought to examine contraventions of the Cambodian *Sub-decree on Marketing of Products for Infant and Young Child Feeding* in urban Cambodia. Both qualitative and quantitative methodologies were applied, including: qualitative interviews with young mothers and healthcare workers; a quantitative study determining the number of breaches within pharmacies; observation and documentation of examples of infant formula marketing, reported in the form of photographic evidence tabled in this report.

8 UNICEF Innocenti Research Centre, '1990-2005 Celebrating the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding', November 2005, p. xvi.

9 The World Bank, 'Directions in Development. Repositioning Nutrition as Central to Development', 2006.

10 http://www.unicef.org/media/media_30011.html

11 UNICEF, <http://www.unicef.org/programme/breastfeeding/innocenti.htm>

12 http://www.unicef.org/media/media_30011.html

13 Howard, C et al, 'Office prenatal formula advertising and its effect on breast-feeding patterns', *Obstetrics & Gynecology*, vol.95, no.2, February 2000, pp296-303

14 Document WHA45/1992/REC/1, Annex 9, paragraphs 120-123

Context

The population of Cambodia is 14.4 million, as reported by the United Nations in 2006, and is predicted to grow to 26 million by 2050. Poverty rates remain high, with 35-40% below the income poverty line (less than US\$1/day), and 15-20% living in extreme poverty (less than 50 cents/day)¹⁵. The Cambodia Demographic Health Survey (CDHS:2005) reported that one in every 15 babies born in Cambodia (66 per 1,000 live births) does not survive to his or her first birthday, and under-five mortality in Cambodia is 83 deaths per 1,000 live births. The promotion of breastfeeding is an important element in reducing the infant mortality rate.

In 2003, Cambodia localized the Millennium Development Goals (MDGs). Local consultation through a process of national consensus resulted in the customization of the MDGs to meet the specific development needs of the Cambodian people. As part of a holistic strategy to reduce child mortality, Cambodia Millennium Development Goal 4 (CMDG) ambitiously works towards¹⁶:

Increasing the proportion of infants exclusively breastfed up to 6 months of age from 11.4% in 2000 to 49% in 2015; and

Increasing the proportion of mothers who start breast-feeding newborn child within 1 hour of birth from 11% in 2000 to 62% in 2015 (targets 4.6, 4.7).

According to the United Nations Development Program “Cambodia is unlikely to meet Goal 4 unless decisive actions are taken to reduce the very high rate of malnutrition, increase the number of trained health personnel, improve sanitation and immunization coverage, access to health care and adequate funding to the health sector”¹⁷.

According to the National Policy on Infant and Young Child Feeding (October 2008) an unacceptably high proportion of Cambodian children remain malnourished. The Cambodia Demographic Health Survey (CDHS:2005) demonstrated that the percentage of children underweight increased sharply from 6 months (5%) to double among children age 6-8 months (10%), and further increases by seven times at age 9-11 months, peaking significantly between age 18-23 months (45%). Anemia is also reported to be very high (80%) among children between the age of 6 to 23 months¹⁸. Among this vulnerable group, the highest risk exists for infants from 6 months to 2 years of age because of the crucial growth period, both physically and mentally. As postulated in the National Policy on Infant and Young Child Feeding, “losses in growth and development during this early period of life are irreversible in later life.”

15 Cambodia Contextual Analysis, May 2007 by Kristin Jack and Richard Clarke

16 Achievement of the Cambodia Millennium Development Goals (October 2005) <http://www.mop.gov.kh/Home/CMDGs/tabid/156/>

17 <http://www.un.org.kh/undp/CMDGs/Goal-4-Reduce-child-mortality.html>

18 National Policy on Infant and Young Child Feeding, National Nutrition Program, October 2008, Ministry of Health.



The CDHS suggests that the serious decline in health amongst babies in Cambodia may be caused by inappropriate and/or inadequate feeding practices because ‘increasing levels of children underweight by age coincides with the age at which normal complementary feeding starts’¹⁹. This data exemplifies the importance of appropriate information and support to encourage mothers to meet the WHO recommendations on exclusive breastfeeding for the first 6 months, continued breastfeeding to two years of age, and the introduction of complementary foods from 6 months of age.

Between the five-year period from 2000 to 2005 early initiation of breastfeeding (within the first hour of an infant’s life) increased significantly from 11% to 35.1%, and infants breastfed within the 24 hours of birth up from 24.4% to 68.3%. Rates of exclusive breastfeeding also improved during this period with 60% of infants less than 6 months of age being exclusively breastfed at the time of the CDHS (2005). However, the increase in the use of infant formula in Cambodia is concerning. Although rates of usage are generally low, the number of infants given formula between 0-6 months doubled between 2000 and 2005 (1.7% to 3.6%)²⁰. Over the same period, a proportional increase also occurred in the number of children never breastfed (from 3.6% to 5.2%). Arguably, this may be attributed to an increase in women participating in formal employment. Furthermore, pre-lacteal feeds (feeding any liquid or food to a child before the initiation of breastfeeding) continued to be a common practice in Cambodia, reportedly 55.7% in 2005.

Evidently, mortality declines markedly as a mother’s education increases. Highly educated mothers are more likely than those with little

or no education to put their newborn to the breast within the first hour or day of birth²¹. It is postulated in the State of the World’s Children Report that increased empowerment of women to make decisions about their own or their children’s health, could result in healthier children as well as pregnant and lactating women²²:

Children born to mothers with no education suffered the highest mortality; according to the survey results, children of educated mothers with secondary and higher levels of education experience 59 percent lower infant mortality and 61 percent lower under-five mortality, compared with mothers with no education.

At present, the Ministry of Health holds responsibility for monitoring the implementation of provisions of the Cambodian *Sub-Decree on the Marketing of Products for Infants and Young Child Feeding* (No. 133, November 2005), and the subsequent Joint Prakas on the Marketing of Products for Infant and Young Child Feeding (No. 061, August 2007). All health care providers, public and private are called to abide by the legal requirements, which are enforced by the relevant Ministries. The National Policy on Infant and Young Child Feeding (October 2008) defines the responsibilities of civil servants, private citizens, and other concerned individuals and organizations to report violations of the Sub-decree to the National Nutrition Program who are responsible for monitoring violations.

The *Sub-Decree on the Marketing of Products for Infants and Young Child Feeding* goes further in the scope of products covered than the WHO *International Code of Marketing of Breastmilk Substitutes*. Article 2 of the Sub-Decree states:

19 Cambodian Demographic Health Survey, 2005, [http://www.measuredhs.com/pubs/pdf/FR185/FR185\[Nov-11-2008\].pdf](http://www.measuredhs.com/pubs/pdf/FR185/FR185[Nov-11-2008].pdf), p. 197

20 National Policy on Infant and Young Child Feeding, National Nutrition Program, October 2008, Ministry of Health.

21 National Policy on Infant and Young Child Feeding, National Nutrition Program, October 2008, Ministry of Health.

22 Cambodian Demographic Health Survey, 2005, [http://www.measuredhs.com/pubs/pdf/FR185/FR185\[Nov-11-2008\].pdf](http://www.measuredhs.com/pubs/pdf/FR185/FR185[Nov-11-2008].pdf), p. 199.

This Sub-decree shall govern marketing of infant and young child feeding products either domestically produced or imported for use for feeding infants up to twelve months old and young children up to twenty-four months old.

The Sub-decree shall apply to the quality and availability of information related to the use of the products as prescribed in Article 3 of this Sub-decree.

Article 3 goes on to state:

The types of infant and young feeding products shall include, but are not limited to, the following:

- a. Infant formula including specialised formulas;*
- b. All products marketed or presented for feeding infant and young children;*
- c. Feeding-bottles, rubber and plastic teats, and pacifiers;*
- d. Follow on formulas for infants over six months old; and*
- e. Other products as stated in the joint Prakas by the Ministry of Health with relevant ministries.*



Part One: Qualitative Study

3.1 Methodology

Two sociology graduates from the Royal University of Phnom Penh were employed to conduct the field interviews and observations. One was employed as an interviewer and the other as a note-taker and translator. An orientation program was conducted with the local researchers including: an overview of the Cambodian Sub-decree, WHO International Code and WHA Resolutions; a demonstration of specific violations of the Cambodian sub-decree; an information session on the benefits of breastfeeding and risks associated with formula feeding; a refresher training on the qualitative methodology (outlined below); and, pilot testing of the interview questions.

The interviewers were previously trained during a two week period in August 2007 by Johns Hopkins University Faculty in the qualitative interviewing approach known as FreeList and Key Informant Interviewing. The strength of this method is in the non-leading approach whereby respondents are asked a primary opening question about something within their past experience. The interviewers are trained to then only repeat back what the respondent has stated, and probe them to explain further, or clarify what they meant. This method of interviewing aims to minimise interviewer introduced bias, while still using probes to guide an interview and learn about a topic from the informant's experience and perspective (see Appendix 1 for a sample interview questionnaire). While one interviewer starts with an opening question and probes for further information, the other interviewer remains silent and records everything said by interviewer and respondent. In addition, the interviewers were tasked with keeping detailed notes of all observations of breaches of the Cambodian Sub-decree in the health clinics and hospitals visited.

Interviews were conducted with 17 health workers, 11 new mothers, and four market sellers. The 'grand tour' or opening question for each interview was:

Health Workers

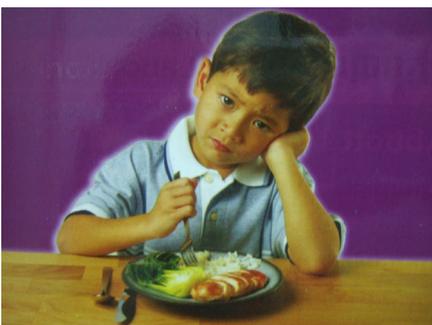
Q: Can you talk to me about infant feeding/and tell me about your work?

New Mothers:

Q: Please can you tell us about feeding your baby since s/he was born?

Therefore, if a health worker or new mother did not make any mention of infant formula in response to the interview question, the interviewer would not introduce this topic nor ask specifically about infant formula. It was only if a health worker or new mother made mention of infant formula that an interviewer might probe to learn more.

For example, if in response to the opening question a new mother said 'Yes my daughter was a very hungry baby and I could never get enough milk'. The interviewer might respond 'Thank you. You just mentioned that you could never get enough milk. Could you please tell me more about this?' In this way the interviewer can probe to learn more, but only about information



introduced by the respondent. Two complete interview transcripts are provided in Appendix 1.

Three clinics and hospitals were visited in the test run to ensure that the researchers had understood and effectively been refreshed on the interviewing methodology. Further coaching was provided before it was decided that the researchers were ready for the commencement of data collection. The data gained was recorded in Khmer and subsequently translated into English for analysis. Consultation then followed to discuss translation of the interviews, ensuring clear understanding of English terms and phrases and accuracy of interview notes.

In addition to the qualitative interviews, observations were also gathered from maternity hospitals, pharmacies, and markets, in the form of written notations and where possible photographic evidence.

All documentation remains available on request for any subsequent research or advocacy initiatives.

3.2 Sample

A convenience sampling methodology was used to identify maternity hospitals and clinics where interviews with new mothers and health workers could be conducted, and markets where photographic evidence could be accessed in terms of product packaging and marketing materials.

Locations were selected in the urban centres of Phnom Penh and Sihanoukville to conduct quantitative interviews and observations in health clinics and hospitals. All of the large public hospitals with maternity wards were approached, in addition to a number of specialist maternal health clinics, and medical centres. In order to gather photographic evidence, the interviewers collected data from shops and market sellers of infant formula and baby food products.

At each location, upon request a formal letter outlining the topic of research of request was provided to hospital managers and staff of health clinics and hospitals with a clear description of the leading agency involved in the research. Within each establishment, health workers and mothers were approached 'when sited' and verbally explained the topic of research, leading agency, and invited to participate in a 15-minute interview. Key informants including mothers of infants, health workers and market sellers were identified on the basis of availability and willingness to participate.

3.3 Limitations & Lessons

The results of this qualitative study were taken from a small convenience sample of new mothers, health care workers and sellers of baby food products. It cannot be assumed that these responses are representative of the experiences of all new-mothers, health care workers and sellers.

Predictably, as the research was conducted without the official support of the Ministry of Health, the interviewers experienced some difficulty gaining approval of some health clinics and hospitals to interview mothers and staff.

A limitation in this process was that the letter of introduction and request for permission from Hospital Management was in English. It was the role of the interviewers to introduce the research and request access from hospital management to gain access, sharing the letter as necessary. It would have been more appropriate and useful if the letter had been translated into Khmer.

3.4 Results

The following section outlines the violations of the Cambodian *Sub-Decree on Marketing of Products for Infant and Young Child Feeding* and the WHO *International Code of Marketing of Breastmilk Substitutes* drawn



from the qualitative interviews with health staff, new mothers, and from observations and photographic evidence. It also comments on marketing activities that the JIM Unit believe are unethical even if they do not violate the letter of the Cambodian Sub-Decree or the WHO International Code. The names of staff and mothers have been changed in order to protect their privacy. However, the addresses of hospitals and shops/markets where observations of violations have occurred and the dates of observations are all included in detail.

3.4.1 Advertising to the public

Article 13 of the Cambodian *Sub-decree on Marketing of Products for Infant and Young Child Feeding* prohibits manufacturers and distributors of infant and young child feeding products from any form of advertising to the general public:

Any manufacturer or distributor shall not, without prior permission from the Ministry of Health, promote the infant and young child feeding products as stated in this Sub-Decree by him or herself, or by his or her representative, at a point of sale, in a hospital, health centre or elsewhere.

Further Article 14 states:

Without authorization from the Ministry of Health, a manufacturer or distributor, by him or herself, or by his or her representative, shall not:

(b) Donate or distribute to a hospital or health centre the equipment, material, document or service, which present or contain the name, logos, trademarks, or description of the manufacturer, distributor or the designated products, which indicate or promote the use of the designated products;

(c) Donate or distribute to a hospital or health centre the materials including pens,

calendars, posters, note-books, growth charts and toys, which indicate or promote the use of the designated products.

A significant number of advertising breaches were discovered such as posters, brochures and gifts found in health clinics and hospitals in the urban centres of Cambodia. Furthermore, pharmacies were also found to be common places for companies to advertise their products.

- 1 A Celia advertising poster (as pictured in photograph (a)) was observed in several health institutions with the slogan 'World Food for Infants' and a picture of a smiling, happy baby²³.
- 2 Dumex poster 'New formula helps stomach, intestines and brain to grow'²⁴
- 3 A poster advertising Dumex Gold infant formula (for infants from birth to 12 months) was found at the National Maternal & Child Health Hospital in Phnom Penh²⁵.
- 4 Signage in Lucky supermarket found adjacent to infant formula products states in both Khmer and English 'New arrival: product of USA. Best for Baby' (photograph (b))²⁶

Several of the examples listed above utilise pictures and/or text that idealise the use of infant formula. This marketing strategy preys on the vulnerability of new parents, feeding them information that is false and misleading. Such a marketing strategy takes advantage of the myth products from Western, wealthy countries must be good, and must be better than breastmilk.

²³ Huor Savy Pharmacy, Observations 6/5/2009, #1, Sangkat 4, Khan Mittapheap, Sihanoukville.

²⁴ Angkor Clinic, Observations on 5/5/2009, St 146 Independent Rd, Sangkat 4, Khan Mittapheap, Sihanoukville.

²⁵ Maternal and Child Health Hospital, Observation on 6/5/2009, Independent Rd, Sangkat 4, Khan Mittapheap, Sihanoukville.

²⁶ Chea Bun Yi Drink Shop, photograph taken on 15/5/2009, Sihanoukville.



Further breaches of the Cambodian Sub-Decree in the form of advertising in health clinics can be viewed in Appendix 2²⁷.

3.4.2 Use of gifts/incentives

Article 13(b) of the Cambodian Sub-Decree prohibits manufacturers and importers of infant formulas from:

Trick use to offer sales including special display, discount coupons, premiums, rebates, special sale, initial low promotional price (loss-leaders), tie-in sales, prizes or gifts.

An example of a violation of Article 13(b) in the Cambodian Sub-Decree was reported in qualitative interviews:

Soeun Kimchandavy (mother):
*'Nestle company called me to join their meeting at the Intercontinental Hotel and when the meeting was over all the participants were given a gift package including free formula, a towel, soap, etc'*²⁸.

A concern was also raised by the following statement from an interview with a health worker:

Health Worker:
*'In our clinic, when a mother comes to give birth, we give them a gift package from France Bebe with a cotton sarong, sanitary napkin, cotton tips. If a mother, after giving birth, is tired and her breastmilk does not flow out then we can sell her some formula such as France Bebe, Dumex, Lactogen. A company representative from France Bebe brings free formula to our clinic'*²⁹.

The concern here is that France Bebe is using gifts as a subtle incentive for parents of infants to buy infant formula and become attached to

a specific brand and product, reinforced by the provision of free formula to the clinic. It is not clear from the interview if the provision of the free formula would fall within the definition of supply under the WHO International Code. The WHO International Code states that "supplies" "means quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need." Article 6.6 allows for health care systems to accept donations or purchase low-price sales of infant formula where such supplies "only be used or distributed for infants who have to be fed on breastmilk substitutes." However, in 1994 the World Health Assembly, made up of government health representatives globally, passed resolution WHA47.5 that urged governments "to ensure that there are no donations of free or subsidized supplies of breastmilk substitutes and other products covered by the *International Code of Marketing of Breastmilk Substitutes* in any part of the health care system". WHA Resolutions have the same standing as the WHO International Code.

Article 14(a) of the Cambodian Sub-Decree forbids the donation of samples of the products covered by the Sub-Decree to hospitals and health centres without authorisation from the Ministry of Health.

Gifts are used as an incentive for parents to buy infant formula in direct violation of Article 13b of the Cambodian Sub-decree as well as the WHO International Code and WHA Resolutions. Specific examples of such breaches were observed in health clinics, hospitals, pharmacies and markets including:

- 1 A container of Formost infant formula was purchased in Lucky Supermarket Phnom Penh, with a free gift of a children's t-shirt with every purchase (photograph (c)).
- 2 Free bib given away with every purchase

27 Savy Clinic, Photograph taken on 5/5/2009, Sihanoukville.

28 Srey Mom, Interview on 27/4/2009, Royal Ratanak Hospital, Toul Kork, Phnom Penh.

29 Rasmeay, Interview on 28/4/2009, Sophea Clinic, Toul Kork, Phnom Penh.



(d)



(e)



(f)

of France Bebe formula³⁰.

3.4.3 Samples provided to mothers and health workers

An unethical practice used by companies is the provision of free or subsidized baby milk to hospitals and maternity wards. This interferes with lactation by encouraging artificial feeding of infants. Once a mother has used up the free samples provided to her, she then becomes a paying customer. Furthermore, infant formula is very expensive and often costs poor families a significant proportion of their family income.

Evidence was found on the unethical practise of giving samples to mothers and health workers, which is in contravention of the Cambodian Sub-Decree (13(c), 14(a)) and the WHO International Code (Article 6.6):

- 1 Phanny (mother): 'First, the representative gave me a free sample of France Bebe formula to test it and then later I was asked to buy it'³¹.
- 2 Ngin Selaphachang (mother): 'When I bought France Bebe, they gave me two free samples'³².
- 3 Seller: 'In the hospital, they give free samples to the Midwives, and after the mother gives birth, midwives give the samples to them, but now the Midwives sell the samples to the mother'³³.
- 4 Midwife: 'The company gives us some samples and when we buy 10 cans of formula we get one free'³⁴.

30 Kbal Thol Polyclinic and maternity, Observations on 23/4/2009, No.1015-1017, Road No. 2, Sangkat Chak Angrae Leu, Phnom Penh. Kbal Hol Polyclinic and maternity 31 Veasna, Interview on 30/4/2009, Kuntha Bopha clinic, Wat Phnom, Phnom Penh.

32 Channy, Interview on 30/4/2009, Taping market, Phsa Thmey, Doun Penh.

33 Savy, Interview on 6/5/2009, Local market in Village 1, Sangkat 2, Khan, Mittapheap, Sihanoukville.

34 Sophoan, Interview on 28/4/2009, Vuthisak clinic, Tonle Bassac, Chamkarmorn, Phnom Penh.

3.4.4 Pictures that idealise the use of infant formula

It is a mother's right to receive correct information about infant feeding free from commercial pressure. Pictures of cute babies are used frequently on the advertising and packaging of breastmilk substitutes in Cambodia which is a direct violation of Article 9(g,h) of the Cambodian Sub-Decree on Marketing of Products for Infant and Young Child Feeding which states that the label shall present:

g. No message idealized that the product is used for substituting breast-milk or similar wording;

h. No photo, picture, or graphic representation other than presenting the method for preparing the designated products.

Several examples of this form of violation of the provisions of Article 9 of the Cambodian Sub-Decree were found:

- 1 Dumex advertises their Dulac infant formula with a picture of a pink dolphin wearing a graduation hat, falsely suggesting that an infant who is given this product will also be intelligent (photograph (d));
- 2 Infant formula is marketed by Lailac with the picture of a feeding bottle (photograph (e));
- 3 Insomil 1 Advance is advertised by Abbott Ross with a picture of a teddy bear holding a pink blanket (photograph (f)).

3.4.5 Inappropriate marketing of complementary foods

WHA Resolution 47.5 in 1994 urged member states to foster "appropriate complementary feeding practices from the age of about six months". This was a shift from the WHO



(g)



(h)



(i)

International Code which had suggested that complementary food could be introduced from four months of age.

WHA Resolution 49.15 in 1996 urged member states “to ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breastfeeding”. The Nutrition Section of UNICEF in New York commented that this meant the “Marketing of complementary foods in ways that undermine exclusive breastfeeding until about 6 months and sustained breastfeeding (6 – 24 months) is inappropriate.”³⁵

WHA Resolution 54.2 urged member states “to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation”.

Article 8 of the Cambodian *Sub-Decree on Marketing of Products for Infant and Young Child Feeding* states:

In case where materials or information include a topic on infant feeding with complementary food, such materials or information shall contain explanation on:

- Health hazards of providing complementary food to infants before they are six months old.

It was stated in the Cambodian Demographic Health Survey that ‘5 percent of younger breastfeeding infants (2-3 months) are already consuming food made from grains, and 3 percent consume food made from meat, fish, poultry, and eggs.’³⁶

The following products are examples of where baby food companies are marketing

³⁵ International Code Documentation Centre, “International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions”, p. 48.

³⁶ Cambodian Demographic Health Survey, 2005, [http://www.measuredhs.com/pubs/pdf/FR185/FR185\[Nov-11-2008\].pdf](http://www.measuredhs.com/pubs/pdf/FR185/FR185[Nov-11-2008].pdf). Pp. 203.

complementary foods through labels in a way that undermines the promotion of six months of exclusive breastfeeding. By contrast, in Australia most baby food manufacturers label such complementary foods as suitable only for infants aged six months and over.

- 1 The packaging of Farex baby rice states ‘smooth start: 4-6 months’ as the appropriate consumption age (photograph (g));
- 2 Nestle advertises their baby cereal with ‘from 4-6 months’ on the label, and idealizes the product by including a picture of a feeding bottle and smiling bear (photograph (h));
- 3 Bledina also labels their baby food products such as pureed fruit ‘from 4 months’ (photograph (i));

3.4.6 No company representatives to contact mothers

A mother has a right to independent information and freedom from pressure from companies.

The statements given by mothers and health workers about the direct contact between company employees and mothers exemplifies the extent and nature of breaches found in urban centres of Cambodia, violating the Cambodian Sub-Decree, the WHO International Code and WHA resolutions. Article 13 of the Cambodian Sub-Decree prohibits company representatives from any direct contact with mothers at a point-of-sale, in a hospital, health center, or elsewhere without prior permission from the Ministry of Health.

The following quotes are directly from qualitative interviews with mothers and health workers:

- 1 Pheng Sreymach (mother): ‘When I was in hospital, they came directly to my room

and told me that when my baby drinks formula he will be intelligent and grow up fast. Then, when I went back home, they called me (because they asked for my phone number in the hospital) and told me to continue using their formula and that if my son has diarrhoea, they will help to cure him³⁷.

- 2 Midwife: ‘Some representatives from Celia, France Bebe, and Similac [Abbott] companies come to meet the mother in her room while she is resting after giving birth’³⁸.
- 3 Sorn Sokhey: (mother) ‘When I give birth at the hospital there are some representatives of France Bebe and Dumex companies who come to my room to ask me if I want my baby to drink formula. If we say yes, they give us a free sample and show us how to make it’³⁹.

The researcher had a chance encounter with an Abbott-Ross representative in a popular supermarket in Phnom Penh⁴⁰. The company representative was wearing a uniform with the company logo and name, and standing adjacent to the infant formula/feeding products and offering advice to the general public on the company’s products. When asked, the representative said that her job was to ensure that Khmer people know how important it is to use formula in order for their baby to be ‘strong and intelligent’.

The JIM Unit has received unconfirmed information that Abbott-Ross directly markets the Gain IQ toddler milks in primary schools by giving samples of pre-mixed milk bottles to primary school students during their recess

37 Sokhey, Interview on 5/5/2009, Village 6 Sangkat 4, Khan Mittapheap, Sihanoukville.

38 Phanny, Interview on 28/4/2009, Vuthisak clinic, Tonle Bassac, Chamkarmorn, Phnom Penh.

39 Huor, Interview on 30/4/2009, Bopha clinic, Wat Phnom, Phnom Penh.

40 Lucky Supermarket, Observation on 30/4/2009, Sihanouk Blvd, Phnom Penh.



break, with the permission and cooperation of teachers and staff. They then proceed to send information home and encourage children to tell their parents that this product is very good and should be purchased for the benefit of the child’s health.

3.4.7 Labelling of formula violations

A key observation of the qualitative study was that labels and information were rarely translated into Khmer, the local language. This is in direct contravention of Article 6(3) of the Cambodian Sub-decree which requires all information and educational materials to be written in Khmer and also violates Article 9(a) which states that all labels should bear an easily readable message (in the locally understood language).

3.4.8 Advertising toddler products

Toddler foods and toddler milk marketed to children over two years of age currently falls outside of the Cambodian Sub-Decree and the WHO International Code. However, this section contains examples of unethical marketing of toddler formula that are deemed worthy of mention in this report.

Abbott Ross markets a range of toddler milks with pictures that idealise the use of this product. Arguably, this threatens the livelihoods of many Cambodian families who are already living on the cusp of poverty and cannot afford to spend a considerable proportion of their income based upon misleading information. It impinges upon a parent’s right to informed choice in making a healthy decision about the dietary intake of their child.

Two of the pictures featured in the information pamphlet produced and distributed by Abbott-Ross (shown in photographs (j) and (k)) employ blatant unethical marketing idealising the use of toddler milks and misinforming Cambodian parents about the real benefits of such products. In one of the photographs



in the pamphlet a happy toddler wears a graduation hat whilst working on his personal computer. His mother sits beside him smiling proudly. This advertising infers that the product will build intelligence and that any child feeding on the product will be intelligent. In a second photo an unhappy toddler sits in front of a plate of healthy food refusing to eat it, leading the consumer to believe that the advertised toddler milk will sufficiently replace all five food groups in a balanced diet.

3.4.9 Sale of Breastmilk Substitutes and Baby Food at Health Facilities

Preliminary findings in the qualitative research (observation data) suggest that infant formula and baby food products are commonly sold in health clinics and hospitals. Field observers reported that the majority (95%) of private maternity and health clinics visited were found to have a range of baby food products for sale including infant formula, dummies and bottles/teats. Furthermore, these products were available for purchase in prime locations such as the entrances halls and waiting rooms. The sale of infant formula in health facilities is not banned by the Cambodian Sub-Decree if sold at normal commercial price. However, Article 15(c) of the Cambodian Sub-Decree prohibits health facilities from accepting or offering “samples or supplies of the designated products to any person”.

Further, Article 6.3 of the WHO International Code states that “Facilities of health care systems should not be used for the display of products within the scope of this Code....” The displays used by retailers in the Cambodian health facilities therefore would appear to be violations of the WHO International Code.



Part Two: Quantitative Study

4.1 Goal

Pharmacies were identified as one of the key distribution points for Cambodians to purchase infant formula and feeding products. The goal of the study is to ascertain an indication of the extent of contraventions of the Cambodian Sub-decree in pharmacies throughout Phnom Penh to gain an indication of point-of-sale exposure to unethical marketing practices.

4.2 Methodology

The field observers were trained to complete a quantitative data collection form (Appendix 4). Simply, four key violations are listed that may be found in pharmacies and contravene the Cambodian Sub-decree. These are:

- samples;
- public promotion (eg posters, leaflets, information booklets);
- labels with words or text that idealise the use of breastmilk substitutes; and
- gifts such as growth charts and t-shirts to mothers or members of their family.

4.3 Sample

In the absence of a complete list of pharmacies in Phnom Penh and therefore the challenge of conducting a purely randomised study, the researcher employed a three step stratified, randomised, convenience sampling method.

- 1) The researcher commenced identification of the sample by use of a map of Phnom Penh indicating the number of Sangkats (or suburbs of Phnom Penh).
- 2) A random sampling method was then used to select 30% (n=23) of all 77 sangkats in the city of Phnom Penh.
- 3) Within the randomly selected Sangkats, two field observers utilised a criteria comprised of four key factors to determine which pharmacies fit the final convenience sampling criteria. These factors included:

- Centrally located
- Easily accessible
- Located on a main strip/road
- Signage stating 'Pharmacy'

Five of the sangkats/suburbs randomly selected were found to have no pharmacies and therefore were eliminated from the observation data. The 18 remaining sangkats selected are listed in Table 1.



Table 1: Sangkats in Phnom Penh randomly selected to check pharmacies

Wat Phnom	Boeng Keng Kang	Boeng Kak II
Phnom Penh Thmei	Psar Depou I	Veal Vong
Boeng Tumpun	Kakab	Tuol Tumpung I
Toul Tompong II	Boeng Trabaek	Chak Angrae Leu
Chey Chumneah	Phsar Kandal II	Ou Ruessei I
Ou Ruessei II	Boeng Beang	Phsar Thmei II

4.4 Results

From a total number of 18 pharmacies across the 18 different sangkats of Phnom Penh, 12 were found to have clear violations of the Cambodian Sub-decree.

A total of 13 violations were found. The provision of promotional material (20% of violations) and inappropriate labelling (15% of violations) were the most common violations found in pharmacies.

Table 2. Violations detected in sample of pharmacies in Phnom Penh

VIOLATION TYPE	NUMBER OF VIOLATIONS
Samples	3
Promotion	4
Labels	5
Gifts	1
Total	13

The unethical marketing practises of manufacturers of breastmilk substitutes in pharmacies undermine breastfeeding rates and efforts by the Cambodian Government and civil society to improve infant health, promote breastfeeding and work towards the achievement of the Cambodian Millennium Development Goals. Pharmacies are a public point of sale for baby food and infant formula products and a common source of information for mothers of infants and young children. Article 13 of the Cambodian *Sub-Decree on Marketing of Products for Infant and Young Child Feeding* clearly prohibits manufacturers and distributors of infant and young child feeding products from any form of advertising in pharmacies as a point-of-sale.

Conclusion

A mother's right to make an informed decision about the initiation and duration of breastfeeding is being undermined by the marketing practises of some infant formula companies.

Advertising of breastmilk substitutes falsely leads new mothers to make decisions about breastfeeding that are ill-informed and may be detrimental to their infant children. Some infant formula companies use marketing strategies such as the distribution of free samples, the promotion of breastmilk substitutes in health care facilities, and the use of pictures idealizing artificial feeding. Immediate action is required to ensure greater accountability and compliance with local laws and international standards on the marketing of breastmilk substitutes.

The baby food companies operating in Cambodia should immediately review all their marketing practices and ensure that they and their staff do not commit violations of the Cambodian *Sub-Decree on Marketing of Products for Infant and Young Child Feeding*, the WHO International Code and subsequent WHA Resolutions on the marketing of breastmilk substitutes.

The Government of Cambodia should ensure compliance of the baby food companies, health care facilities and pharmacies with the Cambodian *Sub-Decree on Marketing of Products for Infant and Young Child Feeding* and ensure prosecution for breaches of the Sub-Decree.

Recommendations

Appendix 1: Sample Qualitative Interviews

Health Worker, Sophea Clinic, Phnom Penh

Q: Can you talk to me about infant feeding?

A: After the baby is born the mother needs to breastfeed at least 6 times per day or once every 3 hours, and they should breastfeed them until they are full.

Q: Is there anything else?

A: We also need to give them some food such as porridge with vegetables (pumpkin, corn, etc) when they are six months old and over.

Q: Besides this, is there anything else?

A: When babies are very young their intestines are not so strong so we can only give them something to eat that is soft (banana, apple, porridge).

Q: Is there anything else?

A: At the same time as we give them some food, we still continue breastfeeding them for at least one year. Some mothers do not understand because they breastfeed their baby and when they have a few problems they start using formula instead of breastfeeding. In fact, mothers should try to let them suck their breast because formula is not as good as breastfeeding. Breastmilk has special protective substances.

Q: Can you please tell me more?

A: Some mothers do not know very much about breastfeeding. After they give birth in the hospital or clinic, the health worker gives their baby a 'non-soil' formula to stop them from having diarrhoea. When they stop and the baby recovers, the mother can start breastfeeding again.

Q: Is there anything else?

A: No

Q: Can you tell me anything else about your work?

A: In our clinic, when the mother comes to give birth, we give her a package of free gifts such as cotton sarong, sanitary napkins, and cotton tips from France Bebe. If the mother is very tired after giving birth and the breastmilk is not flowing easily we can sell them formula such as France Bebe, Dumex, Lactogen, etc.

Q: Is there anything else?

A: We also provide vaccines for the babies that stay in our clinic within the first week of their lives.

Q: Can you tell me more about infant feeding?

A: Some companies bring formula to our clinic such as France Bebe and they give us some free samples.

Q: So you said that some companies give you free samples, is that correct?

A: No, the company provides them to the clinic, not to me or the health workers.

Q: Is there anything else you want to say?

A: No, that's all.

Mother (Phanny), Kuntha Bopha Clinic, Phnom Penh

Q: Please can you tell us about feeding your baby since he was born?

A: After he was born I wanted to breastfeed him but my milk would not flow. The health worker gave him formula because he cried so loud and was hungry. When I tried to breastfeed him again, he would not feed and was adapted to the bottle teat so I had to continue using formula from then on.

I know that breastfeeding is better than formula but he was my first baby so I didn't know much and I just did what the health worker told me to do. I think that the public hospital is different from the private clinic because in the public hospitals they try to explain and encourage mothers to breastfeed but in the private clinics, they want to sell their formula so when we have a small problem they just tell us to use formula.

Q: Is there anything else?

A: Using formula is not as good as breastfeeding because you have to make sure the bottle is clean and hygienic or else the baby can get sick (diarrhoea, stomach ache, vomiting).

Q: Can you tell more about how you feed your baby?

A: My son was a difficult baby because he also did not eat rice like other babies. He is now 13 months old and he has never eaten anything but formula.

Q: Is there anything else?

A: Oh, for porridge he will eat 4-5 spoons and then when he smells it, he cannot eat anymore.

Q: Is there anything else?

A: I also give him some fruit such as apple, durian, grapes but I don't give banana to him because my mother told me that they can give babies intestinal parasites.

Q: So you have told us that your child drinks formula. Is there anything else you want to tell us?

A: I use France Bebe formula and there are four numbers. Number 1 is for young babies from birth to six months, and number 2 is for babies from 6 months to 1 year old. We change numbers every six months.

When I gave birth at the hospital, there was a representative who brought the formula to the health workers, and she let me chose which one to buy. At that time, there were two types of formula: France Bebe and another one that I did not recognise. I chose France Bebe because it has been around for a long time. Two days after I gave birth a representative from the company came to meet with me in my room and asked me if I wanted to continue using France Bebe or breastfeed. They explained that breastfeeding is best for the baby and formula feeding can be difficult because you have to keep the materials clean. I try to breastfeed and express milk but he will not drink it.

Q: Anything else?

A: First the representative gave me a sample to test before buying it.

Q: Is there anything else?

A: When I buy the formula from the market the seller asks me if I want to change brands or not because there are many choices. She gave me a leaflet and asked for my phone number. A representative from the company then called me to tell me about their brand of formula but I don't want to change because I think it is not good to change brands a lot.

Q: Is there anything else?

A: No more.

Maternal & Child Health Hospital:

Poster advertising Dumex Gold infant formula⁴¹

Angkor Clinic:

Dumex poster 'New formula helps stomach, intestines and brain to grow'⁴²

Huor Savy Pharmacy

Celia poster 'World Food for Infants'⁴³

Kbal hol Polyclinic and Maternity

Free bib given away with every purchase of France Bebe formula⁴⁴

Appendix 2: Advertising in Health Clinics

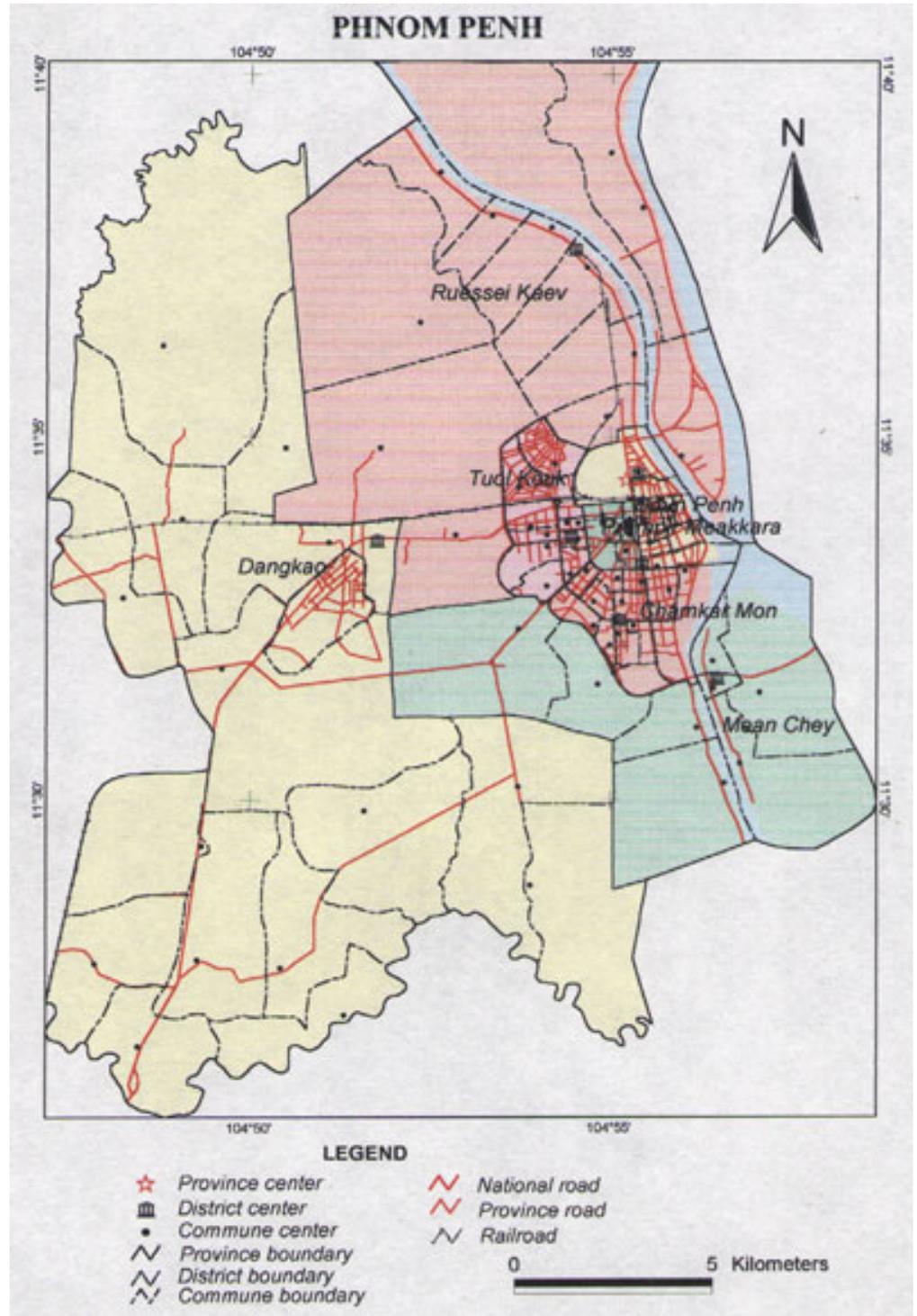
41 Maternal and Child Health Hospital, Observation on 6/5/09, Independent Rd, Sangkat 4, Khan Mittapheap, Sihanoukville.

42 Angkor Clinic, Observations on 5/5/2009, St 146 Independent Rd, Sangkat 4, Khan Mittapheap, Sihanoukville.

43 Huor Savy Pharmacy, Observations on 6/5/2009, 1 Sangkat 4, Khan Mittapheap, Sihanoukville.

44 Kbal Thol Polyclinic and maternity, Observations on 23/4/2009, No.1015-1017, Road No. 2, Sangkat Chak Angra Leu, Phnom Penh.

Appendix 3: Map of Municipality of Phnom Penh



Appendix 4: Quantitative Survey in Pharmacies

Name of Pharmacy Nary
Address (including Sangkat) No. 47Eo St 182, Sangkat Ou Buessei #1, Meakkara
Time and date of visit: 13:26, 20th June 2009

VIOLATIONS	YES	NO
Samples		•
Promotion (posters, brochures)		•
Labels		•
Gifts		•

Name of Pharmacy Sokha
Address (including Sangkat) No. 98Eo, St 154, Sangkat Boeng Beang, Doun Penh
Time and date of visit: 14:02, 20th June 2009

VIOLATIONS	YES	NO
Samples		•
Promotion (posters, brochures)	•	
Labels	•	
Gifts		•

Justice and International Mission Unit
Synod of Victoria and Tasmania
Uniting Church in Australia
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