Policy Briefing: The Breast Milk Substitutes (Regulation and Control) Bill 2012, Kenya

http://www.gaincol.org/irp/fieldadmin/olddownloads/bills/2012/BreastMilkSubstitutes_Regulation_and_Control_Bill_2012.doc

Background

This Bill was introduced by Beth Mugo, Minister for Public Health and Sanitation in Kenya, in August 2012. It is intended and advertised to cover breast milk substitutes, but also includes complementary feeding. The Bill is not currently consistent with international recommendations or Scaling Up Nutrition (SUN) interventions for complementary feeding. The Bill has had three readings; it has now been submitted for final amendments and is likely to be presented to the President for signing in the next two weeks. This briefing is based on the 10th August version of the Bill; the Ministry has been asked and is not likely to share the amendments until after the President has signed the Bill. One of the amendments made was to ensure this Act would be superseded by specific complementary food standards, but even if adopted, it will not cover all complementary foods. There are significant concerns about the disparity between this Bill and:

- Kenya’s ability to meet its commitments as a Scaling Up Nutrition (SUN) country.

SUN interventions that this Act would inhibit:

- Education and full access to nutritious complementary foods for infants and young children after the age of six months

SUN interventions that this Act might inhibit:

- Multiple micronutrient powders
- Prevention of or treatment for moderate undernutrition between the ages of six and 24 months

If this Act is adopted, there is a risk of a reduction of investment in infant and young child nutrition, and deterioration of infant and young child nutritional status in Kenya, due to the breadth of the proposed prohibitions surrounding complementary feeding between the ages of 6 and 24 months.

Summary of the Bill content

The Bill addresses ‘the appropriate marketing and distribution of breast milk substitutes to provide for safe and adequate nutrition for infants through the promotion of breastfeeding and proper use of breast milk substitutes, where necessary, for connected purposes.’ The implementation of the