

## Annex 1. Summary of the International Code of Marketing of Breastmilk Substitutes

The Code is a set of recommendations to regulate the marketing of breast-milk substitutes, feeding bottles and teats. The 34th session of the World Health Assembly (WHA) adopted the International Code of Marketing of Breast-milk Substitutes in 1981 through a WHA resolution as a minimum requirement to protect and promote appropriate infant and young child feeding.

The Code sets out detailed provisions with regard to: (1) Information and education on infant feeding; (2) Promotion of breast-milk substitutes and related products to the general public and mothers; (3) Promotion of breast-milk substitutes and related products to health workers and in health care settings; (4) Labelling and quality of breast-milk substitutes and related products and (5) Implementation and monitoring of the Code.

There is only one version of the Code. However, there have been a number of WHA resolutions adopted since 1981 that refer to the marketing and distribution of breast-milk substitutes and clarify or extend issues covered in the Code. The Code and subsequent relevant WHA resolutions must be considered together in the interpretation and translation into national measures. The table below summarizes the main points of the Code as well as complementary resolutions.

| Summary of the International Code of Marketing of Breastmilk Substitutes, 1981 <sup>a,b,c</sup>   | WHA complementary resolutions  |
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| <p><b>1. Aim of the Code.</b> The Code aims to protect and promote breastfeeding by ensuring adequate information as well as appropriate marketing and distribution of breastmilk substitutes.</p>  |  |
| <p><b>2. Scope of the Code.</b> The Code applies to the marketing and practices (quality, availability and information) related to breastmilk substitutes. These breastmilk substitutes can include food and beverages such as: infant formula, other milk products, cereals for infants, vegetable mixes, baby teas and juices, follow-up milks, feeding bottles and teats. Some countries have expanded the scope of the Code to include foods or liquids used as breastmilk substitutes and pacifiers.</p> |  |
| <p><b>3. Definitions.</b> For the purposes of the Code definitions on “breast-milk substitute”, “complementary food”, “Container”, “Distributor”, “Health care system”, “Health worker”, “Infant formula”, “Label”, “Manufacturer”, “Marketing”, “Marketing personnel”, “Samples”, “Supplies”.</p>  | <p>WHA 54.2 (2001)<sup>d</sup> updated the recommendations on exclusive breastfeeding to 6 months instead of 4-6 months.</p> <p>WHA 69.9 (2016)<sup>e</sup> update the coverage of the promotion of optimal complementary feeding practices from 6-36 months (which was changed from 24 months) based on</p> |

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|   | WHO2 and FAO dietary guidelines and in accordance with national dietary guidelines.  |
| <p><b>4. Advertising and Samples.</b> No advertising of above products to the public. The Code explicitly states that there should be no advertising or other form of promotion to the general public. This would include any advertising through mass media outlets such as television, magazine, billboards, websites, or social media.</p> <p>No free samples to mothers, their families or health workers. Manufacturers and distributors of breast milk substitutes should not provide samples of their products to pregnant women, mothers or members of their families.</p> <p>Promotion through other means, such as special displays, discount coupons, price reductions, or special sales, is also prohibited. Furthermore, no company personnel should seek direct or indirect contact with, or provide advice to, pregnant women or mothers, whether this is in retail outlets or through social media channels.</p>  |  |
| <p><b>5. Health Care Facilities.</b> The Code and subsequent relevant WHA resolutions call for a total prohibition of any type of promotion of breast-milk substitutes, bottles, or nipples in health services. No promotion of products, i.e. no product displays, posters or distribution of promotional materials.</p> <p>Furthermore, donations of free or subsidized (low-price) supplies of breast-milk substitutes or other products are not allowed in any part of the health care system. Even for medical institutions dealing with infants who have a medical indication not to breastfeed, they should not accept free or low-cost supplies or give out samples of those products.</p> <p>In countries where the national policy is that HIV infected mothers should avoid breastfeeding altogether, it is still the case that general promotion of breast-milk substitutes would be inappropriate. Governments, social welfare agencies or health care facilities can provide breast-milk substitutes to HIV-positive mothers. However, breast-milk substitutes should be obtained through normal procurement channels, and not through donations from manufacturers</p> | <p>WHA 39.28 (1986)<sup>f</sup> clarifies that maternity wards should purchase breast-milk substitutes (needed for infants with medical reasons) through normal distribution channels, not receive free or subsidized supplies from companies..</p> <p>WHA 69.9 (2016)<sup>e</sup> Recognition that any donations to the health care system (including health workers and professional associations) from companies selling foods for infants and young children represent a conflict of interest and should not be allowed.</p> |
| <p><b>6. Health workers.</b> The Code and subsequent relevant WHA resolutions call for a total prohibition of any type of gifts or personal samples to health workers are not allowed in any part of the health care system. Information provided by manufacturers and distributors to health professionals regarding products should be restricted to scientific and factual matters.</p>  | <p>WHA 69.9 (2016)<sup>e</sup> clarifies that sponsorship of meetings of health professionals and scientific meetings by companies selling foods for infants and young children should not be allowed.</p>   |

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| <p><b>7. Educational materials/Information.</b> The Code and subsequent relevant WHA resolutions call upon governments to ensure that objective and consistent information is provided on infant and young child feeding, both to families and others involved in infant and young child nutrition. Informational and educational materials should clearly state the benefits and superiority of breastfeeding, the social as well as financial costs of using infant formula, the health hazards associated with bottle feeding/artificial feeding and instructions for the proper use of infant formula.</p>   | <p>WHA 58.32 (2005)<sup>g</sup> urges Member States to ensure that nutrition and health claims are not permitted for breast-milk substitutes.</p>  |
| <p><b>8. Labels.</b> The Code and subsequent relevant WHA resolutions urges that product labels must clearly state the superiority of breastfeeding, the costs and a warning about health hazards dangers associated with the unnecessary or improper use of infant formula and other breast-milk substitutes as well as the need for the advice of a health worker.<br/>No pictures of infants, or other pictures or text idealizing the use of breast-milk substitutes are permitted on the labels of the products.</p>  | <p>WHA 69.9 (2016)<sup>e</sup> stated that the labels and designs on products other than breast milk substitutes need to be distinct from those used on breast-milk substitutes to avoid cross-promotion.</p>  |
| <p><b>9. Products.</b> The Code and subsequent relevant WHA resolutions have established that since the Code covers products that are suitable for use as a partial or total replacement of breast milk, it should be read in conjunction with current global recommendations for breastfeeding and complementary feeding, such as the Global Strategy for Infant and Young Child Feeding. Unsuitable products, such as sweetened condensed milk, should not be promoted for babies. All products should be of a high quality (Codex Alimentarius standards), have expiration dates, and take account of the climatic and storage conditions of the country where they are used.</p> | <p>WHA 49.15 (1996)<sup>h</sup> urges Member States to ensure that complementary foods are not marketed in ways that undermine exclusive and sustained breastfeeding;</p> <p>WHA 69.9 (2016)<sup>e</sup> urges Member States, manufacturers and distributors, health care professionals and the media to implement new WHO Guidance recommendations that contain a number of implications for the Code: Clarification that “follow-up formula” and “growing-up milks” fall under the scope of the Code and should not be promoted. Recommendation that messages on complementary foods should always include a statement on the need for breastfeeding to continue through 2 years and that complementary foods should not be fed before 6 months.</p> |
| <p><b>10. Implementation and monitoring of the Code.</b> The Code requires that action should be taken to give effect to its principles and aim, including the adoption of national legislation, regulation or</p>   |  |

other suitable measures. All measures should be made public. As the Code is a minimum requirement, additional, possibly more stringent, measures than those set out in the Code can be taken by governments, and make them legally binding.

Comprehensive and enforceable legislation which covers all provisions of the Code and relevant subsequent WHA resolutions is the most effective means of regulating the inappropriate marketing of breast-milk substitutes and other products covered by the scope of the Code.

Monitoring of such legislation is necessary to ensure that its provisions are complied with and are effective, and that achievements are not eroded. Monitoring also provides information on the quality of the legislation, including possible weaknesses and loopholes. Monitoring mechanisms need to be transparent, independent, and free from commercial influence and should address labelling, all forms of advertising and commercial promotion across all media. Responsible bodies should be able to impose appropriate sanctions according to existing legal systems.

#### References:

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