

International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions

Compiled by ICDC
International Code Documentation Centre

2016 Edition

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of Breastmilk Substitutes
and
relevant WHA resolutions

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Annotated compilation of the International Code of Marketing
of Breastmilk Substitutes and relevant WHA resolutions

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FOREWORD

It is not easy to get a hold of a hard copy of the original 1981 *International Code of Marketing of Breastmilk Substitutes* or any reprint, yet the document is very important and must be taken into account whenever infant and young child feeding is discussed. The International Code should always be read together with the subsequent relevant *World Health Assembly* resolutions as they all enjoy the same legal status, being recommendations emanating from the world's highest public health authority. Policy makers at the national level frequently overlook the subsequent resolutions when implementing the International Code. This oversight has grave consequences as these resolutions try to bring the Code up to date – they clarify the Code in response to recent scientific findings and to new marketing practices and products by manufacturers and distributors of breastmilk substitutes.

To keep track of the Code and all resolutions on infant and young child nutrition, ICDC is pleased to compile all these public documents in one booklet for easy reference by everyone working on infant and young child health. Also included are the 1990 *Innocenti Declaration* to remind governments of the need to act on its Operational Targets and a short, clear excerpt from the *Global Strategy of Infant and Young Child Feeding* to remind all of what industry needs to do, so as to give breastfeeding a chance.

The second edition reprinted the 2005 Innocenti Declaration along with the WHA resolution that welcomes it and the 2006 resolution on HIV/AIDS which refers to Code implementation and monitoring as priority actions.

This third update contains resolutions up to 2012 plus the 2014 WHA decision.

At the top of each document is a boxed summary of the main points. ICDC has also underlined some of the text to emphasise key wording. Twice, the Nutrition Section in UNICEF New York provided easy-to-read comments to assist in the interpretation of the resolutions and these are reproduced. Aside from these highlights, the texts are complete and unaltered except for standardizing the spelling of *breastfeeding* and *breastmilk* as one word instead of hyphenated. This is consistent with the spelling used by IBFAN, UNICEF and most scientific publications nowadays.

Also included in this compilation is the speech which first introduced the International Code of Marketing of Breastmilk Substitutes, contained in Annex 3 of the original Code booklet. It is reproduced here for its historic value and to stem the abuse of this text by manufacturers of breastmilk substitutes. The speech was not adopted in any way and has no legal value. Annex 3 has often been selectively quoted in an attempt to override the actual wording of the International Code, particularly in relation to scope. A careful reading of the full text in Annex 3 will reveal that the text does not contradict either the spirit or the letter of the International Code.

The International Code, subsequent World Health Assembly resolutions and related documents are important to keep policy issues on infant and young child feeding alive in the international arena as well as at the national level. ICDC is proud to make them accessible in this friendly format.

The electronic version of the full text of the documents can be found on the WHO and IBFAN websites.

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CONTENTS

1	International Code	
	Preamble	1
	Articles	3
	Annexes	12
2	Relevant Resolutions	
	1978 WHA31.47	16
	1980 WHA33.32	16
	1981 WHA34.22	20
	1982 WHA35.26	23
	1984 WHA37.30	25
	1986 WHA39.28	27
	1988 WHA41.11	30
	1990 Innocenti Declaration on the Promotion and Support of Breastfeeding	32
	1990 WHA43.3	35
	1992 WHA45.34	38
	1994 WHA47.5	42
	1996 WHA49.15	47
	2001 WHA54.2	50
	2002 Excerpts from the “Global Strategy for Infant and Young Child Feeding”	56
	2002 WHA55.25	58
	2005 WHA58.32	62
	2005 Innocenti Declaration on Infant and Young Child Feeding	67
	2006 WHA59.11	71
	2006 WHA59.21	75
	2008 WHA61.20	77
	2010 WHA63.23	80
	2012 WHA65.60	86
	2014 WHA67(9)	88

The International Code was adopted as an annex to the 1981 WHA resolution 34.22 on 21 May 1981 by 118 Member States in favour, one against (USA) and three abstentions (Argentina, Japan & Korea).

The International Code of Marketing of Breastmilk Substitutes

Preamble

The Member States of the World Health Organisation:

AFFIRMING the right of every child and every pregnant and lactating woman to be adequately nourished as a means of attaining and maintaining health;

RECOGNIZING that infant malnutrition is part of the wider problems of lack of education, poverty, and social injustice;

RECOGNIZING that the health of infants and young children cannot be isolated from the health and nutrition of women, their socio-economic status and their roles as mothers;

CONSCIOUS that breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; that it forms a unique biological and emotional basis for the health of both mother and child; that the anti-infective properties of breastmilk help to protect infants against disease; and that there is an important relationship between breastfeeding and child-spacing;

RECOGNIZING that the encouragement and protection of breastfeeding is an important part of the health, nutrition and other social measures required to promote healthy growth and development of infants and young children; and that breastfeeding is an important aspect of primary health care;

CONSIDERING that when mothers do not breastfeed, or only do so partially, there is a legitimate market for infant formula and for suitable ingredients from which to prepare it; that all these products should accordingly be made accessible to those who need them through commercial or non-commercial distribution systems; and that they should not be marketed or distributed in ways that may interfere with the protection and promotion of breastfeeding;

RECOGNIZING further that inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in all countries, and that improper practices in the marketing of breastmilk substitutes and related products can contribute to these major public health problems;

CONVINCED that it is important for infants to receive appropriate complementary foods, usually when the infant reaches four to six months of age, and that every effort should be made to use locally available foods; and convinced, nevertheless, that such complementary foods should not be used as breastmilk substitutes;

APPRECIATING that there are a number of social and economic factors affecting breastfeeding, and that, accordingly, governments should develop social support systems to protect, facilitate and encourage it, and that they should create an environment that fosters breastfeeding, provides appropriate family and community support, and protects mothers from factors that inhibit breastfeeding;

AFFIRMING that health care systems, and the health professionals and other health workers serving in them, have an essential role to play in guiding infant feeding practices, encouraging and facilitating breastfeeding, and providing objective and consistent advice to mothers and families about the superior value of breastfeeding, or, where needed, on the proper use of infant formula, whether manufactured industrially or home-prepared;

AFFIRMING further that educational systems and other social services should be involved in the protection and promotion of breastfeeding, and in the appropriate use of complementary foods;

AWARE that families, communities, women's organisations and other nongovernmental organisations have a special role to play in the protection and promotion of breastfeeding and in ensuring the support needed by pregnant women and mothers of infants and young children, whether breastfeeding or not;

AFFIRMING the need for governments, organisations of the United Nations system, nongovernmental organisations, experts in various related disciplines, consumer groups and industry to cooperate in activities aimed at the improvement of maternal, infant and young child health and nutrition;

RECOGNIZING that governments should undertake a variety of health, nutrition and other social measures to promote healthy growth and development of infants and young children, and that this Code concerns only one aspect of these measures;

CONSIDERING that manufacturers and distributors of breastmilk substitutes have an important and constructive role to play in relation to infant feeding, and in the promotion of the aim of this Code and its proper implementation;

AFFIRMING that governments are called upon to take action appropriate to their social and legislative framework and their overall development objectives to give effect to the principles and aim of this Code, including the enactment of legislation, regulations or other suitable measures;

BELIEVING that, in the light of the foregoing considerations, and in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breastmilk substitutes, the marketing of breastmilk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products;

THEREFORE:

The Member States hereby agree the following articles which are recommended as a basis for action.

Article 1: Aim of the Code

The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

Article 2: Scope of the Code

The Code applies to the marketing, and practices related thereto, of the following products: breastmilk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breastmilk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

Article 3: Definitions

For the purposes of this Code:

Breastmilk substitute means any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether or not suitable for that purpose.

Complementary food means any food, whether manufactured or locally prepared, suitable as a complement to breastmilk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called “weaning food” or “breastmilk supplement.”

Container means any form of packaging of products for sale as a normal retail unit, including wrappers.

Distributor means a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this Code. A “primary distributor” is a manufacturer’s sales agent, representative, national distributor or broker.

Health care system means governmental, nongovernmental or private institutions or organisations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets.

Health worker means a person working in a component of such a health care system, whether professional or non-professional, including voluntary, unpaid workers.

Infant formula means a breastmilk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as “home-prepared.”

Label means any tag, brand, mark, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any products within the scope of this Code.

Manufacturer means a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code.

Marketing means product promotion, distribution, selling, advertising, product public relations, and information services.

Marketing personnel means any persons whose functions involve the marketing of a product or products coming within the scope of this Code.

Samples means single or small quantities of a product provided without cost.

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 4: Information and education

4.1 Governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition. This responsibility should cover either the planning, provision, design and dissemination of information, or their control.

4.2 Informational and educational materials, whether written, audio, or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on all the following points:

- (a) the benefits and superiority of breastfeeding;
- (b) maternal nutrition, and the preparation for and maintenance of breastfeeding;
- (c) the negative effect on breastfeeding of introducing partial bottle-feeding;
- (d) the difficulty of reversing the decision not to breastfeed; and,
- (e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared.

When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breastmilk substitutes. Such materials should not use any pictures or text which may idealise the use of breastmilk substitutes.

4.3 Donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary product that is within the scope of this Code, and should be distributed only through the health care system.

Article 5: The general public and mothers

5.1 There should be no advertising or other form of promotion to the general public of products within the scope of this Code.

5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.

5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.

5.4 Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils which may promote the use of breastmilk substitutes or bottle-feeding.

5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.