



World Health Organization
Organisation mondiale de la Santé

WHO/NUT/98.11
ORIGINAL: ENGLISH

The International Code of Marketing of Breast-milk Substitutes: summary of action taken by WHO Member States and other interested parties, 1994-1998

Since the adoption of the International Code of Marketing of Breast-milk Substitutes in 1981, and consistent with its Article 11.7, the Director-General of WHO has reported every two years on the status of the Code's implementation. Primary emphasis has been on relevant action taken by Member States, but information has also been included on WHO's technical support to governments and action by nongovernmental organizations, professional groups, and consumer organizations, which are called upon to collaborate with governments in monitoring the Code's application (Article 11.4).

This document provides a detailed summary of available information on action taken by WHO Member States and other interested parties during the period 1994-1998. It complements information provided in the context of the last two reports by the Director-General on infant and young child nutrition presented to the ninety-seventh and 101st sessions of the WHO Executive Board (January 1996 and January 1998) and the Forty-ninth and Fifty-first World Health Assemblies (May 1996 and May 1998), respectively.

© World Health Organization 1998

This document is not a formal publication of the World Health Organization, and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, quoted, reproduced or translated, in part or in whole, but not for use in conjunction with commercial purposes.

The views expressed in documents by named authors are solely the responsibility of those authors.

CONTENTS

	Page
INTRODUCTION	3
ACTION BY MEMBER STATES	4
African Region	4
Region of the Americas	5
South-East Asia Region	7
Eastern Mediterranean Region	8
European Region	9
Western Pacific Region	11
TECHNICAL SUPPORT TO MEMBER STATES	13
GIVING EFFECT TO THE INTERNATIONAL CODE, 1981-1998: AN OVERVIEW	14
ACTION BY OTHER INTERESTED PARTIES	15
The International Baby Food Action Network	16
The World Alliance for Breastfeeding Action	17
Interagency Group for Breastfeeding Monitoring	18
La Leche League International	18
International Lactation Consultant Association	18
CONCLUSION	19
ANNEX 1. SUMMARY OF ACTION TAKEN BY MEMBER STATES GIVING EFFECT TO THE INTERNATIONAL CODE, 1994-1998	20
ANNEX 2. SUMMARY OF IBFAN ACTIVITIES IN SUPPORT OF THE INTERNATIONAL CODE, 1994-1998	24

INTRODUCTION

1. On 21 May 1981, the Thirty-fourth World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes¹ in the form of a recommendation. In doing so, the Assembly urged all Member States *inter alia* to translate it into national legislation, regulations or other suitable measures; to involve all concerned parties in its implementation; and to monitor compliance with it. The Assembly also encouraged Member States to involve all concerned social and economic sectors and all other concerned parties in implementing the Code and in observing its provisions.

2. In pursuit of its aim (Article 1), which is to contribute to the provision of safe and adequate nutrition for infants, the International Code sets out detailed provisions with regard to:

- Products within its scope (Article 2), in keeping with definitions formulated for the purposes of the Code (Article 3).
- Appropriate dissemination of information and education on infant feeding (Article 4).
- Marketing of breast-milk substitutes and related products to the general public and mothers (Article 5).
- Measures to be taken in health care systems (Article 6), and with regard to health workers (Article 7) and employees of manufacturers and distributors (Article 8).
- Labelling (Article 9) and quality of breast-milk substitutes and related products (Article 10).
- The Code's implementation and monitoring (Article 11).

The Code calls for annual reporting by Member States to the Director-General (Article 11.6) and by the Director-General to the Health Assembly, in even years, on the status of its implementation (Article 11.7).

3. The last detailed summary of action taken by WHO Member States giving effect to the International Code was presented to the Forty-seventh World Health Assembly in 1994.² In 1996, in keeping with the reform process initiated by the Executive Board and the Health Assembly and the impact of the economies imposed on the volume of documentation submitted to the Board and the Assembly, an abridged report was prepared. At its ninety-seventh session in January 1996, the Board decided that biennial reporting should continue as before, but that every second report should be a comprehensive report, starting in 1998.³

4. The following detailed summary of available information on action taken by WHO Member States and other interested parties giving effect to the International Code thus complements information provided in the relevant portions of the last two reports by the Director-General on infant and young child nutrition presented, respectively, to the ninety-seventh and 101st sessions of the Executive Board (January 1996 and January 1998) and the Forty-ninth and Fifty-first World Health Assemblies (May 1996 and May 1998). This summary focuses primarily on *new* action, or new information about action made available, during the period 1994–1998. An overall picture of steps taken in countries since 1981 may be obtained by referring to previous such reports by the Director-General since 1982, which are listed in Table 1.

¹ World Health Organization. *International Code of Marketing of Breast-milk Substitutes*. Document WHA34/1981/REC/1, Annex 3, Geneva, 1981.

² Document WHA47/1994/REC/1, Annex 1.

³ Documents A51/6, part IX, and A51/INF.DOC./3.

TABLE 1. REPORTS TO WHO'S GOVERNING BODIES SINCE 1981 ON INFANT AND YOUNG CHILD NUTRITION, INCLUDING THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES^a

Year	No. of pages	Document reference	Resolution
1981	8	A34/7	WHA34.22
1982	28	WHA35/1982/REC/1, Annex 5	WHA35.26
1983	39	A36/7	
1984	42	WHA37/1984/REC/1, Annex 5	WHA37.30
1986	37	WHA39/1986/REC/1, Annex 6	WHA39.28
1988	33	WHA41/1988/REC/1, Annex 10	WHA41.11
1990	48	WHA43/1990/REC/1, Annex 1	WHA43.3
1992	29	WHA45/1992/REC/1, Annex 9	WHA45.34
1994	45	WHA47/1994/REC/1, Annex 1	WHA47.5
1996	2	A49/4	WHA49.15
1998	3 + 12	A51/6/IX + A51/INF.DOC/3	
Total	326 pages	11 reports	9 resolutions

^a See Table 2 for a breakdown, by WHO region, of the cumulative number of Member States reporting.

ACTION BY MEMBER STATES

African Region

5. Draft regulations on the marketing of breast-milk substitutes in **Botswana** cover *any* products, whether or not marketed as being suitable as a partial or total replacement for breast milk, that are being fed during the first year of life. Particular emphasis is placed on promoting extended breastfeeding, i.e. during the first two years of life; local procurement of complementary foods; a rigorous distinction between samples of products, which are not permitted, and genuine supplies of infant formula for long-term social-welfare purposes, which may be provided within carefully defined limits; and credible monitoring and sanction provisions.

6. The marketing of breast-milk substitutes and complementary foods in **Côte d'Ivoire**, including prohibition of any free distribution or promotional sale of breast-milk substitutes, or any form of advertising in this regard, is governed by an interministerial decree dated 25 July 1994.

7. Following closely the provisions of the International Code, Decree No. 96-322¹ of 2 May 1996 in **Madagascar** regulates the marketing of "breast-milk substitutes and other milk products, infant formula and complementary foods presented and marketed in order to partially or totally replace breast milk, feeding bottles, and teats". Stocks of infant formula or other products within the scope of the decree obtained from donations and distributed outside an institution or organization should be maintained for as long as the infants concerned need them. However, providing product samples is not permitted "unless there is a medical indication for doing so".

¹ *International Digest of Health Legislation*, 48(3): 360-362 (1997).

8. The Government of **Mauritania** reports that a national code of marketing of breast-milk substitutes is currently being drafted to give effect to the International Code.
9. The Government of **Mozambique** has prepared a draft national code of marketing of breast-milk substitutes, which follows closely the provisions of the International Code except that its scope covers *all* food products commercially available for infants and young children. The Ministry of Health is responsible for monitoring the code's implementation.
10. **Namibia**, which adopted the International Code in 1996 in the form of a decree law, has taken specific steps to ban the distribution of free and low-cost supplies of infant formula. A national code of marketing breast-milk substitutes is being developed.
11. A Ministerial Order¹ of 25 July 1994 prescribes the conditions in **Senegal** for the marketing of breast-milk substitutes and complementary foods, including provisions to punish infractions.
12. The Government of the **Seychelles** reports that it formally adopted the International Code as a decree law in 1992.
13. Since 1994, about 2000 health workers in **Togo** from district hospitals and maternity centres, and paediatric and maternity wards in the Lome University teaching hospital and 50 private clinics have been trained in implementing the Baby-friendly Hospital Initiative and the International Code. A national code of marketing of breast-milk substitutes, which was drawn up in October 1997 to ensure ethical behaviour by manufacturers and distributors of infant formula, will be promulgated as a statutory Order of Council.
14. In the **United Republic of Tanzania**, The Food (Control of Quality) (Marketing of Breast-milk Substitutes and Designated Products) Regulations took effect on 1 July 1994. These comprehensive and detailed provisions cover infant formula, follow-up formula, and any product "marketed, or otherwise represented or commonly used," for feeding infants; any product to be fed by feeding bottle; beverages, milks and other foods intended for use by infants and young children, whether or not industrially produced; and feeding bottles, teats and pacifiers. The regulations follow the broad lines of the International Code, and include the possibility of product donations being made with the express approval of the competent authority.
15. The Ministry of Health in **Zimbabwe**, following consultation with various interested parties, prepared a detailed draft law and regulations for the implementation of the International Code. The Ministry attributed rapid progress in this regard to, among other things, the attendance of its staff lawyer at a training seminar on the International Code conducted by IBFAN's International Code Documentation Centre (paragraphs 78-79). The law/regulations were gazetted by Government on 1 August 1997 and formally presented on the same day by the Minister of Health at the beginning of World Breastfeeding Week. They are expected to come into effect in the second half of 1998.

Region of the Americas

16. The Ministry of Health in **Argentina**, by resolution 54/97 published with the force of a regulation in the Official Bulletin No. 28.662 of 5 June 1997,² accepted both the International Code in its entirety and applicable portions of subsequent relevant resolutions of the World Health Assembly.

¹ *International Digest of Health Legislation*, 46(1): 70 (1995).

² Scheduled for coverage in the *International Digest of Health Legislation*, 49(2)(1998).

17. **Belize** has not formally adopted the International Code; however, marketing personnel for products within its scope do not have direct contact with mothers while in maternity hospitals, where there are no promotional activities, and mothers do not receive product samples or educational materials from commercial sources.
18. Following a survey in **Bolivia** in 1993 indicating that 57% of health services received infant formula samples and that breast-milk substitutes were being promoted, particularly in rural areas, twelve workshops on the International Code were held over a period of two years. Specific monitoring of the International Code's implementation undertaken in October-November 1994 showed a very low level of awareness in this regard among health professionals.
19. In 1994 the parliament in **Costa Rica** adopted legislation for breastfeeding promotion, which includes education for families, support to breastfeeding programmes, and regulation of advertising and distribution of breast-milk substitutes, complementary foods, and related feeding utensils.
20. In 1994 the Government of **Dominican Republic** enacted the Law for the Promotion of Breastfeeding and Regulation of Marketing of Breastmilk Substitutes. Promoting breast-milk substitutes or giving product samples are not permitted in public sector institutions. Also in 1994, 26 maternity clinics adopted the principles governing the Baby-friendly Hospital Initiative.
21. Further to Regulations¹ adopted in **Ecuador** in 1983 governing the marketing of formula for infants, a new Law supporting breastfeeding and implementation of the International Code, adopted on 1 November 1995, was published in the *Registro Oficial* (No. 814).
22. In **El Salvador** a ministerial decree in support of breastfeeding that was adopted in 1993 has become part of the national school curriculum. Prenatal and postpartum education provided to mothers, and standards for breastfeeding promotion were updated in 1994. Legislation regulating the marketing of breast-milk substitutes is still in draft. Although promotion and distribution of infant formula are not permitted in public sector health facilities, the situation in private clinics is described as less successful.
23. According to the Government of **Haiti**, the International Code has been formally adopted as a norm. However, its implementation is at present not being monitored.
24. In **Honduras** representatives of infant formula manufacturers are not permitted to promote their products or distribute samples in public sector institutions. Legislation dealing specifically with a woman's right to breastfeed is being considered in parliament.
25. Implementation of the International Code in **Jamaica** is one of six areas covered in the draft National Infant Feeding Policy of Jamaica, which is going through the parliamentary ratification and legislative process. The Policy is to be implemented by the National Breastfeeding Committee through field officers, which implies modifying some hospital structures.
26. In **Nicaragua** a law governing breastfeeding promotion and marketing of breast-milk substitutes is pending in the national assembly. A law enacted in 1994 allows for one hour of breastfeeding daily for working women, in addition to three months maternity leave with full pay.
27. The International Code was adopted in **Panama** by Law No. 50 on 23 November 1995.
28. The Code was adopted in **Paraguay** in 1995. Among other things, the new law prohibits the distribution of free or low-cost supplies of breast-milk substitutes.

¹ *International Digest of Health Legislation*, 35(4): 778-782 (1984).

29. The National Breastfeeding Coordinator in **Suriname** reports that the International Code has been adopted as a norm.
30. Although there is no legislation governing implementation of the International Code in **Trinidad and Tobago**, the Code has been widely disseminated and discussed in workshops and seminars for health workers. Distribution of breast-milk substitutes is discouraged in public sector institutions, and marketing personnel are not permitted to promote their products, or to distribute samples there.
31. In **Uruguay** advertising and marketing of foods for infants is governed by Decree 315/94, Article 29.2.26, in accordance with the International Code. Infant formula is considered to be a medicine and is therefore sold only in pharmacies.
32. A 1993 agreement between the dairy industry and the Government of **Venezuela** provides for legal measures to give effect to the International Code and the organization of related health-sector training. Related measures include breastfeeding protection through maternity and family legislation.

South-East Asia Region

33. In **Bangladesh**, following publication in January 1997 of reported violations of the International Code by infant-food manufacturers and/or distributors in four countries (paragraph 85), including Bangladesh, a number of steps were taken in accordance with domestic legislation.¹ An emergency meeting of the Code subcommittee of the Bangladesh Breastfeeding Foundation was convened; letters, with copies of the report, were sent to the ambassadors of the seven countries from which the products in question had been imported; a press conference was held to draw attention to the report and the Government's intention to take legal action; and a case against one of the Ordinance violators was filed in criminal court (two others are being prepared). Moreover, based on evidence that 20% of mothers are feeding full-cream powdered milk to their infants, the Government decided that this product will be incorporated in the Breastmilk Substitutes (Regulation of Marketing) Ordinance 1984² with a view to banning all promotional activities in this connection.
34. In **India** the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Rules, 1993³ were made by the Central Government pursuant to the Act (1992) of the same name. These Rules deal *inter alia* with conditions and restrictions for donation and distribution of breast-milk substitutes, feeding bottles, or equipment and material relating to them through the health care system; labelling, including particulars which labels should *not* contain; and details of information intended for pregnant women or mothers of infants.
35. In 1993 the Ministry of Public Health in **Thailand** issued a notification⁴ prescribing cow's milk as a specifically controlled food and prescribing its quality and production methods. The notification also lays down detailed requirements concerning the characteristics of condensed milk and skimmed milk, and the labelling of milk products. In particular, it provides that certain unsweetened, skimmed, low-fat, and powdered milk products are to display the legend "Not for feeding infants". Similarly, certain sweetened condensed milk products are to display the legend "Not for feeding infants younger than 1 year". Meanwhile, the Director General of Public Health is promoting the adoption of the International Code by ministerial regulation, and the

¹ The Breast Milk Substitutes (Regulation of Marketing) Ordinance, 1984. *International Digest of Health Legislation*, 1985, 36(2), 425-427.

² *International Digest of Health Legislation*, 36(2): 425-427 (1985).

³ *International Digest of Health Legislation*, 45(3): 337-340 (1994). See also *IDHL*, 1993, 44, 638, *Ind.* 93.3.

⁴ *International Digest of Health Legislation*, 46(2): 212-213 (1995).

Ministry of Public Health is forming an Executive Committee, including representatives of manufacturers and consumer groups, to ensure the Code's implementation.

Eastern Mediterranean Region

36. Following a study in **Bahrain** on foods for infants and young children conducted by the Ministry of Health, the Royal Decree of 7 February 1995 promulgated Law No. 4 of 1995 on the control of the use, marketing, and promotion of breast-milk substitutes.¹ Covering the entire first year of life ("foods and beverages used as substitutes or complements for breast milk") and following closely the principles laid down in the International Code, the Law includes provisions dealing with labelling, informational and educational materials, and advertising and promotion. Expressly prohibited are advertising or other promotion for baby foods and offering of samples of breast-milk substitutes to pregnant women, mothers of infants or members of their families, or gifts that may encourage or promote the use of breast-milk substitutes or bottle-feeding. It is possible for manufacturers or distributors to make donations of baby foods to health care institutions, or to sell them at low price to needy families, in quantities sufficient for long-term use, provided that they are restricted to infants who have to be fed on breast-milk substitutes and that they are used under the supervision of a health care institution. Violations, to be investigated by a special committee established by the Minister of Health, are punishable by imprisonment and fine.

37. In **Cyprus** administrative guidelines from the Ministry of Health dating from 1991 or earlier ban the advertising of breast-milk substitutes through the mass media and prohibit distribution of product samples and the display of product posters in government facilities. With a view to broadening action to protect, promote and support breastfeeding, the Ministry recently established a national multisectoral breastfeeding committee whose first act was to convene a workshop on implementation of the International Code in April 1997. WHO support included recruitment of a legal adviser from the International Baby Food Action Network's Code Documentation Centre (paragraph 78) to conduct the workshop.

38. In January 1997 the Minister of Health of **Djibouti** presented to the Cabinet of Ministers a draft decree to govern the marketing of breast-milk substitutes, feeding bottles and teats, and to encourage breastfeeding.

39. In December 1995, the parliament of the **Islamic Republic of Iran** adopted a code of marketing of breast-milk substitutes. Infant formula, which may be sold only in pharmacies, may be imported only through the Ministry of Health. Advertising breast-milk substitutes is prohibited and advertising supplementary food products is permitted only with the Ministry's approval. Maternity leave has been extended from three to four months with job security, and mothers who have returned to their jobs are accorded one hour per day to breastfeed their children.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_30582

