



A commemorative issue to celebrate the silver jubilee of the International Code of Marketing of Breastmilk Substitutes

2006

INTERNATIONAL
CODE
DOCUMENTATION CENTRE



A survey of measures taken by governments to implement the provisions of the International Code of Marketing of Breastmilk Substitutes

STATE OF THE CODE BY COUNTRY

The State of the Code by Country 2006 is a special edition published on the occasion of the Code's 25th anniversary. It was compiled by Yeong Joo Kean and Annelies Allain of the International Code Documentation Centre, IBFAN Penang.

This chart is based on a 2005 survey and on the most recent information available. While every effort has been taken to obtain accurate data, some information may be incomplete. ICDC welcomes additions or corrections and will incorporate them in future editions.

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Sources:

1. Government replies to ICDC enquiries.
2. Government reports to UNICEF Nutrition Section.
3. WHO reports to the World Health Assembly.

Previous IBFAN-ICDC State of the Code charts have been published in 1986, 1988, 1989, 1991, 1994, 1998, 2001 and 2004.



The International Baby Food Action Network (IBFAN) is a coalition of more than 150 citizen groups in 95 developing and industrialised nations. IBFAN works for better child health and nutrition through the promotion of breastfeeding and the elimination of irresponsible marketing of infant foods, bottles and teats.

The Network helped to develop the WHO/UNICEF International Code of Marketing of Breastmilk Substitutes and is determined to see marketing practices everywhere change accordingly.

INTERNATIONAL
CODE
DOCUMENTATION CENTRE

The International Code Documentation Centre (ICDC) was established by IBFAN to focus on the implementation of the International Code. ICDC keeps track of Code measures worldwide.

- ICDC collects and compiles national legislation, both in draft and final form.
- ICDC analyses, compares and evaluates the different measures, using the International Code and subsequent WHA Resolutions as a yardstick.
- ICDC offers skills training in Code implementation and in effective monitoring of marketing practices.
- ICDC assists governments in drafting legislation.

KEY TO CHART CATEGORIES

1. **Law:** These countries have either:
 - i) enacted recent legislation encompassing all or nearly all provisions of the International Code and the clarifications and additions from subsequent WHA resolutions; or
 - ii) introduced early measures to implement the International Code prior to, or shortly after 1981. Some of these older measures have not incorporated subsequent resolutions. A downgrade may be warranted in the next assessment.
2. **Many provisions law:** These countries have either:
 - i) enacted recent legislation encompassing some provisions of the International Code; or
 - ii) introduced early (prior to or shortly after 1981) measures which partially control the marketing of breastmilk substitutes and feeding bottles. Laws in the EU are narrower in scope and have not incorporated subsequent resolutions. A downgrade may be warranted in the next assessment.
3. **Policy or voluntary measure:** In these countries, the government has adopted a voluntary code or health policy encompassing all or nearly all provisions of the International Code. There are no enforcement mechanisms.
4. **Few provisions law:** In these countries, the government has adopted only a few provisions of the International Code as law. For purposes of this chart, general food labelling laws are not considered part of the International Code.
5. **Some voluntary provisions or guidelines applicable to the health sector:** In these countries, the government has:
 - i) adopted some but not all provisions of the International Code as a voluntary measure and industry has agreed to comply; or
 - ii) issued a directive containing guidelines for health facilities to implement all the provisions of the International Code and subsequent WHA resolutions.
6. **Measure drafted, awaiting final approval:** In these countries, a draft of a law or other measure to implement all or most of the provisions of the International Code and related resolutions exists and awaits final approval.
7. **Being studied:** A government committee in these countries is still studying how best to implement the International Code. There may be draft legislation but it is not in its final stage.
8. **No action:** These countries have taken no steps to implement the Code.
9. **No information:** No information is available for these countries.

Code implementation worldwide

Since 1981, 72% of the 193 countries listed in this chart have taken some kind of action to implement the International Code. Implementation and enforcement is however lacking particularly in countries where national measures are weak. The annual turnover of the worldwide baby food market is now estimated to be around USD 20 billion and continues to grow. Only enforced legislation to curb commercial promotion can give breastfeeding a better chance.

Disrespect for global standards and national laws

Code violations occur in industrialised countries because most companies wrongly maintain that the International Code applies only in developing countries. Despite industry's professed commitment to the Code in developing countries, it persists in interpreting the International Code narrowly to include only infant formula, not all breastmilk substitutes. Even so, violations involving infant formula are still found. Many of the drafts in category 6 now contain a clear scope specifically including all breastmilk substitutes. Resolutions which clarify and expand the International Code to keep pace with new marketing techniques and scientific knowledge are often ignored although they have the same status as the Code.

Breastfeeding, HIV and the Code

Although HIV can be transmitted through mother's milk, breastfeeding remains the best way to feed an infant in the vast majority of circumstances. The absolute risk of HIV transmission through breastfeeding – globally between 5% and 20% for babies of HIV-positive mothers – needs to be balanced against the increased risk of morbidity and mortality when infants are not breastfed. All HIV-infected mothers must be counselled about the risks and benefits of various options. Replacement feeding is one of those and it should be acceptable, feasible, affordable, sustainable and safe (AFASS) under the particular circumstances. Governments that have decided to provide replacement feeding should establish appropriate procurement and distribution systems in accordance with the Code and relevant World Health Assembly resolutions. UN agencies have adopted guidelines on HIV that caution against non Code-compliant donations of breastmilk substitutes or their promotion.

Maternity protection at the workplace

For a woman to be able to breastfeed successfully, she needs support in the workplace. Legislation and regulations are necessary to ensure that women receive adequate paid maternity leave from their jobs, job security, as well as time during the workday for breastfeeding or for expressing breastmilk. Women's productive and reproductive roles were duly recognised as a collective responsibility by the adoption of the ILO Maternity Protection Convention 2000 (No.183). It entitles women to 14 weeks paid maternity leave and lactating mothers to one or two paid breastfeeding breaks per working day.

To date only 12 countries (Albania, Austria, Belarus, Belize, Bulgaria, Cuba, Cyprus, Hungary, Italy, Lithuania, Romania and Slovakia) have ratified the Convention. Other conventions such as C3, 1919 (maternity protection), C103, 1952 (maternity protection), C156, (family responsibilities) and C184, 2001 (health and safety in agriculture) protect some maternity aspects of employed women. In order to combine paid employment and successful breastfeeding, support must exist at all levels of society.

The Convention on the Rights of the Child (CRC) and the Code

The child's right to the highest attainable standard of health is enshrined in the CRC. Breastfeeding has proven essential to diminish infant and child mortality, disease and malnutrition, contributing to that aim. Article 24 of the CRC requires governments to ensure that everyone is informed about the advantages of breastfeeding, an obligation which can, in part, be fulfilled by implementing the International Code and subsequent WHA resolutions. Governments reviewed by the Committee on the Rights of the Child have been asked to improve breastfeeding practices, to develop protective legislation, and to elaborate and implement supportive frameworks and infrastructure.

Global Strategy on Infant and Young Child Feeding

Endorsed by the WHA in 2002, the Global Strategy identifies the Code as an area for high priority action by governments. They can act by implementing and monitoring existing measures or, where appropriate, strengthening them or adopting new measures. Paragraph 44 of the Global Strategy restricts the role of companies to meeting quality standards and to ensuring that their conduct at every level conforms to the Code and subsequent WHA resolutions.

STATE OF THE CODE BY COUNTRY

This chart shows the status of the *International Code of Marketing of Breastmilk Substitutes* (Code) in 193 countries. The nine categories (see detail overleaf) indicate each country's current position.

- 32 countries in **category 1** have implemented most of the Code and subsequent World Health Assembly resolutions by means of a comprehensive law, decree or other legally enforceable measure. **Botswana, Gabon, Honduras, Mozambique and Saudi Arabia** are new entrants to this category. A few countries in category 1 are reviewing their existing laws to keep abreast with subsequent WHA resolutions, namely Lebanon, Philippines, Cameroon, Tanzania and Uganda.
- 44 countries shown in **category 2** have implemented many but not all provisions of the Code as law. This category has seen a significant jump in numbers as newly acceded EU countries implement the EU Directive. **Cambodia, Malawi and Mongolia** are new arrivals after long-drawn drafting processes. **Serbia & Montenegro** emerged in this category, after years of no information, with the adoption of a set of laws in 2005.
- 18 countries in **category 3** have implemented the entire Code as a voluntary measure or as a national health policy. Although such measures are not legally enforceable, they can be effective if properly monitored. **Malaysia** is going through a review of the scope of its voluntary code while **South Africa** intends to replace its agreement with a law.

- 25 countries in **category 4** have taken measures to legislate on only some aspects of the Code. This form of Code implementation is well below the minimum envisaged by the World Health Assembly when the Code was adopted. Another 21 countries are listed in **category 5** for having a few voluntary provisions which implement the Code. Some of the measures in category 5 are industry codes while others are piecemeal efforts by the government to restrict promotion. Both measures are inadequate.
- 22 countries in **category 6** have draft laws. In addition to these 22, another 15 are classified in other categories but also have draft legislation. These are marked with the letter 'c'. **South Africa and Zambia** are countries to watch in the coming years due to a hive of activities concerning the Code and infant feeding, not least their responses to the HIV pandemic. New inclusions in category 6 are **Maldives, Fiji and Romania**. Some countries have remained in this category for many years and appear to have lost their momentum to implement the Code.
- In summary, 72% of the 193 countries have taken some measure to implement the International Code. There are still countries that have done nothing, including the **United States'** federal government. There is no information available for a handful of countries. This is not a qualitative survey and the status of countries does not reflect the efficacy of their national measures.

Status of the Code	Status of the Code								
	Law	Many provisions law	Policy or voluntary measure	Few provisions law	Some provisions voluntary or guidelines	Measure drafted, awaiting final approval	Being studied	No action	No information
Asia	1	2	3	4	5	6	7	8	9
Afghanistan					● ^c				
Bahrain	●								
Bangladesh		●							
Bhutan			● ^c						
Brunei					●				
Cambodia		●							
China		●							
Hong Kong, SAR China					● ^b				
Macao, SAR China			●						
India	●								
Indonesia		●							
Iran ¹	●								
Iraq					●				
Israel			●						
Japan					● ^b				
Jordan					●				
Kazakhstan						●			
Korea, Dem. P.R. of									●
Korea, Republic of					●				
Kuwait				●					
Kyrgyzstan							●		
Laos		●							
Lebanon	● ^a								
Malaysia			● ^{a,b}						
Maldives					● ^c				
Mongolia		●							
Myanmar							●		
Nepal	●								
Oman		●							
Pakistan		●							
Palestinian Authority							●		
Philippines	● ^a								
Qatar				●					
Saudia Arabia	●								
Singapore ²					●				
Sri Lanka	●								
Syria ¹							●		
Taiwan ²					● ^b				
Tajikistan							●		
Thailand				●					
Timor Leste					●				
Turkmenistan							●		
United Arab Emirates				● ^c					
Uzbekistan							●		
Vietnam		● ^a							
Yemen	●								
Oceania	1	2	3	4	5	6	7	8	9
Australia			● ^b						
Cook Islands			●						
Fiji					●				
Kiribati					● ^c				
Marshall Islands					●				
Micronesia						●			
New Zealand ²			●						
Palau						●			
Papua New Guinea		●							
Solomon Islands								●	
Tonga			●						
Tuvalu									●
Vanuatu					●				
Samoa					●				
Americas	1	2	3	4	5	6	7	8	9
Antigua & Barbuda								●	
Argentina	●								
Bahamas					●				
Barbados			●						
Belize					●				
Bolivia			● ^c						
Brazil	●								
Canada				●					
Chile			● ^b						
Colombia	●								
Costa Rica	●								
Cuba ¹				●					
Dominica			●						
Dominican Republic	●								
Ecuador			● ^b						
El Salvador					●				
Grenada					●				
Guatemala	●								
Guyana			●						
Haiti					●				
Honduras	●								
Jamaica			●						
Mexico		●							
Nicaragua		●							
Panama	●								
Paraguay				●					
Peru	●								
Puerto Rico, C'wealth of			●						
St Kitts & Nevis					●				
St Lucia					●				
St Vincent					●				
Surinam								●	
Trinidad & Tobago				●					
••United States								●	
Uruguay	●								
Venezuela				●					

Status of the Code	Status of the Code								
	Law	Many provisions law	Policy or voluntary measure	Few provisions law	Some provisions voluntary or guidelines	Measure drafted, awaiting final approval	Being studied	No action	No information
Africa	1	2	3	4	5	6	7	8	9
Algeria ¹				●					
Angola						●			
Benin	●								
Botswana	●								
Burkina Faso	●								
Burundi						●			
Cameroon	● ^a								
Cape Verde	●								
Central African Rep.						●			
Chad								●	
Congo, Dem. Rep. of				● ^c					
Congo, People's Rep. of						●			
Côte d'Ivoire						●			
Djibouti		●							
Egypt				●					
Equatorial Guinea									●
Eritrea						●			
Ethiopia				● ^c					
Gabon	●								
Gambia						●			
Ghana	●								
Guinea				● ^c					
Guinea-Bissau				●					
Kenya			● ^c						
Lesotho						●			
Liberia									●
Libya ¹				●					
Madagascar	●								
Malawi		●							
Mali							●		
Mauritania							●		
Mauritius						●			
Morocco					● ^c				
Mozambique	●								
Namibia						●			
Niger		●							
Nigeria		● ^a							
Rwanda						●			
São Tomé & Príncipe				●					
Senegal		●							
Seychelles		●							
Sierra Leone						●			
Somalia								●	
South Africa				● ^c					
Sudan				●					
Swaziland				● ^c					
Tanzania	● ^a								
Togo						●			
Tunisia		●							
Uganda	● ^a								
Zambia				● ^c					
Zimbabwe	●								
Europe	1	2	3	4	5	6	7	8	9
Albania	●								
Armenia				● ^c					
*Austria		●							
Azerbaijan		●							
Belarus							●		
*Belgium		●							
*Bosnia & Herzegovina							● ^b		
Bulgaria							●		
Croatia						●			
**Cyprus					●				
*Czech Republic		●							
*Denmark		●							
**Estonia				●					
*Finland		●							
*France		●							
Georgia	●								
*Germany		●							
*Greece		●							
*Hungary		●							
Iceland								●	
*Ireland		●							
*Italy		●							
*Latvia		●							
Liechtenstein									●
*Lithuania				●					
*Luxembourg		●							
Macedonia				●					
*Malta								●	
Moldova							●		
Monaco								●	
*Netherlands		●							
Norway		●							
*Poland		●							
*Portugal		●							
Romania						●			
Russian Federation							●		
Serbia & Montenegro		●							
*Slovakia		●							
*Slovenia		●							
*Spain		●							
*Sweden		●							
Switzerland ²						● ^b			
Turkey				● ^c					
Ukraine								●	
*United Kingdom		●							

IBFAN SCALE The Code in 193 countries



Categories highlighted in green denote countries which straddle more than one category. Their sub-categories are indicated by small letters. See Notes below.

Notes
a. Government is revising existing measure.
b. Government has also adopted some provisions as law.
c. Government also has a draft law or other measure.

1. Government controls distribution.
2. Industry code.

Legends
* These countries belong to the EU and most have implemented the 1991 EU Directive on Infant Formulae and Follow-up Formulae. The EU Directive does not meet the minimum standards of the Code. Lithuania has a ministerial directive implementing the Code in healthcare facilities. Malta has not taken any action to implement the Code but has a national breastfeeding policy. Sweden also has a comprehensive voluntary code.
** No information has been received from Estonia and Cyprus since their accession to the EU. All accession countries are to align their laws with the EU Directive or adopt stronger measures.
♦ Part of Bosnia & Herzegovina, Republika Srpska has an autonomous legal system which adopted the Code as a code of conduct and part of the Code as a decree.
♦♦ Partial implementation in Mass., USA.