



WHO

The International World Health

SUMMARY

“Inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in all countries, and improper practices in the marketing of breastmilk substitutes and related products can contribute to these major public health problems.” – Code Preamble

The International Code was adopted by the World Health Assembly on 21 May 1981. It is intended to be adopted as a minimum requirement by all governments and aims to protect infant health by preventing inappropriate marketing of breastmilk substitutes.

SCOPE

The Code covers the marketing of all breastmilk substitutes (Article 2). These include:

- infant formula (including so-called ‘special’ baby milks such as ‘hypo-allergenic’ formula, preterm milks and others);
- follow-up milks;
- baby foods and drinks marketed for use before the baby is 6 months old such as cereals, jarred and canned foods, biscuits, teas, juices and water; and
- Feeding bottles and teats.

(Articles 2, 3 and WHA 54.2 [2001])

The above items are hereinafter referred to collectively as “products”.

PROVISION OF CLEAR INFORMATION

Information and educational materials on infant and young child feeding should include clear and consistent 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.

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;
- the health hazards of unnecessary or improper use of infant formula and other breastmilk substitutes.

- No pictures or text which may idealise the use of breastmilk substitutes.

(Articles 4.2 and 7.2).

NO PROMOTION TO THE PUBLIC

There should be no advertising or other form of promotion of products. There should be no point-of-sale advertising, giving of samples or any other promotional 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. Marketing personnel should not seek direct or indirect contact with pregnant women or with mothers of infants and young children.

(Article 5).

NO GIFTS TO MOTHERS OR HEALTH WORKERS

Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts which may promote the use of products. No financial or material inducements to promote products should be offered to health workers or members of their families.

Financial support and other incentives for programmes and health professionals working in infant and young child health should not create conflicts of interest. Research on infant and young child feeding which may form the basis for public policies should contain a declaration relating to conflicts of interest and be subjected to independent peer review.

(Articles 5.4, 7.3, WHA 49.15 [1996] and WHA 58.32 [2005])

NO PROMOTION TO HEALTH CARE FACILITIES

Facilities of health care systems should not be used to promote products. Nor should they be used for product displays or placards or posters concerning such products, or for the distribution of materials bearing the brand names of products.

(Articles 6.2, 6.3 and, 4.3).

NO PROMOTION TO HEALTH WORKERS

Information provided to health professionals by manufacturers and distributors should be restricted to scientific and factual matters, and should not imply or create a belief that bottle feeding is equivalent or superior to breastfeeding. Samples of products or equipment or utensils for their preparation or use, should only be provided to health workers for professional evaluation or research at the institutional level.

(Articles 7.2, 7.4 and WHA 49.15 [1996])

Code & Subsequent Assembly Resolutions



NO FREE SAMPLES OR SUPPLIES

Product samples should not be given to pregnant women or mothers of infants and young children. Free or low-cost supplies of products are not allowed in any part of the health care system.

In emergency relief operations, donated supplies should only be given for infants who have to be fed on breastmilk substitutes. Such supplies should continue for as long as the infants concerned need them.

Supplies should not be used as a sales inducement.

(Articles 5.2 and 7.4)

Note: Articles 6.6 and 6.7 of the Code have been superseded by WHA 39.28 [1986], WHA 45.34 [1992] and WHA 47.5 [1994].

NO PROMOTION OF COMPLEMENTARY FOODS BEFORE THEY ARE NEEDED

It is important that infants be exclusively breastfed for 6 months and only receive safe and appropriate complementary foods thereafter. Every effort should be made to use locally available foods.

Marketing of complementary foods should not undermine exclusive and sustained breastfeeding. Breastfeeding should continue for up to two years and beyond.

(Code Preamble, WHA 39.28 [1986], WHA 45.34 [1992], WHA 47.5 [1994], WHA 49.15 [1996], WHA 54.2 [2001] and WHA 58.32 [2005])

ADEQUATE LABELS: CLEAR INFORMATION, NO PROMOTION, NO BABY PICTURES

Labels should provide information about the appropriate use of the product, and not discourage breastfeeding. Infant formula containers should carry a clear, conspicuous and easily readable message in an appropriate language, which includes all the following points:

- the words "Important Notice" or their equivalent;
- a statement about the superiority of breastfeeding;
- a statement that the product should only be used on the advice of a health worker as to the need for its use and the proper method of use; and
- instructions for appropriate preparation, and a warning of the health hazards of inappropriate preparation.

Neither the container nor the label should have pictures of infants, or other pictures or text which may idealise the use of infant formula. The terms 'humanised', 'maternalised' or similar terms should not be used.

(Articles 9.1 and 9.2)

FOOD SAFETY & QUALITY

The Codex Alimentarius Commission must continue to improve the quality standards of processed foods for infants and young children and promote their safe and proper use at an appropriate age, including through adequate labelling, consistent with the International Code, resolution WHA 54.2 and other relevant resolutions of the Health Assembly (WHA 55.25 [2002])

Parents and caregivers need to be fully informed of public health risks of intrinsic contamination of powdered infant formula; the need for safe preparation, handling and storage of prepared infant formula. This information should be conveyed through explicit warnings on labels.

Nutrition and health claims are not permitted unless allowed by national legislation (WHA 58.32 [2005])

Note: FAO/WHO Guidelines for the safe preparation, storage and handling of powdered infant formula are obtainable from <http://www.who.int/foodsafety/publications/micro/pif2007/en/index.html>

COMPANIES MUST COMPLY WITH THE INTERNATIONAL CODE

Monitoring the application of the International Code and subsequent Resolutions should be carried out in a transparent, independent manner, free from commercial influence. (WHA 49.15 [1996])

Independently of any other measures taken for implementation of the Code, manufacturers and distributors should be responsible for monitoring their marketing practices according to the principles and aim of the Code and take steps to ensure that their conduct at every level conforms to all provisions above.

(Article 11. 3)

Note: For the full text of Code and resolutions, see: www.ibfan.org/English/resource/who/fullcode.html

25 YEARS OF PROTECTING INFANT HEALTH

This International Code of Marketing of Breastmilk Substitutes celebrated its 25th anniversary in 2006 and was commemorated in WHA resolution 59.11 [2006] which called on Member States to renew their commitment to policies and programmes related to the implementation of the Code and to revitalise the Baby-Friendly Hospital Initiative. The resolution also calls for financial resources to carry out these efforts and for WHO to mobilise technical support for Member States in the implementation and monitoring of the Code and subsequent WHA resolutions.