INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES

Editor's Note:
The code, as reprinted here, is shortened for space and clarity. The major themes of each article are preserved. New words or interpretations have been added. Where the context permits, often-repeated phrases are omitted, such as “...products within the scope of this Code...” and “...mothers of infants and young children...”

ENABLING RESOLUTION:

The Thirty-sixth World Health Assembly

Awards of the direct and indirect effects of marketing practices of breastmilk substitutes on infant feeding practices;

Convinced that the protection and promotion of infant feeding, including the regulation of the marketing of breastmilk substitutes, affect infant and young child health directly and profoundly;

Confirming the endorsement in their entirety of the statement and recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding, October 1979;

The code is a minimum requirement;

Stressing that the adoption of and adherence to the International Code of Marketing of Breastmilk Substitutes is a minimum requirement and only one of several important actions required;

ADOPTS the International Code of Marketing of Breastmilk Substitutes annexed to the present resolution;

URGES all Member States, to give full and unanimous support to the implementation of the recommendations made by the Joint WHO/UNICEF Meeting on Infant and Young Child Feeding and of the provisions of the International Code in its entirety as an expression of the collective will of the membership of the World Health Organization; to translate the International Code into national legislation, regulations, or other suitable measures; to monitor the compliance with the Code.

THE INTERNATIONAL CODE:

Preamble

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

Conscious that breastfeeding is an unequally 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 breast milk help to protect infants against disease; and that there is an important relationship between breastfeeding and child spacing;

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;

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;

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

Article 1: Aim of the Code

The aim is to [provide] 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, through appropriate marketing and distribution.

Article 2: Scope of the Code

The Code applies to the marketing of breastmilk substitutes, including infant formula, other milk preparations, foods, and beverages, including bottle-fed complementary foods when marketed or otherwise represented to be suitable, for use as a partial or total replacement of breast milk; feeding bottles and teats.

Article 3: Definitions

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

“Samples” means single or small quantities provided without cost.

Article 4: Information and Education

4.1 Governments should have the responsibility to ensure that objective and consistent information is provided on infant feeding for use by families and those in the field of infant and young child nutrition.

4.2 Information and educational materials, written, audio, or visual for pregnant women and mothers of infants and young children, should include: (a) benefits and superiority of breastfeeding; (b) maternal nutrition; (c) the negative effect on breastfeeding of partial bottle-feeding; (d) the difficulty of reversing the decision not to breastfeed; and (e) where needed, the proper use of infant formula. When materials contain information about infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breastmilk substitutes. Materials should not use pictures or text which idealize breastmilk substitutes.

Warnings of health hazards of all materials

4.3 Donations of educational equipment or materials should be made only at the request and with written approval of appropriate government authority. Such equipment or materials may bear the company’s name or logo, but should not refer to a proprietary product.

Donations of equipment can't advertise formula products

Article 5: The General Public and Mothers

5.1 There should be no advertising or other promotion to the general public.

5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples.

5.3 There should be no point-of-sale advertising, giving of samples, or any promotion device to induce sales directly to the consumer at the retail level (special displays, discount coupons, premiums, special sales, loss-leaders, tie-ins, sales). This should not restrict pricing policies and practices intended to provide products at lower prices on a long-term basis.

No point-of-sale advertising

5.4 Manufacturers and distributors should not distribute to pregnant women or mothers any gifts or utensils which may promote the use of breastmilk substitutes or bottlefeeding.

No gifts to mothers

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

No marketing contact with mothers

Article 6: Health Care Systems

6.1 Health authorities in Member States should take measures to encourage and protect breastfeeding and promote this Code, and give appropriate information to health workers in regard to their responsibilities, including the information specified in Article 4.2.

6.2 No facility of a health care system should be used for promoting infant formula or other products within the scope of this Code.

No promotion in health facilities

6.3 Facilities of health care systems should not be used for the display of products, placards or posters concerning such products, or for distribution of material provided by a manufacturer or distributor other than specified in Article 4.3.

No posters, placards, or displays

6.4 The use of “professional service representatives,” “mothercraft nurses” or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.

No mothercraft nurses (‘milk nurses’)
6.3 Feeding with infant formula should be demonstrated only by health workers, or other community workers; and only to the mothers or family members who need it; the information given should include a clear explanation of the hazards of improper use.

6.4 Donations or low-price sales to institutions of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used for infants who have to be fed on breastmilk substitutes. If supplies are distributed for use outside the institutions, this should be done only by the institutions concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement.

6.5 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution should ensure that supplies can be continued as long as the infants concerned need them. Donors or institutions concerned should bear in mind this responsibility.

6.6 Equipment and materials donated to a health care system may bear a company’s name or logo, but should not refer to any proprietary product.

**Article 7: Health Workers**

7.1 Health workers should encourage and protect breastfeeding.

7.2 Information provided by manufacturers and distributors to health professionals 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. It should include the information specified in Article 4.2.

7.3 No financial or material inducements to promote products should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted.

7.4 Samples of infant formula or other products, or of equipment or utensils for their preparation or use, should not be provided to health workers when necessary for professional evaluation or research at the institutional level. Health workers should not give samples to pregnant women, mothers, or members of their families.

7.5 Manufacturers and distributors should disclose to the affiliated institution any contribution made for fellowships, study tours, research grants, attendance at professional conferences, or the like. Similar disclosures should be made by all recipients.

**Article 8: Persons Employed by Manufacturers and Distributors**

8.1 In sales incentives for marketing personnel, the volume of sales of products within the scope of this Code should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should not prevent the payment of bonuses based on the overall sales of other products marketed.

8.2 Personnel employed in marketing products within the scope of this Code should not, as their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. This should not be understood as preventing personnel from other functions of the health care system at the request and with the written approval of the appropriate authority of the government concerned.

**Article 9: Labelling**

9.1 Labels should provide the necessary information about the appropriate use of the product, and not discourage breastfeeding.

9.2 Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, easily readable and understandable message printed on it, or on a label which cannot readily become separated, in an appropriate language, which includes: (a) the words “Important Notice”; (b) a statement of the superiority of breastfeeding; (c) a statement that the product should be used only on the advice of a health worker as to its need and proper use; (d) instructions for appropriate labels must include warnings of health hazards and side effects.

9.3 Products marketed for infant feeding which do not meet all the requirements of an infant formula, but which, in order to be compatible, should carry on the label a warning that the unmodified product should not be the sole source of nourishment. Since sweetened condensed milk is not suitable for infant feeding, nor as a main ingredient of infant formula, its label should not contain instructions on how to modify it for that purpose.

9.4 The label should also state: (a) the ingredients used; (b) the composition and analysis of the product; (c) the storage conditions required; (d) the batch number and (expiration) date, taking into account the climatic and storage conditions of the country concerned.

**Article 10: Quality**

10.1 The quality is an essential element for the protection of the health of infants and should be a high recognized standard.

10.2 Products should, when sold or otherwise distributed, meet applicable standards. [Codex Alimentarius, et al.]

**Article 11: Implementation and Monitoring**

11.1 Governments should give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures. Governments should seek the cooperation of WHO, UNICEF and other agencies of the United Nations system. National policies, including laws and regulations, should be publicly stated, and should apply to all those involved in the manufacture and marketing of products within the scope of this Code.

11.2 Monitoring the application lies with governments acting individually, and collectively through the World Health Organization. The manufacturers and distributors, and nongovernmental organizations, professional groups, and consumer organizations should collaborate.

11.3 Independently of any other measures taken for implementing manufacturers and distributors of products within the scope of this Code should regard themselves responsible for monitoring their marketing practices according to the principles and aim of this Code, and ensure that their conduct at every level conforms to them.

**Government should implement the code.**

**Manufacturers’ conduct should conform to the code at every level!**

11.4 Nongovernmental organizations, professional groups, institutions, and individuals concerned should draw the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should be informed.

11.5 Manufacturers and primary distributors should apprise each member of their marketing personnel of the Code and of their responsibilities under it.

11.6 In accordance with the Constitution of the WHO, Member States shall communicate annually to the Director-General, information on action taken to give effect to the Code.

11.7 The Director-General shall report in even years to the World Health Assembly on the status of implementation of the Code; and shall, on request, provide technical support to Member States preparing national legislation or regulations, or taking other appropriate measures in implementation of the principles and aim of this Code.