

The International Code of Marketing of Breast-milk Substitutes and WHA Resolutions: Summary of portions relevant to emergencies

In 1979, WHO and UNICEF organized an international meeting on infant and young child nutrition. One of the recommendations made was that there should be an international code of marketing of infant formula and other products used as breastmilk substitutes. Member states of WHO and other groups and individuals who had attended the 1979 meeting, including representatives of the infant food industry, were then involved in a consultative process, which culminated in the production of the International Code. This Code was endorsed by the World Health Assembly in 1981 in a Resolution (WHA 34.22) that stressed that the Code is a **minimum requirement** to be enacted **in its entirety** by **all countries**.

The Code sets out the responsibilities of the infant food industry, health workers, national governments and concerned organizations in relation to the marketing of breastmilk substitutes, feeding bottles and teats as well as information regarding the use of these products. Since 1981, subsequent WHA Resolutions have been passed which aim to strengthen and clarify the Code. These Resolutions have the same status as the Code itself and should be read with it.

The most important parts of the Code relating to infant and young child feeding in emergencies are:

Aim

“The aim of the 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 breast-milk substitutes, when they are necessary, on the basis of adequate information and through appropriate marketing and distribution.”

Scope

The Code applies to any product that is marketed or otherwise represented as a partial or total replacement for breastmilk, and to feeding bottles and teats. Only certain products are suitable as breastmilk substitutes, but many other unsuitable products (such as baby cereals, fruit or sugar drinks and follow-on formulas) fall under the scope of the Code when they are marketed inappropriately.

Advertising

No advertising of the above products to the public.

Samples:

No free samples to mothers, their families or health workers. (‘Sample’ means ‘single or small quantities of a product provided without cost.’) Further: ‘Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.’ (Article 7.7, 1981)

Health care facilities (Article 6)

- No promotion of products, i.e., no product displays, posters or distribution of promotional material.
- ‘Feeding with infant formula... should be demonstrated only by health workers, or other community workers if necessary; and only to the mothers or family members who need to use it; and the information should include a clear explanation of the hazards of improper use’ (Article 6.5).
- No use of ‘mothercraft’ nurses or similar company-paid personnel.
- ‘There should be no free or subsidized supplies of breast-milk substitutes or other products covered by the Code in any part of the health care system.’ 1994 Resolution (WHA 47.50)

Health care workers (Article 7)

- No gifts or samples should be given to health care workers.
- 'Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.' (Article 7.7).
- Product information must be factual and scientific.

Supplies

No free or low-cost supplies of breastmilk substitutes to maternity wards and hospitals (The 1994 WHA Resolution (WHA 47.50) states that they should not be in any part of the health care system) ('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')

Information

Governments have responsibility to ensure that 'objective and consistent information is provided on infant and young child feeding'. Such information should never promote or idealise the use of breastmilk substitutes and should include specified points. It should also explain the benefits and superiority of breastfeeding and the costs and hazards associated with artificial feeding. Manufacturers should provide only scientific and factual information to health workers and should never seek contact with mothers.

Labels (Article 9)

- The label must be 'in an appropriate language', it should also be 'easily readable and understandable' (Article 9.2.)
- Must clearly state the superiority of breastfeeding, that 'the product should only be used on the advice of a health worker as to its use and the proper method of use, include instructions for appropriate preparation and warning about the health hazards associated with artificial feeding. (Article 9.2.)
- There must be no pictures of infants, nor 'pictures or text which may idealize the use of infant formula.' The terms 'humanized', 'materialized' or similar terms should not be used.
- The label should also state the following: (a) the ingredients used; (b) the composition/analysis of the product; (c) the storage conditions required; and (d) the batch number, and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned. (Article 9.4)

Products

Unsuitable products should not be promoted for infants, such as sweetened condensed milk. All products should be of high quality and take account of the climatic and storage conditions of the country where they are used. Manufacturers and distributors should comply with the Code **independent** of government action to implement it. NGOs have a responsibility to report any violations to governments and to manufacturers.

WHA Resolutions Most Relevant to Emergencies

1981 Resolution (WHA 34.22)

The 1981 Resolution (WHA 34.22) stresses that the Code is a 'minimum requirement' to be enacted 'in its entirety' by all countries, that it should be translated into 'national legislation, regulation or other suitable measures' and that compliance should be monitored.

1986 Resolution (WHA 39.28)

The 1986 Resolution (WHA 39.28) states that:

- Any food or drink given before complementary food is required may interfere with breastfeeding (less than six months of age) and so should not be promoted or encouraged for use by infants during this period.

- 'Ensure the small amounts of breast-milk substitutes needed for the minority of infants who require them in maternity wards and hospitals are made available through the normal procurement process and not through free or subsidized supplies.'
- The practice being introduced in some countries of providing 'follow-up milks' for older children is not necessary.

1992 Resolution (WHA 45.34)

The 1992 Resolution (WHA 45.34) reaffirms that during the first 4–6 months no other foods or fluids (even water), except breastmilk, are required.

1994 Resolution (WHA 47.50)

The 1994 Resolution (WHA 47.50) states that:

- Mothers should be supported in their choice to breastfeed, obstacles should be removed and interference prevented in health services, the workplace or the community
- Complementary feeding should be introduced from about six months of age
- There should be no free or subsidized supplies of breastmilk substitutes or other products covered by the Code in any part of the health care system
- To exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the International Code be given only if all the following conditions apply:
 - (a) Infants have to be fed on breast-milk substitutes as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes;
 - (b) The supply is continued for as long as the infants concerned need it;
 - (c) The supply is not used as a sales inducement

Note: WHA Resolution 47.5 which allowed donations to be given under certain circumstances has been superseded by WHA 63.23 (2010) which directs governments not to accept donations. Experience showed that WHA 47.5 had loopholes that allowed supplies to flood in as it was difficult to ensure that the conditions were fulfilled. Hence the prohibition on donations in the Operational Guidance on IYCF-E and WHA 63.23 (see below).

1996 Resolution (WHA 47.15)

The 1996 Resolution (WHA 47.15) states that

- Financial support for professionals working in infant and young child health should not create conflicts of interest.
- Monitoring of the Code and subsequent relevant resolutions should be carried out in a transparent independent manner, free from commercial influence.

2001 Resolution (WHA 55.2)

The 2001 Resolution (WHA 55.2) states that exclusive breastfeeding should be promoted, protected and supported for six months as a global public health recommendation, and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond.

2005 Resolution (WHA 58.32)

The 2005 Resolution (WHA 58.32) states that:

- Financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflicts of interest
- Member States should be aware of the risks of intrinsic contamination of powdered infant formulas and ensure this information is conveyed through label warnings

2010 Resolution (WHA 63.23)

The 2010 Resolution (WHA 63.23) urges Member States "to ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria";

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