

MARKETING OF BREAST-MILK SUBSTITUTES:  
**NATIONAL IMPLEMENTATION OF THE INTERNATIONAL CODE**  
STATUS REPORT 2018



Marketing of breast-milk substitutes: national implementation of the international code, status report 2018

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## ABBREVIATIONS

the Code International Code of Marketing of Breast-milk Substitutes (4) and subsequent relevant World Health Assembly resolutions (5)

EU	European Union
GINA	Global Database on the Implementation of Nutrition Action
the Guidance	<i>Guidance on ending inappropriate promotion of foods for infants and young children (7)</i>
IBFAN	International Baby Food Action Network
ICDC	International Code Documentation Centre (IBFAN technical office for Code implementation and monitoring)
NetCode	Network for Global Monitoring and Support for Implementation of the <i>International Code of Marketing of Breast-milk Substitutes</i> and subsequent relevant WHA resolutions
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization

# EXECUTIVE SUMMARY

This report provides updated information on the status of implementing the *International Code of Marketing of Breast-milk Substitutes*<sup>1</sup> and subsequent relevant World Health Assembly resolutions<sup>2</sup> ("the Code") in and by countries.<sup>3</sup> It presents the legal status of the Code, including – where such information is available – the extent to which Code provisions have been incorporated in national legal measures. While the 2016 report focused on the status and quality of Code provisions at the global level, this report provides a regional perspective on the legal status of the Code. It highlights the status of a limited number of specific provisions that the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the International Baby Food Action Network (IBFAN) consider to be particularly instrumental in addressing and eliminating inappropriate marketing of breast-milk substitutes, feeding bottles and teats. As a baseline assessment of the 2016 *Guidance on ending inappropriate promotion of foods for infants and young children* ("the Guidance"),<sup>4</sup> WHO, UNICEF and IBFAN also undertook a preliminary analysis of selected legal provisions in those countries where complementary foods are listed as designated products in their Code-related legislation.

## METHODOLOGY

WHO, UNICEF and IBFAN collected information from country and regional offices on new or additional legal measures adopted by countries since 2016. In addition, for countries with missing or incomplete information in 2016, further investigation was conducted on the status of Code implementation. A re-examination of legal measures was undertaken for all countries with new information. For those countries that have adopted legal measures since the 2016 report, the relevant legal documents were obtained through the ministry of health, and with the assistance of regional and country offices. Documentation was also obtained from legal databases (LexisNexis<sup>5</sup> and FAOLEX<sup>6</sup>), national gazettes and internet search engines. Where needed, additional copies of legislation and translations were acquired from UNICEF and IBFAN-ICDC (International Code Documentation Centre) files. The documents received were then reviewed, based on the comprehensiveness of the provisions included in the national legal measures in all WHO Member States, and categorized as countries with full, many, few or no provisions in law.

## FINDINGS

### LEGISLATIVE STATUS OF THE CODE

As of April 2018, 136 out of 194 countries had some form of legal measure in place covering all, many or few provisions of the Code. In 2017, three countries – Chile, Thailand and Mongolia – enacted new Code-related legislation, while Albania, Bahrain and Bangladesh adopted additional legal measures to strengthen their legislative frameworks for Code implementation. Two countries – Fiji and China – took retrogressive steps by repealing laws or specific provisions of laws. New information available clarified the legal status of the Code in 10 countries that were classified as countries with no information in 2016. Seven of these were subsequently determined to have no legal measures in place, while three were added to the list of countries with legal measures, based on an analysis indicating that they de facto

1 International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization; 1981 ([http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf)).

2 World Health Organization. Code and subsequent resolutions (<http://www.who.int/nutrition/netcode/resolutions/en/>).

3 The data presented in this report are for 194 WHO Member States ("countries"), and do not include non-Member States or territories.

4 Maternal, infant and young child feeding. Guidance on ending the inappropriate promotion of foods for infants and young children. In: Sixty-ninth World Health Assembly, Geneva, 23–28 May 2016. Provisional agenda item 12.1. Geneva: World Health Organization; 2016 (A69/7 Add 1; [http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_7Add1-en.pdf?ua=1](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf?ua=1)).

5 LexisNexis (<http://www.lexisnexis.co.uk/en-uk/about-us/about-us.page>).

6 Food and Agriculture Organization of the United Nations. FAOLEX database (<http://www.fao.org/faolex/en/>).





align with the European Union (EU) regulation of 2013.<sup>7</sup> In addition, documentation of the legal measures that was unavailable in 2016 was obtained for five countries, resulting in an upgrade for two countries and a downgrade for three other countries. Careful re-examination of information on existing legal measures was undertaken for a total of 12 countries. On this basis, one country was upgraded and 11 were downgraded.

Thirty-seven years after the adoption of the Code, too few countries have robust measures in place to eliminate inappropriate promotion of breast-milk substitutes and complementary foods for infants and young children, including advertising to the general public and various forms of promotion in health-care settings. A ban on promotion of complementary foods for infants under 6 months of age is in place in under one third of all countries with Code-related legislation. In addition, in four out of the six WHO regions, a little over half of the countries have provisions that explicitly empower government agencies to impose sanctions on violators of their law. Furthermore, very few countries currently include milk products labelled for use up to at least 36 months of age as designated products in their legislation.

### LEGAL PROVISIONS RELATED TO COMPLEMENTARY FOODS

As the Guidance was approved and launched in 2016, it is unlikely that many countries would already have adopted legal measures that adequately reflect the various requirements and prohibitions embedded in the Guidance recommendations. Nevertheless, of the 136 countries that have legal measures in place, 59 have incorporated complementary foods as designated products under such measures. Based on the information and analytical methods currently available to WHO, UNICEF and IBFAN, it appears that a number of countries have made significant efforts to address inappropriate marketing practices in relation to complementary foods, by incorporating relevant provisions in their legislation for the Code and infant and young child nutrition. Some of those countries successfully did so prior to the approval of the Guidance, while those that adopted new, or improved existing, legislation after 2016 took into consideration various elements of the Guidance.

Many countries do have detailed requirements and restrictions in relation to messages and labels on products, including for complementary foods. Nevertheless, there is much room for further improvement. In particular, prohibition of cross-promotion, and avoidance of conflicts of interest, by both manufacturers and distributors of complementary foods and health professionals, are frequently not included within the legal measures. The baseline analysis undertaken provides a useful, albeit cautious, starting point to assess the extent to which the current legal and regulatory landscape in countries is supportive of effective implementation of the recommendations of the Guidance.

<sup>7</sup> Regulation (EU) NO. 609/2013 of the European Parliament and of the Council of 12 June 2013 on food intended for infants and young children, food for special medical purposes, and total diet replacement for weight control and repealing Council Directive 92/52/EEC, Commission Directives 96/8/EC, 1999/21/EC, 2006/125/EC and 2006/141/EC, Directive 2009/39/EC of the European Parliament and of the Council and Commission Regulations (EC) No 41/2009 and (EC) No 953/2009. Official Journal of the European Union. 2013;29 June:L 181/35–56 (<https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R0609&from=EN>).



## Recommendations for action

The findings of this report lead to the recommendations listed next.

- Legislators and policy-makers must recognize their obligations, under both international human rights law and national Code-related or other relevant laws, to promote and protect breastfeeding, and to eliminate inappropriate marketing practices. Such obligations must translate into clear statements of support, allocation of adequate budgets, and creation and application of budget-oversight mechanisms.
- Governments must establish robust and sustainable monitoring and enforcement mechanisms to implement national laws and regulations aimed at eliminating inappropriate marketing practices. Such mechanisms need to involve all relevant government agencies authorized to monitor and enforce various elements of the Code and Guidance, must be adequately funded and sourced with knowledgeable staff, and should allow for public engagement and scrutiny, including through the periodic release of implementation reports. To assist countries with the strengthening of monitoring and enforcement, WHO, in collaboration with partners of the Network for Global Monitoring and Support for Implementation of the *International Code of Marketing of Breast-milk Substitutes* and subsequent relevant World Health Assembly Resolutions (NetCode),<sup>8</sup> has published important monitoring protocols, including practical tools and guidance for setting up effective monitoring systems.<sup>9</sup>
- Countries should analyse and address weaknesses or gaps in their existing legislation, and act accordingly. In particular, countries must strengthen their legal and regulatory frameworks, to (i) eliminate advertising and other forms of promotion to the general public and in health-care facilities; (ii) enable authorized government entities to impose sanctions when violations have been identified and validated; (iii) explicitly include milk products intended and marketed as suitable for feeding young children up to at least 36 months of age; and (iv) enforce a ban on promotion of complementary foods for infants under 6 months of age.
- Countries should also urgently review and analyse their legal and regulatory frameworks in view of the WHO *Guidance on ending inappropriate promotion of foods for infants and young children*. For those countries that do not include complementary foods as designated products in their relevant legislation, efforts must be made to do so, aligning additional measures with the recommendations set forth in the Guidance. Countries that have complementary foods included, should review and amend their legislation accordingly.

<sup>8</sup> World Health Organization. Nutrition. NetCode (<http://www.who.int/nutrition/netcode/en/>).

<sup>9</sup> World Health Organization. Nutrition. NetCode toolkit for ongoing monitoring and periodic assessment of the Code (<http://www.who.int/nutrition/netcode/toolkit/en/>).





# INTRODUCTION

Globally, three out of five children under 6 months of age are not exclusively breastfed and only 45% of children continue breastfeeding for 2 years

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There is increasing promotion of breast-milk substitutes for older infants and young children – those between 6 and 36 months of age – including follow-up formula and “growing-up” milks.

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## INTRODUCTION

Despite ample evidence of the benefits of exclusive and continued breastfeeding for children, women and society (1), far too few children are breastfed as recommended. Globally, three out of five children under 6 months of age are not exclusively breastfed and only 45% of children continue breastfeeding for 2 years (2).

A major factor undermining efforts to improve breastfeeding rates is continued and aggressive marketing of breast-milk substitutes, as well as the promotion of feeding bottles and teats. In 2014, global sales of breast-milk substitutes totalled US\$ 44.8 billion, and this number is expected to rise to US\$ 70.6 billion by 2019 (3).

Inappropriate marketing of food products that compete with breastfeeding often negatively affects the mother's choice to breastfeed her child optimally. Given the special vulnerability of infants and the risks involved in inappropriate feeding practices, usual marketing practices are unsuitable for these products. Yet, the prevalence of inappropriate marketing practices is persistent in many countries, and these practices increasingly target new and non-traditional settings, including social media channels and internet sites.

*The International Code of Marketing of Breast-milk Substitutes* (4) and subsequent relevant World Health Assembly (WHA) resolutions (5) (“the Code”) remain crucial tools in efforts to reduce and eliminate inappropriate marketing practices, and ensure the effective promotion and protection of breastfeeding.

In addition, there is increasing promotion of breast-milk substitutes for older infants and young children – those between 6 and 36 months of age – including follow-up formula and “growing-up” milks. These products undermine sustained breastfeeding up to 2 years or beyond.

Inappropriate promotion of commercial complementary foods can mislead and confuse caregivers about their nutrition- and health-related qualities, and their age-appropriate and safe use. Promotion can be used to convince caregivers that family foods are inadequate, and create a dependency on expensive commercial products. In addition, caregivers often do not understand the distinctions between milk products promoted for children of different ages. Cross-promotion of such foods, through use of colours, mascots and wording on the labelling, is frequently used to promote a company's breast-milk substitute products. Because the packaging and marketing of these products often resemble those of infant formula, mothers may also decide to use them in the first 6 months of life.

Responding to these growing concerns, in 2010, the WHA urged all Member States to end inappropriate promotion of food for infants and young children (6) and in 2012, the WHA requested the World Health Organization (WHO) to develop clarification and guidance on the inappropriate promotion of foods for infants and young children.

*The Guidance on ending inappropriate promotion of foods for infants and young children* (“the Guidance”) was approved and welcomed by the WHA in 2016 (7). It pertains to foods and drinks marketed for children aged 6–36 months, and includes seven recommendations. It further clarifies the scope of the Code and extends some provisions to the marketing of complementary foods. The Guidance also states that no complementary foods should be promoted for use before 6 months of age. The promotion of complementary foods for infants aged less than 6 months is also prohibited under resolution WHA39.28, which states that “any food or drink given before complementary feeding is nutritionally required may interfere with the initiation or maintenance of breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period” (8).

In recent years, an increasing number of global initiatives have articulated a renewed emphasis on the importance of the Code and Guidance as key instruments for ensuring optimal infant and young child nutrition. The *Comprehensive implementation plan on maternal infant and young child nutrition* called upon Member States to “develop or where necessary

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strengthen legislative, regulatory and/or other effective measures to control the marketing of breast-milk substitutes, [feeding bottles and teats] in order to ensure implementation of the *International Code of Marketing of Breast-milk Substitutes* and relevant resolutions adopted by the [World] Health Assembly” (9). The 2014 Second International Conference on Nutrition Framework for Action (10), which forms the underpinnings of the United Nations Decade for Action on Nutrition (11), similarly called on countries to implement the Code and subsequent relevant WHA resolutions. Various United Nations human rights mechanisms issued a joint statement in 2016 (12), explicitly referring to the obligation of countries under relevant international human rights treaties to implement the Code.

Within the last year, a number of reports have documented the inappropriate promotion of breast-milk substitutes and related matters. The International Baby Food Action Network (IBFAN) published its 2017 *Breaking the rules, stretching the rules* report, providing information on Code violations by 28 companies in 79 countries (13). Apart from violations by manufacturers of major Code provisions involving a whole spectrum of products covered by the scope of the Code, the report shows how unfounded health and nutrition claims continue to be a prime marketing tool and how, across the globe, technological advances are becoming effective marketing tools over conventional media. The report also reveals new trends in promotion, involving the artful combination of marketing initiatives with public health campaigns that give rise to conflicts of interest. The report indicates the clear need for enforceable laws that are properly monitored and enforced, to level the playing field in support of breastfeeding. In 2017, the Changing Markets Foundation published a report entitled *Milking it: how milk formula companies are putting profits before science*, in which they describe a series of unsubstantiated nutrition and health claims for infant milk products for babies under 12 months of age (14). In addition, in 2018, Save The Children, released the *Don't push it* report,<sup>1</sup> which highlights how misleading and inaccurate marketing of breast-milk substitutes is jeopardizing infants' health and development by undermining breastfeeding and preventing families from receiving clear, evidence-based information about infant feeding (15).

This 2018 WHO/United Nations Children's Fund (UNICEF)/IBFAN report provides updated information on the status of implementation of the Code in and by countries. It describes the extent to which Code provisions have been incorporated in national legal measures. The 2018 report builds upon the 2016 Code status report (16).

As with the Code, robust and enforceable legislation should also be at the core of a comprehensive response to end inappropriate promotion of foods for older infants and young children. In many countries, legislation aimed at implementation of the Code may already include many of the products identified for designation, and may have provisions that address the requirements and prohibitions reflected in relevant recommendations of the Guidance. To this end, this report also provides a baseline analysis of the extent to which the legal measures enacted for the Code address some of the recommendations contained in the WHO Guidance (7).

No complementary foods should be promoted for use before 6 months of age.

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Robust and enforceable legislation should also be at the core of a comprehensive response to end inappropriate promotion of foods for older infants and young children

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<sup>1</sup> The report was endorsed by a collective of organizations, including Action Contre la Faim, BRAC, FHI 360, Helen Keller International and the SUN Movement in Pakistan.







## METHODOLOGY



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# METHODOLOGY

WHO, UNICEF and IBFAN collected information from country and regional offices on new or additional legal measures adopted by countries since 2016. In addition, for countries with missing or incomplete information in 2016, further investigation was conducted on the status of Code implementation. A re-examination of legal measures was undertaken for all countries with new information.

## DATA COLLECTION

For those countries that have adopted legal measures since the 2016 report, the relevant legal documents were obtained through the ministry of health, and with the assistance of regional and country offices. Documentation was also obtained from legal databases (LexisNexis (17) and FAOLEX (18)), national gazettes and internet search engines. Where needed, additional copies of legislation and translations were acquired from UNICEF and IBFAN-ICDC (International Code Documentation Centre) files. New legal measures were entered into the WHO Global database on the Implementation of Nutrition Action (GINA) (19), and into the databases of IBFAN-ICDC and UNICEF.

## ANALYSIS OF LEGAL PROVISIONS FOR THE CODE

New legal measures adopted since 2016 for which documentation was available, were analysed by using a standard checklist on the scope and content of national legal measures. This included countries with no previous legislation and those with existing legislation for which additional measures had been adopted or amendments made. For those countries with existing legal measures, but which had adopted additional measures or amendments, resulting modifications of legal provisions were reviewed and discussed, and agreement was reached on subsequent re-categorization, where needed.

For 15 countries, new information was obtained on legal measures beyond what was available in 2016, in some cases demonstrating that no legal measures exist and in other cases documenting the measures that do exist. For another two countries, while information from WHO, UNICEF and IBFAN offices indicated that legal measures were in place, relevant legal documentation could not be obtained during the preparation of this report. It was agreed to classify these countries as having few measures in place, even though the specific provisions covered are not clear. Continued efforts will be made to obtain relevant information, in order to update the status and information on these countries in the next report.

Additionally, based on clearly identified discrepancies between a country's previous categorization (full, many or few provisions in law) and the scope and content of its legal measures in the 2016 report (16), a re-examination and clarification of provisions covered by existing legal measures was undertaken for 12 countries. As a result, the categorization of several countries was modified accordingly.

## CATEGORIZATION OF LEGISLATION

Based on the documents reviewed, the national legal measures in all WHO Member States were categorized as follows:

- full law: countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing all or nearly all provisions of the Code and subsequent WHA resolutions (4, 5);
- many provisions in law: countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing many provisions of the Code and subsequent WHA resolutions (4, 5);
- few provisions in law:<sup>1</sup> countries have enacted legislation or adopted regulations,

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<sup>1</sup> The 2018 IBFAN-ICDC State of the Code by country (20) add the category "Some provisions in other laws or guidelines applicable to the health sector" for countries without dedicated Code legislation, but with Code-related provisions incorporated in other legal measures. However, for the purpose of this report, it was agreed that countries with no dedicated Code legislation, but with Code provisions incorporated in other legal measures, are included in the category "Few provisions in law". These countries will be annotated in the detailed list in annex 1 of the report.

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directives, decrees or other legally binding measures covering only few of the provisions of the Code or subsequent WHA resolutions (4, 5);

- no legal measures:<sup>2</sup> countries have taken no action or have implemented the Code only through voluntary agreements or other non-legal measures (includes countries that have drafted legislation but not enacted it).

## PROVISIONS FOR COMPLEMENTARY FOODS

As a baseline assessment of the Guidance, WHO, UNICEF and IBFAN also undertook a preliminary analysis of the specific legal provisions in those countries that list complementary foods as designated products in their Code-related legislation. It was not an in-depth assessment of all provisions in the Guidance recommendations and this report does not necessarily include all legal measures adopted by countries to incorporate requirements and prohibitions. Analysis focused on provisions that address the following elements of the Guidance recommendations:

- requirements for messages on labels for complementary foods;
- avoidance of conflicts of interest in health-care settings by manufacturers and distributors of complementary foods;
- cross-promotion.



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<sup>2</sup> The IBFAN-ICDC State of the Code by country (20) includes separate categories for non-legal measures, such as voluntary codes and policies.





## LEGISLATIVE STATUS OF THE CODE

136 out of  
194 countries  
report having legal  
measures in place  
related to the Code

## LEGISLATIVE STATUS OF THE CODE

Implementation of the Code, through enactment and enforcement of robust national legal measures, is essential to ensure that parents and other caregivers are protected from inappropriate and misleading information.

Under Article 11.1 of the Code (4), countries are requested to “take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulation or other suitable measures”. In resolution WHA34.22 (1981), in which the Code is adopted (21), the WHA stresses that adoption of and adherence to the Code is a minimum requirement for all countries, and urges all countries to implement it “in its entirety”.

### STATUS OF NATIONAL LEGAL MEASURES

As of April 2018, 136 out of 194 countries had some form of legal measure in place covering all, many or few provisions of the Code (see Fig. 1 and Annex 1). The specific provisions covered in the countries that have legal measures are documented in Annex 2.

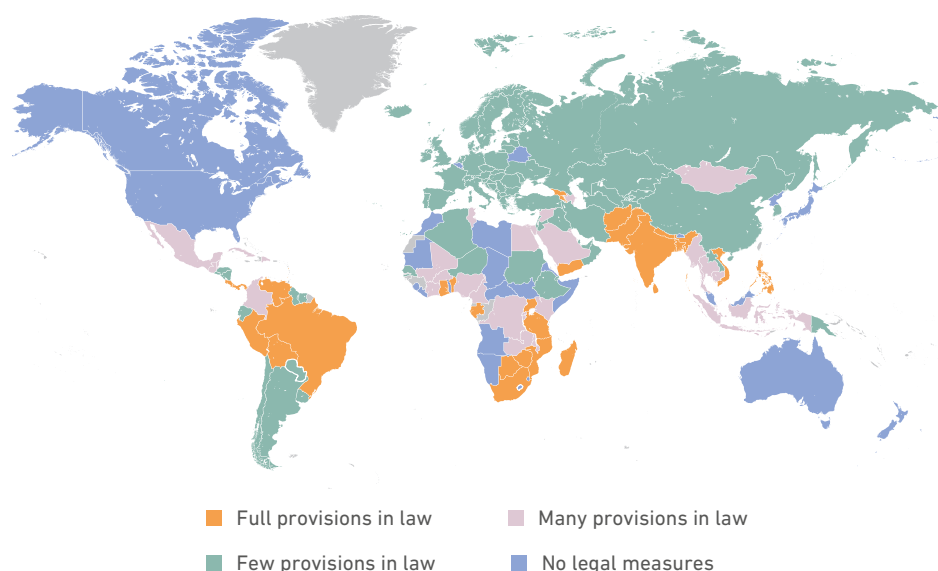


FIG. 1. STATUS OF NATIONAL LEGAL MEASURES IN COUNTRIES, 2018

In 2017, three countries – Chile, Thailand and Mongolia – adopted new Code-related legislation. The Thai legislation has been classified as having many provisions for Code implementation. Chile introduced a decree to modify existing food regulations in order to restrict the advertising of formula products. The current Mongolian legislation is a distinct improvement over its predecessor from 2005. It introduces many elements that were missing in the 2005 law. However, not all important elements of the Code are incorporated into the new law. In three countries – Albania, Bahrain and Bangladesh – additional legal measures were adopted to strengthen their legislative frameworks for Code implementation, including adding specific requirements for the content of educational and informational materials, and additional labelling provisions. Albania issued a ministerial order, which closed a gap regarding information and education in its existing law, while in 2017, Bangladesh complemented its 2014 law with a set of additional rules. Two countries – Fiji and China – took retrogressive steps. In 2016, Fiji repealed the chapter on labelling in its law, while

China repealed its legal measure in 2016, without any replacement, thus weakening legal protection from inappropriate promotion of breast-milk substitutes.

Clarification of the legal status of the Code was provided by WHO regional offices for 10 countries for which no information was available in 2016. Central African Republic, Equatorial New Guinea, Federated States of Micronesia, Montenegro, Nauru, Niue and Tonga were determined to have no legal measures in place. Three European countries, Andorra, Monaco and San Marino were added to the list of countries with legal measures, based on an analysis indicating that they de facto align with the European Union (EU) directive on marketing of breast-milk substitutes.

In addition, documentation of the legal measures that was unavailable in 2016 was obtained for five countries. Analysis of the newly obtained documents from Rwanda allowed this country to be upgraded from few provisions to many provisions for the Code in law. Ethiopia, which was previously listed as having no legal measures, was upgraded to having few provisions in law, owing to its analysis of its legislation. New information on Canada and Qatar indicated that no specific Code provisions were incorporated in law, placing these countries in the category of “no legal measures in place”, a downgrade from 2016. Similarly, a translation of available documentation from Israel revealed that the country does not have legal measures in place, thus re-classifying the country from few measures to having no measures in place.

New information obtained on Cuba and Ukraine indicated that both countries had some Code provisions incorporated in other legal measures, although relevant legal documentation could not be obtained during the preparation of this report. These countries were therefore classified as having few measures in place but were not added to Annex 2. In addition, new information also revealed that Guinea does not have legal measures in place.

Careful re-examination of information on existing legal measures was undertaken for a total of 12 countries: Argentina, Cameroon, Colombia, Costa Rica, Guatemala, Iran, Kenya, Nicaragua, Niger, Oman, Senegal and Uruguay. Information in Annex 2 for these countries was reviewed against their 2016 classification. Re-examination was further guided by ongoing discussions and emerging agreement between WHO, UNICEF and IBFAN on the development of an algorithm for joint systematic examination and classification of legal measures in countries. On this basis, one country was upgraded and 11 were downgraded.

## CATEGORIZATION OF NATIONAL LEGAL MEASURES

The total number of countries for each of the four different categories has changed, based on the new information available, new or additional measures adopted, existing measures repealed or existing measures re-examined and classified.

As of 2018, a total of 35 countries have *full* Code provisions covered in law, while 31 have legal measures with many Code provisions in place, and 70 have legal measures incorporating *few* Code provisions in law. Fifty-eight countries have no legal measures in place (see Table 1).

As of 2018, a total of 35 countries have full Code provisions covered in law, while 31 have legal measures with many Code provisions in place, and 70 have legal measures incorporating few Code provisions in law. Fifty-eight countries have no legal measures in place



**TABLE 1. LEGAL STATUS OF THE *INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES* (4) IN WORLD HEALTH ORGANIZATION REGIONS IN 2018**

Law categories	WHO Region						Total
	African	The Americas	Eastern Mediterranean	European	South-East Asia	Western Pacific	
Full provisions in law	12	6	6	3	5	3	<b>35</b>
Many provisions in law	12	5	4	4	3	3	<b>31</b>
Few provisions in law	6	9	7	43	—	5	<b>70</b>
No legal measures	17	15	4	3	3	16	<b>58</b>
<b>Total</b>	<b>47</b>	<b>35</b>	<b>21</b>	<b>53</b>	<b>11</b>	<b>27</b>	<b>194</b>

As can be seen in Table 1, the proportion of countries with comprehensive legislation on the Code (full provisions in law) is highest in the South-East Asian Region (45%: 5 out of 11 countries), followed by the Eastern Mediterranean Region (29%: 6 out of 21 countries) and the African Region (26%: 12 out of 47 countries). The Region of the Americas, and the Western Pacific Region and European Region have the lowest proportion of countries with comprehensive legislation (17%: 6 out of 35 countries; 11%: 3 out of 27 countries; and 6%: 3 out of 53 countries, respectively).

It should be noted that the European Region consistently records the lowest proportion of countries for each of the provisions, since a significant number of countries are subject to EU regulation no. 609/2013 of 12 June 2013 (22), which contains few specific provisions on the marketing of designated products under the Code. While the EU regulation allows for adoption of European Commission directives on specific provisions, none have been issued by the European Commission to date.

### KEY PROVISIONS OF NATIONAL LEGAL MEASURES BY REGION

Further information on the substance and quality of specific provisions contained in national legal measures allows for a more comprehensive understanding of the extent to which such measures include all, many or few of the provisions of the Code and recommendations of subsequent relevant WHA resolutions (4, 5). Annex 2 of this report provides detailed and updated information on all provisions covered by national legal measures in 134 countries (out of a total of 136 countries with legal measures in place).<sup>1</sup>

While the 2016 report (16) focused on the status and quality of Code provisions at the global level, this report provides a regional perspective on the legal status of the Code.

Table 2 shows the percentage of countries in each WHO region that have covered key provisions of the Code in their national legal measures. The text here highlights the status of a subset of these provisions that WHO, UNICEF and IBFAN consider to be particularly critical in addressing and eliminating inappropriate marketing of breast-milk substitutes, feeding bottles and teats.

<sup>1</sup> Cuba and Ukraine are not included in the analyses, as relevant legal documentation could not be obtained during the preparation of this report.



TABLE 2. PERCENTAGE OF COUNTRIES INCLUDING KEY PROVISIONS OF THE *INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES* (4) WITHIN LEGAL MEASURES, BY WORLD HEALTH ORGANIZATION REGION

Provisions within legal measures	Region, percentage						
	Global (n = 134)	African (n = 30)	The Americas (n = 19)	Eastern Mediterranean (n = 17)	European (n = 50)	South-East Asia (n = 8)	Western Pacific (n = 10)
<b>Products covered</b>							
Infant formula	99	100	100	100	100	100	90
Follow-up formula	90	90	95	76	92	100	90
Complementary foods	44	53	47	76	18	88	50
Feeding bottles, teats and/or pacifiers	54	87	63	65	20	88	70
Milk for mothers	2	3	5	0	0	13	0
Other designated products	43	77	53	47	12	75	40
<b>Milk products up to 36 months</b>	16	27	5	18	10	25	30
<b>Informational/educational materials</b>	83	83	84	71	86	100	70
<b>Required information for informational/educational materials</b>							
Benefits and superiority of breastfeeding	50	70	79	65	14	88	60
Maternal nutrition and preparation for and maintenance of breastfeeding	43	63	58	59	14	75	50
Negative effect on breastfeeding of bottle feeding	43	63	58	53	14	75	60
Difficulty reversing decision not to breastfeed	32	50	42	35	12	63	30
Proper use of infant formula	34	50	42	47	16	25	50
<b>Required information for materials on breast-milk substitutes</b>							
Social and financial implications	31	47	26	29	12	75	50
Health hazards of inappropriate feeding	41	57	53	59	14	75	50
Health hazards of inappropriate use	43	60	53	65	14	75	50
<b>Prohibition of pictures/text idealizing breast-milk substitutes</b>	39	57	63	47	14	50	40
<b>Approval required for donation of company materials</b>	32	60	42	41	10	25	30
<b>Prohibition of promotion to the general public</b>							
Advertising	57	83	63	76	22	100	80
Sales devices	51	83	53	65	18	100	60
Samples and gifts	58	87	63	88	20	100	70
Contact with mothers	34	57	53	41	8	88	10

Provisions within legal measures	Region, percentage						
	Global (n = 134)	African (n = 30)	The Americas (n = 19)	Eastern Mediterranean (n = 17)	European (n = 50)	South-East Asia (n = 8)	Western Pacific (n = 10)
<b>Prohibition of promotion to health workers/facilities</b>							
Provision of free/low-cost supplies	43	63	42	76	14	75	40
Materials and gifts	48	83	58	59	14	88	40
<b>Required information on labels of breast-milk substitutes</b>							
Recommended age of introduction	35	60	58	29	16	25	30
Message on superiority of breastfeeding	59	80	89	82	24	75	60
Only to be used on advice of health worker	39	50	53	59	16	50	50
Preparation instructions	57	83	84	71	22	75	60
Bans of pictures/text idealizing infant formula	79	77	89	59	90	75	50
Warning on pathogenic microorganisms	8	10	11	12	2	25	10
Ban on nutrition and health claims	39	13	16	18	72	38	30
<b>Mandates monitoring mechanism</b>	71	67	74	76	44	100	90
<b>Criteria for monitoring mechanism</b>							
Independent and transparent	7	7	0	18	6	0	10
Free from commercial influence	12	13	5	24	6	13	10
Empowered to investigate Code violations	52	53	32	65	19	100	80
Empowered to impose sanctions	65	60	63	82	38	88	80

In this context, the provisions selected for this report are the following:

1. coverage of milk products up to 36 months of age;
2. prohibition of advertising to the general public;
3. prohibition of donation of samples and gifts to the general public;
4. prohibition of donation of materials and gifts to health workers;
5. prohibition of promotion of complementary foods for infants aged 0–6 months;
6. empowered to impose sanctions.

It is important to note that these provisions were selected to highlight persistent challenges witnessed in many countries, and do not in any way diminish the importance of other Code provisions. Indeed, as emphasized in resolution WHA34.22 (21), adoption of and adherence to the Code is a minimum requirement for all countries, and the Code should be implemented “in its entirety”.

In addition, a preliminary analysis of provisions prohibiting promotion of complementary foods was added, in light of growing concerns about the impact of inappropriate promotion of such products on breastfeeding.

### COVERAGE OF MILK PRODUCTS UP TO 36 MONTHS OF AGE

The Codex Alimentarius *Guidelines* on formulated complementary foods for older infants and young children (23) define young children as those up to 3 years of age. WHO recommends breastfeeding for 2 years or beyond, and protection of continued breastfeeding beyond 2 years against inappropriate promotion is essential. However, promotion of breast-milk substitutes for older infants and young children between 6 and 36 months of age is increasing. These products, including follow-up formula and “growing-up” milks, undermine sustained breastfeeding up to 2 years or beyond.

The Guidance (7) clearly states that products that function as breast-milk substitutes should not be promoted and defines breast-milk substitutes as “any milks (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to the age of 3 years (including follow-up formula and growing-up milks)”. It also states that implementation of the Code covers all these products. “Follow-on” milks (or follow-up formula) and “growing-up” milks are thus covered by the scope of the Code.

Fig. 2 shows the proportion of countries, by WHO region, that specifically cover milk products labelled for use up to at least 36 months of age in their legislation. Only 22 of the 134 countries (16%) with available legal measures have designated this age range. In the Western Pacific Region, 30% of countries have such provisions in place, followed by 27% of countries in the African region (3 out of 10 countries and 8 out of 30 countries, respectively); 25% of countries in the South-East Asia Region cover milk products up to at least 36 months (2 out of 8 countries) and 18% of countries in the Eastern Mediterranean region (3 out of 22 countries), whereas 10% of countries in the European Region (5 out of 50 countries) do so. The Region of the Americas has the lowest proportion of countries covering such products, only 5% (1 out of 19 countries).

A further 25% of countries do not specify a maximum age for designated products covered under the scope of their national legal measures. This could be due to the fact that until the issuance of the Guidance (7), there was little clarity as to the age limit for products covered by the scope of the Code (4).

Promotion of breast-milk substitutes for older infants and young children between 6 and 36 months of age is increasing

Of the 134 countries with available legal measures, 47% prohibit samples and gifts to health workers (64 out of 134 countries)

### PROHIBITION OF ADVERTISING TO THE GENERAL PUBLIC

Prohibition of advertising to the general public is fundamental to the protection of optimal infant and young child feeding. Article 5.1 of the Code states that “there should be no advertising or other form of promotion to the general public of products within the scope of the Code” (4). Article 5.3 states that “there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the customer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code” (4).

Fig. 2 shows the proportion of countries, by WHO region, that have legal provisions prohibiting the advertising of designated products to the general public. Around 57% of the countries with available legal measures (77 out of 134 countries) appear to have such provisions incorporated. All countries in the South-East Asia Region prohibit advertising (100%: 8 out of 8 countries), closely followed by countries in the African Region (83%: 25 out of 30 countries). A significant proportion of countries in both the Eastern Mediterranean Region and the Western Pacific Region have legal provisions on advertising (76%: 13 out of 17 countries, and 80%: 8 out of 10 countries, respectively). The lowest proportion of countries prohibiting advertising is in the Region of the Americas (63%: 12 out of 19 countries) and the European Region (22%: 11 out of 50 countries).

### PROHIBITION OF DONATION OF SAMPLES AND GIFTS TO THE GENERAL PUBLIC

Article 5.2 of the Code states that “manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code” (4).

Fig. 2 shows the proportion of countries, by WHO region, that have legal provisions prohibiting donation of samples and gifts to the general public. Fifty-eight per cent of the countries with available legal measures (78 out of 134 countries) prohibit samples and gifts. As with prohibition of advertising, the proportion of countries in individual regions that prohibit such practices is generally high, as many have comprehensive provisions covering various forms of advertising and promotion to the general public (with the exception of the European Region, where only 40% of the countries [20 out of 50 countries] have have comprehensive provisions). All countries in the South-East Asia Region prohibit samples and gifts (100%: 8 out of 8 countries), closely followed by countries in the African Region (87%: 26 out of 30 countries) and the Eastern Mediterranean Region (88%: 15 out of 17 countries). The Western Pacific Region and the Region of the Americas follow, with around three-quarters of their countries prohibiting samples and gifts (80%: 7 out of 10 countries; and 63%: 12 out of 19 countries, respectively).

### PROHIBITION OF DONATIONS OF MATERIALS AND GIFTS TO HEALTH WORKERS

The health system has been used as a conduit for promoting products falling under the scope of the Code. Traditional target audiences, for example pregnant women and mothers of infants, as well as their family members, can easily be reached, and health facilities and personnel have often been targeted through the provision of materials and equipment that may lead to a direct or indirect endorsement of a company's products.

Article 7.3 of the Code states that “no financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families” (4).

Promotion in health facilities remains persistent in many countries. Fig. 2 shows the proportion of countries, by WHO region, that have legal provisions prohibiting donation of materials and gifts to health workers. Of the 134 countries with available legal measures, 47% prohibit samples and gifts to health workers (64 out of 134 countries). Almost all countries in the South-East Asia Region prohibit samples and gifts (88%: 7 out of 8 countries), followed by

countries in the African Region (83%: 25 out of 30 countries) and the Eastern Mediterranean Region (59%: 10 out of 17 countries). The Region of the Americas and the Western Pacific Region follow, with around three-quarters of their countries prohibiting samples and gifts (58%: 11 out of 19 countries; and 40%: 4 out of 10 countries, respectively). Fourteen per cent of countries in the European Region (7 out of 50 countries) prohibit promotion to health workers.

### PROHIBITION OF PROMOTION OF COMPLEMENTARY FOODS FOR INFANTS AGED 0–6 MONTHS

The scope of the Code clearly includes complementary foods that are marketed as a partial replacement of breast milk. In addition, resolution WHA49.15 urges countries to “ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breastfeeding” (24). Since WHO recommends exclusive breastfeeding for the first 6 months of life, any promotion of complementary foods for infants less than 6 months of age is prohibited by the Code.

A ban on promotion of complementary foods for infants under 6 months of age is included in the legal measures of the Code in 29% of countries (39 out of 134 countries). This analysis did not distinguish between promotion to the public and in health-care facilities. In a significant number of these countries (34), the provisions call for a blanket ban on promotion of all designated products under their laws or regulations, including complementary foods. While WHO does not call for a ban on promotion of all complementary foods, resolution WHA69.9 states “that Member States could take additional actions to end inappropriate promotion of foods for infants and young children” (6). A smaller number of countries (5) prohibit promotion of complementary foods below the age of 6 months only.

While the Guidance only pertains to foods and drinks marketed for children aged 6–36 months, it does clarify that no complementary foods should be promoted for use before 6 months of age. For the purpose of this report, the prohibition of promotion of complementary foods up to 36 months is comprehensively presented.

### EMPOWERED TO IMPOSE SANCTIONS

For national Code legislation or regulations to be effective, responsible government agencies must be empowered to monitor compliance with national legal measures, identify Code violations and take corrective action when violations are identified, through administrative, legal or other sanctions. Therefore, legal measures must include clear provisions that enable and empower authorized agencies to take the corrective action needed.

The evaluation of this provision excludes all EU countries, because enforcement of the EU regulation of 2013 is the responsibility of specific Member States and it was not possible to obtain information on which EU members have established enforcement mechanisms.

Fig. 2 shows the proportion of countries, by WHO region, that have legal provisions empowering authorized agencies to impose sanctions where violations have occurred and have been identified. Sixty-five per cent of the countries with legal measures in place (65 out of 100 countries) incorporate provisions authorizing the use of sanctions. The South East Asia Region and the Western Pacific Region have the highest proportion of countries with such provisions in place (88%: 7 out of 8 countries and 80%: 8 out of 10 countries, respectively). A total of 82% of countries in the Eastern Mediterranean Region (14 out of 17 countries) empower government agencies to impose sanctions, followed by 63% and 60% in the Region of the Americas (12 out of 19 countries) and the African Region (18 out of 30 countries), respectively. In the European Region (excluding EU members), 38% of countries have such provisions in place (6 out of 16 countries).

Around 57% of the 134 countries with available legal measures appear to have legal provisions prohibiting the advertising of designated products to the general public

Fifty-eight per cent of the countries with available legal measures (78 out of 134 countries) prohibit samples and gifts

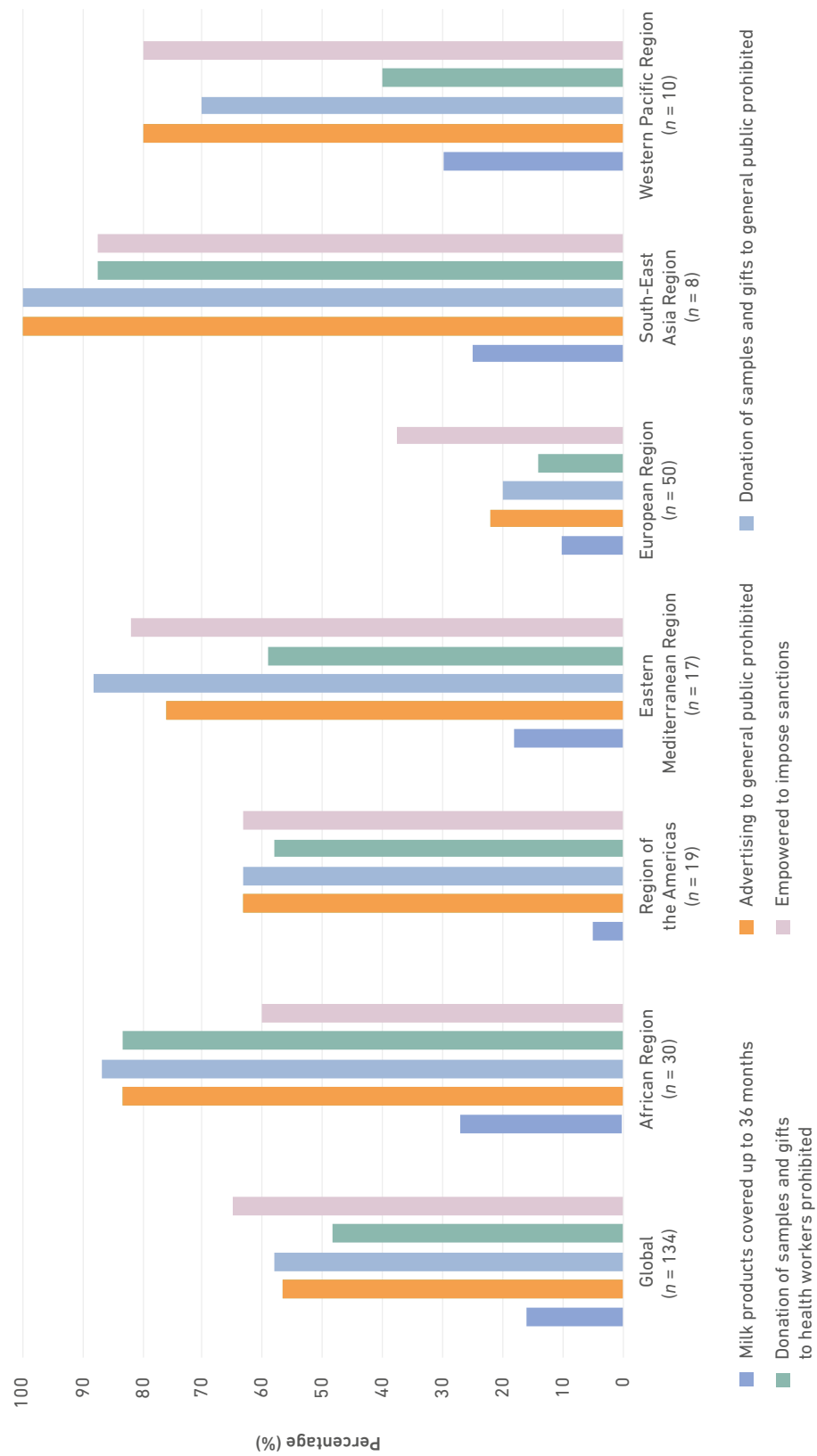


FIG. 2. KEY PROVISIONS BY WORLD HEALTH ORGANIZATION REGION

## SUMMARY

While inappropriate promotion of breast-milk substitutes, feeding bottles and teats occurs in various forms and settings, some of the most persistent Code violations continue to take place in health-care settings, and via advertising in the public domain. Among the countries that have any laws on marketing of breast-milk substitutes, globally just over half sufficiently prohibit advertising and other forms of promotion to the general public. In addition, a little over half prohibit gifts to health workers or members of their families. Furthermore, as already highlighted in the 2016 report (16), not all countries with legal measures in place include robust provisions that authorize relevant government entities to impose sanctions when violations have been identified and validated.

A brief analysis of the regional patterns reveals that the South-East Asia Region most consistently implements the Code, while the European Region consistently covers the fewest Code provisions. Other regions show less consistency in their provisions. For instance, while most countries in the African Region prohibit various forms of promotion to the general public and health workers, fewer of those countries have provisions in place to impose sanctions in case of violations. This highlights an important gap in Code implementation, which needs to be addressed through adoption of robust monitoring and enforcement measures. Countries in the Western Pacific Region and in the Eastern Mediterranean Region typically prohibit promotion to the general public, and include provisions that empower governments to enforce laws and regulations. However, fewer countries in these two regions prohibit promotion to health workers, again revealing an important shortcoming in efforts to reduce and eliminate inappropriate promotion of breast-milk substitutes. Countries in the Region of the Americas generally tend to fall behind in ensuring proper legal responses to inappropriate promotion, with the proportion of countries prohibiting promotion in public and health-care settings, and facilitating the imposition of sanctions, at around 60%.

In addition to the need for more robust measures to curb inappropriate promotion of breast-milk substitutes in both health-care facilities and public settings, urgent efforts should be made to ensure that countries strengthen their legal measures to explicitly include milk products intended and marketed as suitable for feeding young children up to 36 months of age. Currently, only 22 countries have such measures in place.

Some of the most persistent Code violations continue to take place in health-care settings, and via advertising in the public domain

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A ban on promotion of complementary foods for infants under 6 months of age is included in the legal measures of the Code in 29% of countries (39 out of 134 countries).

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## STATUS OF LEGAL PROVISIONS RELATED TO COMPLEMENTARY FOOD

# STATUS OF LEGAL PROVISIONS RELATED TO COMPLEMENTARY FOOD

Countries should ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breastfeeding

Of the 136 countries that have legal measures in place, 43% have incorporated complementary foods as a designated product within their measures (59 out of 136 countries).

## BASED ON SELECTED RECOMMENDATIONS OF THE WHO GUIDANCE ON ENDING INAPPROPRIATE PROMOTION OF FOODS FOR INFANTS AND YOUNG CHILDREN

Evidence from numerous countries indicates that promotion of commercial foods for infants and young children increasingly undermines efforts to ensure optimal infant and young child feeding (25–27).<sup>1</sup> Studies show that complementary foods are being sold as suitable for introduction before 6 months of age; breast-milk substitutes are being indirectly promoted through association with complementary foods; and inaccurate and misleading claims are being made that products will, for instance, improve a child's health or improve intellectual performance. Such inappropriate promotion of complementary foods can mislead and confuse mothers and other caregivers about the nutrition- and health-related qualities of these foods, and about their age-appropriate and safe use, and can lead caregivers to believe that family foods are inadequate, and create a dependence on expensive commercial products. For these reasons, the regulation of inappropriate promotion of complementary foods is crucial in promoting and protecting optimal infant and young child nutrition.

Of the 136 countries that have legal measures in place, 43% have incorporated complementary foods as a designated product within their measures (59 out of 136 countries). The brief analysis that follows focuses only on those 59 countries.

## REQUIREMENTS FOR MESSAGES ON COMPLEMENTARY FOODS (RECOMMENDATION 4)

Even for products that are considered appropriate for consumption by infants and young children, messaging and labelling must be accurate and detailed and contain full and honest information to inform caregivers on optimal nutrition, and to enable them to make informed decisions.

Recommendation 4 of the Guidance (7) spells out the requirements for ensuring that messages and labels support optimal feeding and are not misleading or inappropriate in any way.

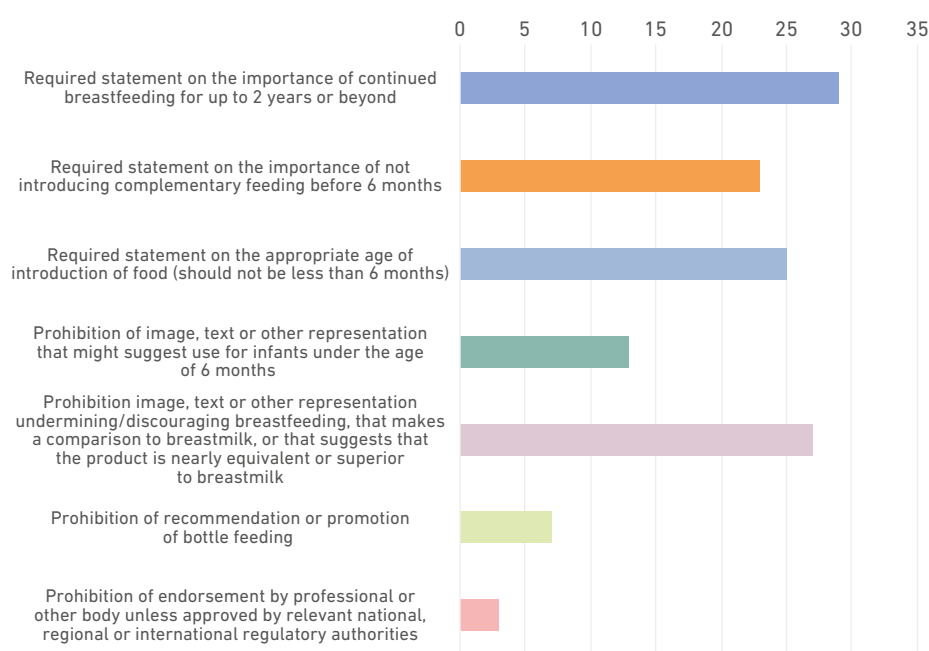
Such messages and labels **must** include (i) a statement on the importance of continued breastfeeding for up to two years or beyond; (ii) a statement on the importance of not introducing complementary feeding before 6 months of age; and (iii) the appropriate age of introduction of the food (this must not be less than 6 months).

Messages and labels **should not** include (i) any image, text or other representation that might suggest use for infants under the age of 6 months (including references to milestones and stages); and (ii) any image, text or other representation that is likely to undermine or discourage breastfeeding, that makes a comparison to breast milk, or that suggests that the product is nearly equivalent or superior to breast milk. They should also not recommend or promote bottle feeding, or convey an endorsement or anything that may be construed as an endorsement by a professional or other body, unless this has been specifically approved by relevant national, regional or international regulatory authorities.

Analysis of legal measures of the 59 countries that include complementary foods as a designated product shows that only one country has provisions that cover all of the requirement of recommendation 4 of the Guidance (7).

Fig. 3 presents the number of countries with legal measures specifying requirements for messages in product materials and on labels.

1 Reference (25) includes studies conducted in Cambodia, Indonesia, Nepal, Senegal, and Tanzania.



**FIG. 3. NUMBER OF COUNTRIES WITH LEGAL MEASURES SPECIFYING REQUIREMENTS FOR MESSAGES IN PRODUCT MATERIALS AND ON LABELS**

Twenty-nine countries require messages and labels for complementary foods to include a statement on the importance of continued breastfeeding for up to 2 years or beyond,<sup>2</sup> while 23 require mention of the importance of not introducing complementary feeding before 6 months of age. Indication in messages and on labels of the appropriate age of introduction of the food is required in 25 countries.

Prohibitions of any image, text or other representation that might suggest use for infants under the age of 6 months (including references to milestones and stages) are in place in 13 countries, while 27 prohibit any image, text or other representation that is likely to undermine or discourage breastfeeding, that makes a comparison to breast milk, or that suggests that the product is nearly equivalent or superior to breast milk. A mere seven countries prohibit messages that recommend or promote bottle feeding. Finally, avoidance of messages that convey an endorsement or anything that may be construed as an endorsement by a professional or other body (unless this has been specifically approved by relevant national, regional or international regulatory authorities), is required in only three countries.

#### **AVOIDANCE OF CONFLICTS OF INTEREST IN HEALTH-CARE SETTINGS BY MANUFACTURERS AND DISTRIBUTORS OF COMPLEMENTARY FOODS (RECOMMENDATION 6)**

Inappropriate promotion of foods for infants and young children often occurs in health-care settings, where manufacturers and distributors of baby and complementary foods have direct access to those providing services to pregnant women and mothers. The Guidance (7) clearly states that manufacturers and distributors of complementary foods must not create possible conflicts of interest in health facilities or throughout health systems.

Twenty-nine countries out of 59 require messages and labels for complementary foods to include a statement on the importance of continued breastfeeding for up to 2 years or beyond, while 23 require mention of the importance of not introducing complementary feeding before 6 months of age

<sup>2</sup> For the purpose of this report, all countries that require messages on the importance of "optimal infant and young child feeding" are included here.

Thirty-seven countries out of 59 prohibit manufacturers and distributors from sponsoring meetings of health professionals and scientific meetings, but in only 14 countries are manufacturers and distributors prohibited from using health facilities to host events, contests or campaigns

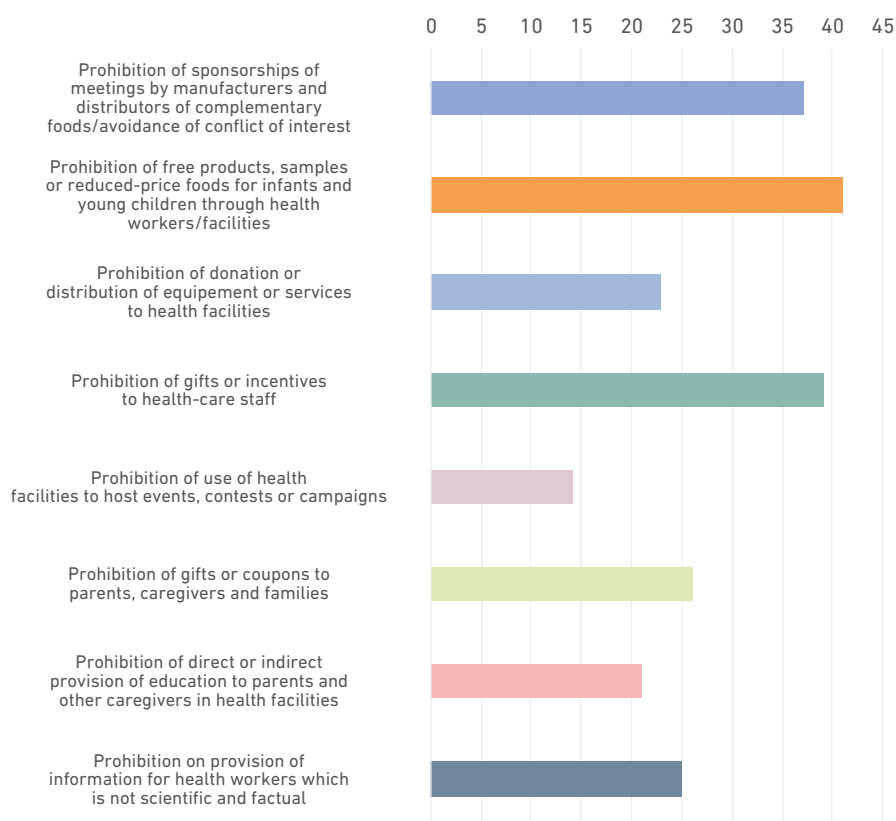
Recommendation 6 of the Guidance (7) highlights the types of actions by manufacturers and distributors that would constitute a conflict of interest.

These include donation of materials and equipment to health facilities, gifts and incentives to health personnel, gifts to caregivers and their families, sponsorship of meetings and events, and provision of direct education to caregivers, among other conflicts of interest.

Recommendation 6 also lays down the responsibilities of health workers, facilities and health professional associations to avoid situations of conflict of interest.

For the purpose of this report, preliminary analysis of recommendation 6 focuses on the specific requirements of manufacturers and distributors to avoid conflicts of interest. Such detailed information is not provided in relation to the responsibilities of health workers, facilities and health professional associations, although the report does include information on whether countries generally have provisions that address avoidance of conflicts of interest for these entities. More detailed analysis will be provided in the next report.

Fig. 4 shows the number of countries with legal measures specifying prohibition of activities that could lead to a conflict of interest in health-care settings.



**FIG. 4. NUMBER OF COUNTRIES WITH LEGAL MEASURES SPECIFYING PROHIBITION OF ACTIVITIES THAT COULD LEAD TO A CONFLICT OF INTEREST IN HEALTH-CARE SETTINGS**

Thirty-seven countries prohibit manufacturers and distributors from sponsoring meetings of health professionals and scientific meetings, but in only 14 countries are manufacturers and distributors prohibited from using health facilities to host events, contests or campaigns. Provision of free products, samples or reduced-price foods for infants or young children to



families through health workers or health facilities (except as supplies distributed through officially sanctioned health programmes) is not allowed in 41 countries, and equipment or services are not permitted to be donated or distributed to health facilities in 23 countries. The provision of gifts or incentives to health-care staff is prohibited in 39 countries, while providing gifts or coupons to parents, caregivers and families is not allowed in 26 countries. Provisions prohibiting the direct or indirect provision of education by manufacturers and distributors to parents and other caregivers on infant and young child feeding in health facilities exist in 21 countries. Finally, the distribution of any information for health workers that is not scientific and factual is not allowed in 25 countries.

Only four countries have provisions covering all eight conflict-of-interest practices described in this section.

### CROSS-PROMOTION (RECOMMENDATION 5)

It is important to address cross-promotion, as it has been demonstrated that promotional elements of a company's complementary food products, such as labelling, branding and use of mascots, can appear very similar to those related to the company's range of breast-milk substitute products, effectively promoting the latter. Brand cross-overs can mislead and confuse caregivers about the nutrition- and health-related qualities of commercial complementary foods, and age-appropriate and safe use of these products.

Recommendation 5 of the Guidance (7) calls upon companies to refrain from cross-promotion to promote breast-milk substitutes indirectly via the promotion of foods for infants and young children.

Companies must ensure that packaging design, labelling and materials used for the promotion of complementary foods are distinct from those used for breast-milk substitutes (e.g. different colour schemes, designs, names, slogans and mascots other than the company name and logo).

Companies must also refrain from engaging in the direct or indirect promotion of their other food products for infants and young children by establishing relationships with parents and other caregivers (e.g. through baby clubs, social media groups, childcare classes and contests).

In spite of the importance of avoiding cross-promotion, only three of the 59 countries ban such promotional practices.

### SUMMARY

The analysis undertaken provides a starting point to assess the extent to which the current legal and regulatory landscape in countries is supportive of effective implementation of the Guidance recommendations (7). A number of countries have made significant efforts to address inappropriate marketing practices in relation to complementary foods by incorporating relevant provisions in their legislation for the Code and infant and young child nutrition. Some of those countries successfully did so prior to the approval of the Guidance, while those that adopted new, or improved existing, legislation after 2016 took into consideration various elements of the Guidance. Nevertheless, there is much room for further improvement.

Analysis of the requirements for messages and labelling under recommendation 4 of the Guidance (7) indicates that most countries where complementary foods are included as designated products in relevant legal measures do not sufficiently include these requirements.

While nearly half of all 59 countries do require a message related to the importance of breastfeeding, many include a general statement about the importance of "optimal infant and young children feeding". Some, but not all these countries define what optimal feeding

The provision of gifts or incentives to health-care staff is prohibited in 39 out of 59 countries, while providing gifts or coupons to parents, caregivers and families is not allowed in 26 countries

Only four countries have provisions covering all eight conflict-of-interest practices described

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A number of countries have made significant efforts to address inappropriate marketing practices in relation to complementary foods by incorporating relevant provisions in their legislation for the Code and infant and young child nutrition

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Few countries prohibit any presentation that suggests use of the product for infants under the age of 6 months

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entails, and so there is risk of varying levels of interpretation, which needs to be analysed further in the future. In 48 countries, either inclusion of information on the age of introduction of the food or a warning about early introduction is required, but only around one quarter of all countries require inclusion of both messages. In addition, few countries prohibit any presentation that suggests use of the product for infants under the age of 6 months. The omission of these messages and the risk of inappropriate presentation may lead to confusion among mothers and other caregivers as to the proper age of introduction for the product. Finally, almost no country prohibits messages that convey real or perceived endorsement of the product by health professionals.

Conflicts of interest in health-care settings due to the behaviour and practices of manufacturers and distributors continues to be a major challenge in many countries. Robust legal measures prohibiting practices that constitute a conflict of interest are key in any strategy to address the conduct of the private sector. Analysis shows that very few countries have legal provisions in place that comprehensively address all of the conflicts of interest discussed in the Guidance (7), thereby leaving loopholes to be exploited. While a significant number of countries include measures that prohibit, to a certain extent, manufacturers and distributors from directly using health personnel as a conduit for promotion, fewer prohibit practices that allow more direct access to pregnant women, mothers and other caregivers in health facilities. Such practices would include providing gifts or coupons to parents, caregivers and families (not allowed in 26 countries), and directly or indirectly providing education on infant and young child feeding in health facilities, by manufacturers and distributors, to parents and other caregivers (prohibited in only 21 countries).

Only three out of the 59 countries that cover complementary foods as designated products under their legislation prohibit cross-promotion. More efforts must be made to ensure that cross-promotion is not allowed, and this, inter alia, may require a more in-depth analysis of broader legislative frameworks in countries, to identify existing prohibitions on cross-promotion more generally.





Conflicts of interest in health-care settings due to the behaviour and practices of manufacturers and distributors continues to be a major challenge in many countries.

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Only three out of the 59 countries that cover complementary foods as designated products under their legislation prohibit cross-promotion

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## CONCLUSIONS

A ban on promotion of complementary foods for infants under 6 months of age is in place in under one third of all countries with Code-related legislation.

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In four out of the six WHO regions, a little over half of the countries have provisions that explicitly empower government agencies to impose sanctions on violators of their law

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## CONCLUSIONS

Since 2016, some progress has been made, both globally and in individual countries, in advocating for the promotion and protection of breastfeeding, and for the need to protect mothers and their children from the harm done by inappropriate promotion of breast-milk substitutes and other foods for infants and young children.

This report documents the adoption of new legislation implementing the Code (4) in a few countries, and formulation of additional measures to strengthen existing legislation in others. Capacity-building activities have increased in regions and countries.

Nevertheless, most countries continue to lack an effective and sustained response to the persistent marketing practices of manufacturers and distributors of breast-milk substitutes and other foods for infants and young children.

Thirty-seven years after the adoption of the Code (4), too few countries have robust measures in place to eliminate inappropriate promotion of breast-milk substitutes and complementary foods for infants and young children, including advertising to the general public and various forms of promotion in health-care settings. A ban on promotion of complementary foods for infants under 6 months of age is in place in under one third of all countries with Code-related legislation. In addition, in four out of the six WHO regions, a little over half of the countries have provisions that explicitly empower government agencies to impose sanctions on violators of their law. Furthermore, very few countries currently include milk products labelled for use up to at least 36 months of age as designated products in their legislation.

The baseline analysis of the specific legal provisions in countries that have complementary foods listed as designated products in their Code-related legislation also revealed important gaps, in spite of significant efforts made by some countries to legally curb inappropriate marketing practices in relation to such products. In most countries, full coverage of the requirements for messages and labels on complementary foods, as listed in recommendation 4 of the Guidance (7), is currently inadequate. In addition, few countries have legal provisions that comprehensively address all forms of conflicts of interest, as reflected in recommendation 6 of the Guidance (7), thus creating loopholes for exploitation by manufacturers and distributors. Further, only a handful of countries have legal provisions in place that ban cross-promotion.

Other, more general challenges persist in many countries. These were discussed at length in the 2016 report (16), but remain important challenges to address.

These include absence of sustained, high-level political will and accountability; lack of operational monitoring and enforcement processes and mechanisms; limited understanding and capacity among actors responsible for monitoring Code-related activities; and insufficient human and financial resources (or in many cases, inadequate management and use of available resources).

Many of these broader challenges can be effectively addressed, as legal/technical assistance and operational tools become increasingly available to countries.

This report has highlighted both recent progress and continuing challenges in countries related to effective regulation of inappropriate promotion of breast-milk substitutes and complementary foods for infants and young children. The prevalence of inappropriate marketing of such products remains high in many countries and continues to undermine efforts to improve breastfeeding rates. Many types of inappropriate promotion continue without sanction, in spite of the ample evidence that the protection, promotion and support of breastfeeding rank among the most effective interventions to improve child survival, and are beneficial to the health of mothers.

There should be no doubt that the Code remains as relevant and important as when it was adopted in 1981 (4), if not more so. The Code, and the 2016 Guidance (7), are an essential

part of creating an overall environment that enables mothers to make the best possible feeding choice, based on impartial information and free of commercial influences, and to be fully supported in doing so. As such, protecting the health of children and their mothers from continued misleading marketing practices should be seen by countries as a public health priority and human rights obligation.

### Recommendations for action

The findings of this report lead to the recommendations listed next.

- Legislators and policy-makers must recognize their obligations, under both international human rights law and national Code-related or other relevant laws, to promote and protect breastfeeding, and to eliminate inappropriate marketing practices. Such obligations must translate into clear statements of support, allocation of adequate budgets, and creation and application of budget-oversight mechanisms.
- Governments must establish robust and sustainable monitoring and enforcement mechanisms to implement national laws and regulations aimed at eliminating inappropriate marketing practices. Such mechanisms need to involve all relevant government agencies authorized to monitor and enforce various elements of the Code (4) and Guidance (7), must be adequately funded and sourced with knowledgeable staff, and should allow for public engagement and scrutiny, including through the periodic release of implementation reports. To assist countries with the strengthening of monitoring and enforcement, WHO, in collaboration with partners of the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent relevant World Health Assembly Resolutions (NetCode) (28), has published important monitoring protocols, including practical tools and guidance for setting up effective monitoring systems (29).
- Countries should analyse and address weaknesses or gaps in their existing legislation, and act accordingly. In particular, countries must strengthen their legal and regulatory frameworks, to (i) eliminate advertising and other forms of promotion to the general public and in health-care facilities; (ii) enable authorized government entities to impose sanctions when violations have been identified and validated; (iii) explicitly include milk products intended and marketed as suitable for feeding young children up to at least 36 months of age; and (iv) enforce a ban on promotion of complementary foods for infants under 6 months of age.
- Countries should also urgently review and analyse their legal and regulatory frameworks in view of the WHO Guidance on ending inappropriate promotion of foods for infants and young children (7). For those countries that do not include complementary foods as designated products in their relevant legislation, efforts must be made to do so, aligning additional measures with the recommendations set forth in the Guidance. Countries that have complementary foods included, should review and amend their legislation accordingly.

Protecting the health of children and their mothers from continued misleading marketing practices should be seen by countries as a public health priority and human rights obligation





## REFERENCES



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## REFERENCES

1. Victora CG, Bahl R, Barros AJ, França GV, Horton S, Krasevec J et al. Breastfeeding in the 21<sup>st</sup> century: epidemiology, mechanisms, and lifelong effect. *Lancet*. 2016;387(10017):475–90. doi:10.1016/S0140-6736(15)01024-7.
2. World Health Organization. Nutrition. Tracking progress for breastfeeding policies and programmes: Global breastfeeding scorecard 2017 (<http://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2017/en/>, accessed 7 May 2018).
3. Rollins NC, Bhandari N, Hajeerbhoy N, Horton S, Lutter CK, Martines JC. Why invest, and what it will take to improve breastfeeding practices. *Lancet*. 2016;387:491–504. doi:10.1016/S0140-6736(15)01044-2.
4. International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization; 1981 ([http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf), accessed 7 May 2018).
5. World Health Organization. Code and subsequent resolutions (<http://www.who.int/nutrition/netcode/resolutions/en/>, accessed 7 May 2018).
6. Resolution WHA69.9. Ending inappropriate promotion of foods for infants and young children. In: Sixty-ninth World health Assembly, Geneva, 23–28 May 2016. Resolutions and decisions, annexes. Geneva: World Health Organization; 2016 ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_R9-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R9-en.pdf), accessed 7 May 2018).
7. Maternal, infant and young child feeding. Guidance on ending the inappropriate promotion of foods for infants and young children. In: Sixty-ninth World Health Assembly, Geneva, 23–28 May 2016. Provisional agenda item 12.1. Geneva: World Health Organization; 2016 (A69/7 Add 1; [http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_7Add1-en.pdf?ua=1](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf?ua=1), accessed 7 May 2018).
8. Resolution WHA39.28. Infant and young child feeding. In: Thirty-ninth World health Assembly, Geneva, 5–16 May 1986. Resolutions and decisions, annexes. Geneva: World Health Organization; 1986 ([http://www.who.int/nutrition/topics/WHA39.28\\_iycn\\_en.pdf](http://www.who.int/nutrition/topics/WHA39.28_iycn_en.pdf), accessed 7 May 2018).
9. Comprehensive implementation plan on maternal, infant and young child nutrition. Geneva: World Health Organization; 2014 (WHO/NMH/NHD/14.1; [http://apps.who.int/iris/bitstream/handle/10665/113048/WHO\\_NMH\\_NHD\\_14.1\\_eng.pdf?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/113048/WHO_NMH_NHD_14.1_eng.pdf?sequence=1), accessed 7 May 2018).
10. Food and Agriculture Organization of the United Nations, World Health Organization. Second International Conference on Nutrition, Rome, 19–21 November 2014. Conference outcome document: framework for action. Rome: Food and Agriculture Organization of the United Nations; 2014 (<http://www.fao.org/3/a-mm215e.pdf>, accessed 7 May 2018).
11. Food and Agriculture Organization of the United Nations, World Health Organization. United Nations Decade of Action on Nutrition 2016–2025. Frequently asked questions. Rome: Food and Agriculture Organization of the United Nations; 2016 (<http://www.fao.org/3/a-i6137e.pdf>, accessed 7 March 2018).
12. Joint statement by the UN Special Rapporteurs on the Right to Food, Right to Health, the Working Group on Discrimination against Women in law and in practice, and the Committee on the Rights of the Child in support of increased efforts to promote, support and protect breast-feeding. Geneva: United Nations Human Rights Office of the High Commissioner; 2016 (<http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20871&LangID=E>, accessed 7 May 2018).
13. Breaking the rules stretching the rules 2017. Evidence of violations of the International Code of Marketing of Breastmilk Substitutes and subsequent resolutions compiled from June 2014 to June 2017. Penang: International Baby Food Action Network International Code Documentation Centre; 2017.
14. Milking it. How milk formula companies are putting profits before science. Utrecht: Changing Markets Foundation; 2017 (<http://changingmarkets.org/wp-content/uploads/2017/10/Milking-it-Final-report-CM.pdf>, accessed 7 May 2018).



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15. Don't push it. Why the formula milk industry must clean up its act. London: Save the Children; 2018 (<https://www.savethechildren.org.uk/content/dam/gb/reports/health/dont-push-it.pdf>, accessed 7 May 2018).
  16. Marketing of breast-milk substitutes: national implementation of the international code – status report 2016. Geneva: World Health Organization; 2016 ([http://apps.who.int/iris/bitstream/handle/10665/206008/9789241565325\\_eng.pdf?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/206008/9789241565325_eng.pdf?sequence=1), accessed 7 May 2018).
  17. LexisNexis (<http://www.lexisnexis.co.uk/en-uk/about-us/about-us.page>, accessed 7 May 2018).
  18. Food and Agriculture Organization of the United Nations. FAOLEX database (<http://www.fao.org/faolex/en/>, accessed 7 May 2018).
  19. World Health Organization. Nutrition. Global database on the Implementation of Nutrition Action (GINA) (<http://www.who.int/nutrition/gina/en/>, accessed 7 May 2018).
  20. International Code Documentation Centre. State of the Code; 2018.
  21. Resolution WHA34.22. International Code of Marketing of breast-milk Substitutes. In: Thirty-fourth World Health Assembly, Geneva, 4–22 May 1981. Resolutions and decisions, annexes. Geneva: World Health Organization; 1981 ([http://www.who.int/nutrition/topics/WHA34.22\\_ycn\\_en.pdf](http://www.who.int/nutrition/topics/WHA34.22_ycn_en.pdf), accessed 7 May 2018).
  22. Regulation (EU) NO. 609/2013 of the European Parliament and of the Council of 12 June 2013 on food intended for infants and young children, food for special medical purposes, and total diet replacement for weight control and repealing Council Directive 92/52/EEC, Commission Directives 96/8/EC, 1999/21/EC, 2006/125/EC and 2006/141/EC, Directive 2009/39/EC of the European Parliament and of the Council and Commission Regulations (EC) No 41/2009 and (EC) No 953/2009. Official Journal of the European Union. 2013;29 June:L 181/35–56 (<https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R0609&from=EN>, accessed 7 May 2018).
  23. Codex Alimentarius. Guidelines on formulated complementary foods for older infants and young children. Adopted in 1991. Amended in 2017. Revised in 2013. Rome: Food and Agriculture Organization of the United Nations; 1991 (CAC/GL 8-1991; [http://www.fao.org/fao-who-codexalimentarius/sh-proxy/pt/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252FStandards%252FCAC%2BGL%2B8-1991%252FCXG\\_008e.pdf](http://www.fao.org/fao-who-codexalimentarius/sh-proxy/pt/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252FStandards%252FCAC%2BGL%2B8-1991%252FCXG_008e.pdf), accessed 7 May 2018).
  24. Resolution WHA49.15. Infant and young child nutrition. In: Forty-ninth World health Assembly, Geneva, 20–25 May 1996. Resolutions and decisions, annexes. Geneva: World Health Organization; 1996:15–16 (WHA49/1996/REC/1; [http://apps.who.int/iris/bitstream/handle/10665/178941/WHA49\\_1996-REC-1\\_eng.pdf?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/178941/WHA49_1996-REC-1_eng.pdf?sequence=1), accessed 7 May 2018).
  25. Helen Keller International. Improving early childhood nutrition ([http://archnutrition.org/?\\_ga=2.174777698.1767468831.1513349965-605620345.1513349965](http://archnutrition.org/?_ga=2.174777698.1767468831.1513349965-605620345.1513349965), accessed 8 May 2018).
  26. Tzioumis E, Kay M, Wright M, Adair L. Health effects of commercially-available complementary foods: a systematic review. Report to the World Health Organization, 2015 ([http://www.who.int/nutrition/topics/CF\\_health\\_effects\\_commercially\\_systematicreview.pdf](http://www.who.int/nutrition/topics/CF_health_effects_commercially_systematicreview.pdf), accessed 8 May 2018).
  27. Smith JP, Sargent GM, Mehta K, James J, Berry N, Koh C et al. A rapid evidence assessment: does marketing of commercially available complementary foods. Commissioned by the World Health Organization. Canberra: Australian National University; 2015 ([http://www.babymilkaction.org/wp-content/uploads/2016/07/WHO\\_CF\\_anu\\_effects\\_marketingcommercial.pdf](http://www.babymilkaction.org/wp-content/uploads/2016/07/WHO_CF_anu_effects_marketingcommercial.pdf), accessed 8 May 2018).
  28. World Health Organization. Nutrition. NetCode (<http://www.who.int/nutrition/netcode/en/>, accessed 15 May 2018).
  29. World Health Organization. Nutrition. NetCode toolkit for ongoing monitoring and periodic assessment of the Code (<http://www.who.int/nutrition/netcode/toolkit/en/>, accessed 15 May 2018).





## ANNEXES

## Annex 1. Legal status of the International Code of Marketing of Breast-milk Substitutes in all World Health Organization Member States, including categorization

Country	Region	Year of most recent legal measure	Legal status of the Code
Afghanistan	Eastern Mediterranean	2009	Full provisions in law
Albania	European	2017	Full provisions in law
Algeria*	African	2012	Few provisions in law
Andorra	European	2013	Few provisions in law
Angola	African		No legal measures
Antigua and Barbuda	the Americas		No legal measures
Argentina*	the Americas	2007	Few provisions in law
Armenia	European	2014	Full provisions in law
Australia	Western Pacific		No legal measures
Austria	European	2013	Few provisions in law
Azerbaijan	European	2003	Many provisions in law
Bahamas	the Americas		No legal measures
Bahrain	Eastern Mediterranean	1995	Full provisions in law
Bangladesh	South-East Asia	2017	Full provisions in law
Barbados	the Americas		No legal measures
Belarus	European		No legal measures
Belgium	European	2013	Few provisions in law
Belize	the Americas		No legal measures
Benin	African	1998	Full provisions in law
Bhutan	South-East Asia		No legal measures
Bolivia (Plurinational State of)	the Americas	2009	Full provisions in law
Bosnia and Herzegovina	European	2000	Few provisions in law
Botswana	African	2005	Full provisions in law
Brazil	the Americas	2015	Full provisions in law
Brunei Darussalam	Western Pacific		No legal measures
Bulgaria	European	2013	Few provisions in law
Burkina Faso	African	1993	Many provisions in law
Burundi	African	2013	Many provisions in law
Cabo Verde	African	2005	Full provisions in law
Cambodia	Western Pacific	2005	Many provisions in law
Cameroon	African	2005	Many provisions in law
Canada	the Americas		No legal measures
Central African Republic	African		No legal measures
Chad	African		No legal measures

Country	Region	Year of most recent legal measure	Legal status of the Code
Chile*	the Americas	2015	Few provisions in law
China*	Western Pacific	1995	Few provisions in law
Colombia	the Americas	1992	Many provisions in law
Comoros	African	2014	Many provisions in law
Congo	African		No legal measures
Cook Islands	Western Pacific		No legal measures
Costa Rica	the Americas	1994	Many provisions in law
Côte d'Ivoire	African	2013	Many provisions in law
Croatia	European	2013	Few provisions in law
Cuba**	the Americas		Few provisions in law
Cyprus	European	2013	Few provisions in law
Czech Republic	European	2013	Few provisions in law
Democratic People's Republic of Korea	South-East Asia		No legal measures
Democratic Republic of the Congo	African	2006	Many provisions in law
Denmark	European	2013	Few provisions in law
Djibouti	Eastern Mediterranean	2010	Few provisions in law
Dominica	the Americas		No legal measures
Dominican Republic	the Americas	1996	Full provisions in law
Ecuador	the Americas	1999	Few provisions in law
Egypt	Eastern Mediterranean	2010	Many provisions in law
El Salvador	the Americas	2013	Many provisions in law
Equatorial Guinea	African		No legal measures
Eritrea	African		No legal measures
Estonia	European	2013	Few provisions in law
Ethiopia	African	2014	Few provisions in law
Fiji	Western Pacific	2016	Many provisions in law
Finland	European	2013	Few provisions in law
France	European	2013	Few provisions in law
Gabon	African	2004	Full provisions in law
Gambia	African	2006	Full provisions in law
Georgia	European	1999	Full provisions in law
Germany	European	2013	Few provisions in law
Ghana	African	2000	Full provisions in law

Country	Region	Year of most recent legal measure	Legal status of the Code
Greece	European	2013	Few provisions in law
Grenada	the Americas		No legal measures
Guatemala	the Americas	1983	Many provisions in law
Guinea	African		No legal measures
Guinea Bissau	African	1982	Few provisions in law
Guyana	the Americas		No legal measures
Haiti	the Americas		No legal measures
Honduras	the Americas	2013	Few provisions in law
Hungary	European	2013	Few provisions in law
Iceland	European	2013	Few provisions in law
India	South-East Asia	2003	Full provisions in law
Indonesia	South-East Asia	2012	Many provisions in law
Iran (Islamic Republic of)	Eastern Mediterranean	2010	Few provisions in law
Iraq	Eastern Mediterranean	2015	Few provisions in law
Ireland	European	2013	Few provisions in law
Israel	European		No legal measures
Italy	European	2013	Few provisions in law
Jamaica	the Americas		No legal measures
Japan	Western Pacific		No legal measures
Jordan	Eastern Mediterranean	2015	Few provisions in law
Kazakhstan*	European	2016	Few provisions in law
Kenya	African	2012	Many provisions in law
Kiribati	Western Pacific		No legal measures
Kuwait	Eastern Mediterranean	2014	Full provisions in law
Kyrgyzstan	European	2008	Many provisions in law
Lao People's Democratic Republic	Western Pacific	2007	Few provisions in law
Latvia	European	2013	Few provisions in law
Lebanon	Eastern Mediterranean	2008	Full provisions in law
Lesotho	African		No legal measures
Liberia	African		No legal measures
Libya	Eastern Mediterranean		No legal measures
Lithuania	European	2013	Few provisions in law
Luxembourg	European	2013	Few provisions in law
Madagascar	African	2011	Full provisions in law
Malawi	African	2004	Many provisions in law
Malaysia	Western Pacific		No legal measures
Maldives	South-East Asia	2008	Full provisions in law
Mali	African	2006	Many provisions in law
Malta	European	2013	Few provisions in law
Marshall Islands	Western Pacific		No legal measures
Mauritania	African		No legal measures

Country	Region	Year of most recent legal measure	Legal status of the Code
Mauritius	African		No legal measures
Mexico	the Americas	2015	Many provisions in law
Micronesia (Federated States of)	Western Pacific		No legal measures
Monaco	European	2013	Few provisions in law
Mongolia	European	2017	Many provisions in law
Montenegro	European		No legal measures
Morocco	Eastern Mediterranean		No legal measures
Mozambique	African	2005	Full provisions in law
Myanmar	South-East Asia	2014	Many provisions in law
Namibia	African		No legal measures
Nauru	Western Pacific		No legal measures
Nepal	South-East Asia	1992	Full provisions in law
Netherlands	European	2013	Few provisions in law
New Zealand	Western Pacific		No legal measures
Nicaragua	the Americas	1999	Few provisions in law
Niger	African	1998	Few provisions in law
Nigeria	African	2005	Many provisions in law
Niue	Western Pacific		No legal measures
Norway	European	2013	Few provisions in law
Oman	Eastern Mediterranean	2000	Few provisions in law
Pakistan	Eastern Mediterranean	2002	Full provisions in law
Palau	Western Pacific	2006	Full provisions in law
Panama	the Americas	2013	Full provisions in law
Papua New Guinea	Western Pacific	1984	Few provisions in law
Paraguay	the Americas	1999	Few provisions in law
Peru	the Americas	2006	Full provisions in law
Philippines	Western Pacific	2006	Full provisions in law
Poland	European	2013	Few provisions in law
Portugal	European	2013	Few provisions in law
Qatar	Eastern Mediterranean		No legal measures
Republic of Korea	Western Pacific	2012	Few provisions in law
Republic of Moldova*	European	2011	Few provisions in law
Romania	European	2013	Few provisions in law
Russian Federation*	European	2013	Few provisions in law
Rwanda	African	2011	Many provisions in law
Saint Kitts and Nevis	the Americas		No legal measures
Saint Lucia	the Americas		No legal measures
Saint Vincent and the Grenadines	the Americas		No legal measures
Samoa	Western Pacific		No legal measures
San Marino	European	2013	Few provisions in law
Sao Tome and Principe	African		No legal measures



Country	Region	Year of most recent legal measure	Legal status of the Code
Saudi Arabia	Eastern Mediterranean	2007	Many provisions in law
Senegal	African	1994	Few provisions in law
Serbia*	European	2005	Many provisions in law
Seychelles	African	1992	Few provisions in law
Sierra Leone	African		No legal measures
Singapore	Western Pacific		No legal measures
Slovakia	European	2013	Few provisions in law
Slovenia	European	2013	Few provisions in law
Solomon Islands*	Western Pacific	2010	Few provisions in law
Somalia	Eastern Mediterranean		No legal measures
South Africa	African	2012	Full provisions in law
South Sudan	African		No legal measures
Spain	European	2013	Few provisions in law
Sri Lanka	South-East Asia	2003	Full provisions in law
Sudan	Eastern Mediterranean	2000	Few provisions in law
Suriname	the Americas		No legal measures
Swaziland	African		No legal measures
Sweden	European	2013	Few provisions in law
Switzerland	European	2008	Few provisions in law
Syrian Arab Republic	Eastern Mediterranean	2000	Many provisions in law
Tajikistan	European	2006	Many provisions in law
Thailand	South-East Asia	2017	Many provisions in law
The former Yugoslav Republic of Macedonia	European	2002	Few provisions in law
Timor-Leste	South-East Asia		No legal measures
Togo	African		No legal measures
Tonga	Western Pacific		No legal measures
Trinidad and Tobago*	the Americas	1985	Few provisions in law
Tunisia	Eastern Mediterranean	1983	Many provisions in law
Turkey	European	2014	Few provisions in law
Turkmenistan	European	2016	Few provisions in law
Tuvalu	Western Pacific		No legal measures
Uganda	African	1997	Full provisions in law
Ukraine**	European	2011	Few provisions in law
United Arab Emirates*	Eastern Mediterranean	2011	Few provisions in law
United Kingdom of Great Britain and Northern Ireland	European	2013	Few provisions in law
United Republic of Tanzania	African	2013	Full provisions in law
United States of America	the Americas		No legal measures
Uruguay*	the Americas	1994	Few provisions in law
Uzbekistan*	European	2006	Few provisions in law
Vanuatu	Western Pacific		No legal measures

Country	Region	Year of most recent legal measure	Legal status of the Code
Venezuela (Bolivarian Republic of)	the Americas	2007	Full provisions in law
Vietnam	Western Pacific	2014	Full provisions in law
Yemen	Eastern Mediterranean	2002	Full provisions in law
Zambia	African	2006	Many provisions in law
Zimbabwe	African	1998	Full provisions in law

\*These countries have no dedicated Code legislation, but have Code-related provisions incorporated in other legal measures.

\*\*Cuba and Ukraine are not included in the analyses for Annex 2 and 3, as detailed information on the legal documentation could not be obtained during the preparation of this report.

## Annex 2. Specific provisions covered in the countries that have legal measures in place

Country	Region	Products covered						Milk products covered up to age (months)	Complementary foods covered up to age (months)	Informational/educational materials covered	Required information for informational/educational materials					Required information for materials on breast-milk substitutes		
		Infant formula	Follow-up formula	Complementary foods	Feeding bottles, teats, and/or pacifiers	Milk for mothers	Other designated products				Benefits and superiority of breastfeeding	Maternal nutrition and preparation for and maintenance of breastfeeding	Negative effect on breastfeeding of bottle-feeding	Difficulty reversing decision not to breastfeed	Proper use of infant formula	Social and financial implications	Health hazards of inappropriate feeding	Health hazards of inappropriate use
Afghanistan	Eastern Mediterranean	✓	✓	✓	✗	✗	✓	36		✓	✓	✓	✓	✓	✓	✓	✓	✓
Albania	European	✓	✓	✓	✓	✗	✓	12	36	✓	✓	✓	✓	✓	✓	✓	✓	✓
Algeria	African	✓	✗	✗	✗	✗	✗	unspecified		✗	✗	✗	✗	✗	✗	✗	✗	✗
Andorra	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Argentina	the Americas	✓	✓	✓	✗	✗	✗	unspecified		✓	✓	✓	✓	✓	✓	✓	✓	✓
Armenia	European	✓	✓	✓	✓	✗	✓	36	36	✓	✓	✓	✓	✓	✓	✗	✓	✓
Austria	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Azerbaijan	European	✓	✗	✗	✗	✗	✗	4		✓	✗	✗	✗	✗	✗	✓	✓	✓
Bahrain	Eastern Mediterranean	✓	✓	✓	✓	✗	✓	12	12	✓	✓	✓	✓	✗	✗	✗	✓	✓
Bangladesh	South-East Asia	✓	✓	✓	✓	✗	✓	unspecified	60	✓	✓	✓	✓	✓	✗	✓	✓	✓
Belgium	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Benin	African	✓	✓	✓	✓	✗	✓	12	6	✓	✓	✓	✓	✓	✗	✓	✗	✓
Bolivia (Plurinational State of)	the Americas	✓	✓	✓	✓	✗	✗	24	24	✓	✓	✓	✗	✗	✓	✗	✗	✗
Bosnia and Herzegovina	European	✓	✓	✗	✗	✗	✗	unspecified		✗	✗	✗	✗	✗	✗	✗	✗	✗
Botswana	African	✓	✓	✓	✓	✗	✓	36		✓	✓	✓	✓	✓	✓	✓	✓	✓
Brazil	the Americas	✓	✓	✓	✓	✗	✓	36	36	✓	✓	✓	✓	✓	✗	✓	✓	✓
Bulgaria	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Burkina Faso	African	✓	✓	✗	✓	✗	✓	unspecified		✓	✗	✗	✗	✗	✗	✗	✗	✗
Burundi	African	✓	✓	✓	✓	✗	✓	30	30	✓	✓	✓	✓	✓	✗	✓	✓	✓
Cabo Verde	African	✓	✓	✓	✓	✗	✓	24	12	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cambodia	Western Pacific	✓	✓	✓	✓	✗	✓	24		✓	✓	✓	✓	✗	✓	✓	✓	✓

			Prohibitions of promotion to the general public				Prohibitions of promotion to health workers/ facilities		Required information on labels of breast-milk substitutes								Criteria for monitoring mechanism			
Country	Prohibition of pictures/ text idealizing breast-milk substitutes	Approval required for donation of company materials	Advertising	Sales devices	Samples and gifts	Contact with mothers	Provision of free/low-cost supplies	Materials and gifts	Recommended age of introduction	Message on superiority of breastfeeding	Only to be used on advice of health worker	Preparation instructions	Bans of pictures/text idealizing infant formula	Warning on pathogenic micro-organisms	Ban on nutrition and health claims	Mandates monitoring mechanism	Independent and transparent	Free for commercial influence	Empowered to investigate Code violations	Empowered to impose sanctions
Afghanistan	✓	✗	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓
Albania	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✓
Algeria	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗
Andorra	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Argentina	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗
Armenia	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗
Austria	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Azerbaijan	✓	✗	✓	✓	✓	✗	✗	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗
Bahrain	✓	✗	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✗	✓	✗	✗	✓	✓
Bangladesh	✗	✗	✓	✓	✓	✓	✗	✓	✗	✓	✗	✓	✓	✓	✓	✓	✗	✗	✓	✓
Belgium	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Benin	✗	✗	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✗	✓
Bolivia (Plurinational State of)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✓	✗	✗	✗	✓
Bosnia and Herzegovina	✗	✗	✓	✗	✓	✗	✗	✗	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓
Botswana	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✓	✓
Brazil	✓	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓	✗	✓	✓	✗	✗	✗	✓
Bulgaria	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Burkina Faso	✗	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓	✓	✗	✗	✓	✗	✗	✓	✓
Burundi	✓	✗	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓
Cabo Verde	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗
Cambodia	✓	✓	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✗	✗	✓	✗	✗	✓	✓

Country	Region	Products covered						Milk products covered up to age (months)	Complementary foods covered up to age (months)	Informational/educational materials covered	Required information for informational/educational materials					Required information for materials on breast-milk substitutes		
		Infant formula	Follow-up formula	Complementary foods	Feeding bottles, teats, and/or pacifiers	Milk for mothers	Other designated products				Benefits and superiority of breastfeeding	Maternal nutrition and preparation for and maintenance of breastfeeding	Negative effect on breastfeeding of bottle-feeding	Difficulty reversing decision not to breastfeed	Proper use of infant formula	Social and financial implications	Health hazards of inappropriate feeding	Health hazards of inappropriate use
Cameroon	African	✓	✓	✗	✓	✗	✓	30		✓	✓	✗	✗	✗	✗	✗	✗	✗
Chile	the Americas	✓	✓	✗	✗	✗	✗	12		✗	✗	✗	✗	✗	✗	✗	✗	✗
China	Western Pacific	✓	✓	✗	✗	✗	✗	unspecified		✗	✗	✗	✗	✗	✗	✗	✗	✗
Colombia	the Americas	✓	✓	✓	✓	✗	✗	24	24	✓	✓	✗	✓	✗	✗	✗	✓	✗
Comoros	African	✓	✓	✗	✓	✗	✓	unspecified		✓	✓	✓	✓	✗	✓	✓	✓	✓
Costa Rica	the Americas	✓	✓	✗	✓	✗	✓	unspecified		✓	✓	✓	✗	✗	✓	✗	✗	✓
Côte d'Ivoire	African	✓	✓	✗	✓	✗	✗	24		✓	✗	✗	✗	✗	✗	✗	✗	✗
Croatia	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Cyprus	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Czech Republic	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Democratic Republic of the Congo	African	✓	✓	✗	✓	✓	✓	unspecified		✓	✓	✓	✓	✗	✓	✗	✓	✓
Denmark	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Djibouti	Eastern Mediterranean	✓	✓	✓	✓	✗	✗	unspecified		✗	✗	✗	✗	✗	✗	✗	✗	✗
Dominican Republic	the Americas	✓	✓	✓	✓	✗	✓	24	24	✓	✓	✓	✓	✗	✗	✗	✗	✗
Ecuador	the Americas	✓	✓	✗	✗	✗	✓	unspecified		✓	✓	✓	✓	✓	✓	✓	✗	✓
Egypt	Eastern Mediterranean	✓	✓	✓	✓	✗	✗	24	24	✓	✓	✓	✗	✓	✓	✗	✓	✓
El Salvador	the Americas	✓	✓	✗	✗	✗	✗	unspecified		✓	✓	✗	✗	✗	✗	✗	✗	✗
Estonia	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Ethiopia	African	✓	✓	✗	✗	✗	✓	36		✗	✗	✗	✗	✗	✗	✗	✗	✗
Fiji	Western Pacific	✓	✓	✓	✓	✗	✓	60	24	✓	✓	✓	✓	✓	✓	✓	✓	✓
Finland	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
France	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Gabon	African	✓	✓	✓	✓	✗	✓	12	6	✓	✓	✓	✓	✓	✗	✗	✗	✗
Gambia	African	✓	✓	✗	✓	✗	✓	36		✓	✓	✓	✓	✗	✓	✓	✓	✓
Georgia	European	✓	✓	✓	✓	✗	✓	36	6	✓	✓	✓	✓	✓	✓	✓	✓	✓

Country	Prohibition of pictures/ text idealizing breast-milk substitutes	Approval required for donation of company materials	Prohibitions of promotion to the general public				Prohibitions of promotion to health workers/ facilities		Required information on labels of breast-milk substitutes								Criteria for monitoring mechanism			
			Advertising	Sales devices	Samples and gifts	Contact with mothers	Provision of free/low-cost supplies	Materials and gifts	Recommended age of introduction	Message on superiority of breastfeeding	Only to be used on advice of health worker	Preparation instructions	Bans of pictures/text idealizing infant formula	Warning on pathogenic micro- organisms	Ban on nutrition and health claims	Mandates monitoring mechanism	Independent and transparent	Free for commercial influence	Empowered to investigate Code violations	Empowered to impose sanctions
Cameroon	✓	✓	✗	✗	✓	✗	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗
Chile	✗	✗	✓	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✓
China	✗	✗	✓	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗
Colombia	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✓
Comoros	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗
Costa Rica	✓	✗	✗	✗	✓	✗	✗	✗	✗	✓	✓	✓	✓	✗	✗	✓	✗	✗	✓	✓
Côte d'Ivoire	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Croatia	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Cyprus	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Czech Republic	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Democratic Republic of the Congo	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✓	✓
Denmark	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Djibouti	✗	✗	✗	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✓
Dominican Republic	✗	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✓	✓
Ecuador	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✓	✓
Egypt	✗	✓	✓	✗	✗	✓	✓	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
El Salvador	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	✓	✗	✗	✓	✓
Estonia	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Ethiopia	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓
Fiji	✓	✗	✓	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✓	✓
Finland	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
France	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Gabon	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✓	✓
Gambia	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✗	✓	✓	✗	✗	✓	✗	✗	✓	✓
Georgia	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗

Country	Region	Products covered						Milk products covered up to age (months)	Complementary foods covered up to age (months)	Informational/educational materials covered	Required information for informational/educational materials					Required information for materials on breast-milk substitutes		
		Infant formula	Follow-up formula	Complementary foods	Feeding bottles, teats, and/or pacifiers	Milk for mothers	Other designated products				Benefits and superiority of breastfeeding	Maternal nutrition and preparation for and maintenance of breastfeeding	Negative effect on breastfeeding of bottle-feeding	Difficulty reversing decision not to breastfeed	Proper use of infant formula	Social and financial implications	Health hazards of inappropriate feeding	Health hazards of inappropriate use
Germany	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Ghana	African	✓	✓	✗	✓	✗	✓	unspecified		✓	✓	✓	✓	✓	✓	✓	✓	✓
Greece	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Guatemala	the Americas	✓	✓	✗	✓	✗	✓	unspecified		✓	✓	✓	✓	✓	✓	✗	✓	✓
Guinea-Bissau	African	✓	✓	✗	✓	✗	✗	unspecified		✗	✗	✗	✗	✗	✗	✗	✗	✗
Honduras	the Americas	✓	✓	✗	✓	✓	✗	24		✓	✓	✓	✓	✓	✗	✓	✓	✓
Hungary	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Iceland	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
India	South-East Asia	✓	✓	✓	✓	✗	✗	24	24	✓	✓	✓	✓	✓	✗	✓	✓	✓
Indonesia	South-East Asia	✓	✓	✓	✓	✗	✗	unspecified		✓	✓	✓	✓	✓	✗	✗	✗	✗
Iran (Islamic Republic of)	Eastern Mediterranean	✓	✗	✓	✗	✗	✓	12		✓	✓	✓	✓	✓	✓	✓	✓	✓
Iraq	Eastern Mediterranean	✓	✓	✗	✓	✗	✓	unspecified		✓	✓	✓	✓	✗	✓	✗	✓	✓
Ireland	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Italy	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Jordan	Eastern Mediterranean	✓	✓	✓	✗	✗	✗	unspecified		✓	✓	✓	✗	✗	✓	✓	✓	✓
Kazakhstan	European	✓	✓	✓	✗	✗	✗	unspecified		✗	✗	✗	✗	✗	✗	✗	✗	✗
Kenya	African	✓	✓	✓	✓	✗	✓	24	24	✓	✗	✗	✗	✗	✗	✗	✗	✗
Kuwait	Eastern Mediterranean	✓	✓	✓	✓	✗	✗	36	36	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kyrgyzstan	European	✓	✓	✗	✓	✗	✗	24		✗	✗	✗	✗	✗	✗	✗	✗	✗
Lao People's Democratic Republic	Western Pacific	✓	✓	✓	✓	✗	✗	24	24	✓	✓	✗	✓	✗	✗	✗	✗	✗
Latvia	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Lebanon	Eastern Mediterranean	✓	✓	✓	✓	✗	✓	36	36	✓	✓	✓	✓	✓	✓	✗	✓	✓
Lithuania	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Luxembourg	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗



Country	Prohibition of pictures/ text idealizing breast-milk substitutes	Approval required for donation of company materials	Prohibitions of promotion to the general public				Prohibitions of promotion to health workers/ facilities		Required information on labels of breast-milk substitutes								Criteria for monitoring mechanism			
			Advertising	Sales devices	Samples and gifts	Contact with mothers	Provision of free/low-cost supplies	Materials and gifts	Recommended age of introduction	Message on superiority of breastfeeding	Only to be used on advice of health worker	Preparation instructions	Bans of pictures/text idealizing infant formula	Warning on pathogenic micro- organisms	Ban on nutrition and health claims	Mandates monitoring mechanism	Independent and transparent	Free for commercial influence	Empowered to investigate Code violations	Empowered to impose sanctions
Germany	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Ghana	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✓	✓
Greece	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Guatemala	✓	✓	✓	✗	✓	✓	✗	✓	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗
Guinea-Bissau	✗	✗	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Honduras	✓	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✓	✗	✗	✗	✓
Hungary	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Iceland	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
India	✗	✗	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✗	✓	✗	✗	✓	✓
Indonesia	✗	✗	✓	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✓	✓
Iran (Islamic Republic of)	✓	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✓	✓
Iraq	✗	✗	✗	✗	✗	✗	✓	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗
Ireland	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Italy	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Jordan	✗	✗	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✓	✗	✗	✓	✓
Kazakhstan	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗
Kenya	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✓	✓
Kuwait	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kyrgyzstan	✓	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✓
Lao People's Democratic Republic	✓	✗	✓	✓	✓	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✓	✗	✗	✓	✓
Latvia	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Lebanon	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✗	✓	✓
Lithuania	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Luxembourg	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					

Country	Region	Products covered						Milk products covered up to age (months)	Complementary foods covered up to age (months)	Informational/educational materials covered	Required information for informational/educational materials					Required information for materials on breast-milk substitutes		
		Infant formula	Follow-up formula	Complementary foods	Feeding bottles, teats, and/or pacifiers	Milk for mothers	Other designated products				Benefits and superiority of breastfeeding	Maternal nutrition and preparation for and maintenance of breastfeeding	Negative effect on breastfeeding of bottle-feeding	Difficulty reversing decision not to breastfeed	Proper use of infant formula	Social and financial implications	Health hazards of inappropriate feeding	Health hazards of inappropriate use
Madagascar	African	✓	✓	✓	✓	✗	✓	24	24	✓	✓	✓	✓	✓	✓	✓	✓	✓
Malawi	African	✓	✗	✗	✓	✗	✓	6		✓	✓	✓	✓	✓	✓	✓	✓	✓
Maldives	South-East Asia	✓	✓	✓	✓	✓	✓	36	12	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mali	African	✓	✓	✗	✓	✗	✗	unspecified		✓	✓	✓	✓	✓	✓	✓	✓	✓
Malta	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Mexico	the Americas	✓	✓	✓	✗	✗	✗	unspecified	48	✓	✗	✗	✗	✗	✗	✗	✗	✗
Monaco	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Mongolia	European	✓	✓	✓	✓	✗	✓	36		✓	✓	✓	✓	✗	✓	✗	✗	✓
Mozambique	African	✓	✓	✓	✓	✗	✓	36	12	✓	✓	✓	✓	✓	✓	✓	✓	✓
Myanmar	South-East Asia	✓	✓	✗	✓	✗	✓	24		✓	✓	✓	✓	✗	✗	✓	✓	✓
Nepal	South-East Asia	✓	✓	✓	✓	✗	✓	12	12	✓	✓	✓	✓	✓	✓	✓	✓	✓
Netherlands	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Nicaragua	the Americas	✓	✓	✗	✓	✗	✓	24		✓	✓	✗	✗	✗	✗	✗	✓	✓
Niger	African	✓	✓	✗	✓	✗	✗	unspecified		✓	✓	✗	✗	✗	✗	✗	✗	✗
Nigeria	African	✓	✓	✓	✓	✗	✓	36	36	✓	✓	✓	✓	✓	✓	✗	✓	✓
Norway	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Oman	Eastern Mediterranean	✓	✗	✓	✓	✗	✗	4	12	✗	✗	✗	✗	✗	✗	✗	✗	✗
Pakistan	Eastern Mediterranean	✓	✓	✓	✓	✗	✓	24	12	✓	✗	✗	✗	✗	✗	✗	✗	✗
Palau	Western Pacific	✓	✓	✓	✓	✗	✓	36	12	✓	✓	✓	✓	✓	✓	✓	✓	✓
Panama	the Americas	✓	✓	✓	✓	✗	✓	24	24	✓	✓	✓	✓	✗	✓	✗	✓	✓
Papua New Guinea	Western Pacific	✗	✗	✗	✓	✗	✗	unspecified		✗	✗	✗	✗	✗	✗	✗	✗	✗
Paraguay	the Americas	✓	✓	✗	✓	✗	✓	unspecified		✓	✓	✓	✓	✓	✓	✗	✓	✓
Peru	the Americas	✓	✓	✗	✓	✗	✓	24		✓	✓	✓	✓	✓	✓	✓	✓	✓
Philippines	Western Pacific	✓	✓	✗	✓	✗	✓	36		✓	✓	✓	✓	✓	✓	✓	✓	✓
Poland	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗

Country	Prohibition of pictures/ text idealizing breast-milk substitutes	Approval required for donation of company materials	Prohibitions of promotion to the general public				Prohibitions of promotion to health workers/ facilities		Required information on labels of breast-milk substitutes								Criteria for monitoring mechanism			
			Advertising	Sales devices	Samples and gifts	Contact with mothers	Provision of free/low-cost supplies	Materials and gifts	Recommended age of introduction	Message on superiority of breastfeeding	Only to be used on advice of health worker	Preparation instructions	Bans of pictures/text idealizing infant formula	Warning on pathogenic micro- organisms	Ban on nutrition and health claims	Mandates monitoring mechanism	Independent and transparent	Free for commercial influence	Empowered to investigate Code violations	Empowered to impose sanctions
Madagascar	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓
Malawi	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✓	✓	✓	✓	✓
Maldives	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓
Mali	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗
Malta	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Mexico	✗	✓	✗	✗	✓	✗	✓	✓	✗	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗
Monaco	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Mongolia	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✓	✓
Mozambique	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓	✗
Myanmar	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✓	✓
Nepal	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✗	✓	✗	✗	✓	✓
Netherlands	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Nicaragua	✓	✓	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✗	✓
Niger	✓	✗	✓	✗	✓	✗	✗	✗	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✓	✓
Nigeria	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✓
Norway	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Oman	✗	✗	✗	✗	✓	✗	✗	✓	✗	✓	✓	✓	✗	✗	✗	✓	✗	✗	✗	✓
Pakistan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✓	✓
Palau	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✓	✓
Panama	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗
Papua New Guinea	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✓	✓
Paraguay	✓	✓	✗	✗	✗	✗	✗	✗	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✓	✓
Peru	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✓	✓
Philippines	✗	✓	✗	✓	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✓	✓
Poland	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					

Country	Region	Products covered						Milk products covered up to age (months)	Complementary foods covered up to age (months)	Informational/educational materials covered	Required information for informational/educational materials					Required information for materials on breast-milk substitutes		
		Infant formula	Follow-up formula	Complementary foods	Feeding bottles, teats, and/or pacifiers	Milk for mothers	Other designated products				Benefits and superiority of breastfeeding	Maternal nutrition and preparation for and maintenance of breastfeeding	Negative effect on breastfeeding of bottle-feeding	Difficulty reversing decision not to breastfeed	Proper use of infant formula	Social and financial implications	Health hazards of inappropriate feeding	Health hazards of inappropriate use
Portugal	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Republic of Korea	Western Pacific	✓	✓	✗	✗	✗	✗	unspecified		✗	✗	✗	✗	✗	✗	✗	✗	✗
Republic of Moldova	European	✓	✓	✗	✗	✗	✗	unspecified		✓	✓	✓	✓	✓	✓	✓	✓	✓
Romania	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Russian Federation	European	✓	✓	✓	✗	✗	✗	12	12	✓	✗	✗	✗	✗	✓	✗	✗	✗
Rwanda	African	✓	✓	✓	✓	✗	✗	12		✓	✓	✓	✓	✓	✓	✗	✓	✓
San Marino	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Saudi Arabia	Eastern Mediterranean	✓	✓	✓	✓	✗	✗	12	12	✓	✓	✓	✓	✗	✗	✗	✗	✓
Senegal	African	✓	✓	✓	✗	✗	✗	unspecified		✗	✗	✗	✗	✗	✗	✗	✗	✗
Serbia	European	✓	✓	✓	✓	✗	✓	36	36	✓	✓	✓	✓	✓	✓	✓	✓	✓
Seychelles	African	✓	✗	✗	✗	✗	✓	4		✗	✗	✗	✗	✗	✗	✗	✗	✗
Slovakia	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Slovenia	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Solomon Islands	Western Pacific	✓	✓	✗	✗	✗	✗	6		✓	✗	✗	✗	✗	✗	✗	✗	✗
South Africa	African	✓	✓	✓	✓	✗	✓	36		✓	✗	✗	✗	✗	✗	✗	✗	✗
Spain	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Sri Lanka	South-East Asia	✓	✓	✓	✓	✗	✓	12		✓	✓	✗	✗	✗	✗	✗	✗	✗
Sudan	Eastern Mediterranean	✓	✗	✗	✗	✗	✓	unspecified		✗	✗	✗	✗	✗	✗	✗	✗	✗
Sweden	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Switzerland	European	✓	✗	✗	✗	✗	✗	unspecified		✗	✗	✗	✗	✗	✗	✗	✗	✗
Syrian Arab Republic	Eastern Mediterranean	✓	✓	✗	✓	✗	✓	unspecified		✓	✓	✓	✓	✓	✓	✓	✓	✓
Tajikistan	European	✓	✗	✓	✓	✗	✓	6		✓	✓	✓	✓	✓	✓	✓	✓	✗
Thailand	South-East Asia	✓	✓	✓	✗	✗	✓	36	12	✓	✗	✗	✗	✗	✗	✓	✓	✓

Country	Prohibition of pictures/ text idealizing breast-milk substitutes	Approval required for donation of company materials	Prohibitions of promotion to the general public				Prohibitions of promotion to health workers/ facilities		Required information on labels of breast-milk substitutes								Criteria for monitoring mechanism			
			Advertising	Sales devices	Samples and gifts	Contact with mothers	Provision of free/low-cost supplies	Materials and gifts	Recommended age of introduction	Message on superiority of breastfeeding	Only to be used on advice of health worker	Preparation instructions	Bans of pictures/text idealizing infant formula	Warning on pathogenic micro- organisms	Ban on nutrition and health claims	Mandates monitoring mechanism	Independent and transparent	Free for commercial influence	Empowered to investigate Code violations	Empowered to impose sanctions
Portugal	x	x	x	x	x	x	x	x	x	x	x	x	✓	x	✓					
Republic of Korea	x	x	✓	x	✓	x	✓	x	x	x	x	x	✓	x	x	✓	x	x	x	✓
Republic of Moldova	✓	x	x	x	x	x	x	x	✓	✓	x	✓	✓	x	x	x	x	x	x	x
Romania	x	x	x	x	x	x	x	x	x	x	x	x	✓	x	✓					
Russian Federation	x	x	✓	x	✓	x	x	x	✓	✓	x	✓	✓	x	x	x	x	x	x	x
Rwanda	x	x	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	x	✓	x	x	x	x	x
San Marino	x	x	x	x	x	x	x	x	x	x	x	x	✓	x	✓					
Saudi Arabia	x	✓	✓	x	✓	x	✓	✓	✓	✓	✓	✓	✓	x	x	✓	x	x	✓	✓
Senegal	✓	x	x	x	x	x	✓	x	x	x	x	x	x	x	x	✓	x	x	✓	✓
Serbia	✓	x	✓	x	x	x	✓	x	x	✓	✓	✓	✓	x	x	x	x	x	x	x
Seychelles	x	x	✓	✓	✓	x	x	x	x	✓	✓	✓	✓	x	x	x	x	x	x	x
Slovakia	x	x	x	x	x	x	x	x	x	x	x	x	✓	x	✓					
Slovenia	x	x	x	x	x	x	x	x	x	x	x	x	✓	x	✓					
Solomon Islands	x	x	✓	✓	✓	x	x	x	x	✓	✓	✓	x	x	✓	✓	✓	✓	✓	✓
South Africa	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓	✓
Spain	x	x	x	x	x	x	x	x	x	x	x	x	✓	x	✓					
Sri Lanka	✓	x	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	x	x	✓	x	x	✓	x
Sudan	x	x	✓	✓	✓	x	x	x	x	✓	x	x	x	x	x	x	x	x	x	✓
Sweden	x	x	x	x	x	x	x	x	x	x	x	x	✓	x	✓					
Switzerland	x	x	x	✓	✓	✓	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Syrian Arab Republic	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	x	x	✓	x	x	✓	✓
Tajikistan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Thailand	x	x	✓	✓	✓	✓	✓	✓	x	x	x	x	x	x	x	✓	x	x	✓	✓

Country	Region	Products covered						Milk products covered up to age (months)	Complementary foods covered up to age (months)	Informational/educational materials covered	Required information for informational/educational materials					Required information for materials on breast-milk substitutes		
		Infant formula	Follow-up formula	Complementary foods	Feeding bottles, teats, and/or pacifiers	Milk for mothers	Other designated products				Benefits and superiority of breastfeeding	Maternal nutrition and preparation for and maintenance of breastfeeding	Negative effect on breastfeeding of bottle-feeding	Difficulty reversing decision not to breastfeed	Proper use of infant formula	Social and financial implications	Health hazards of inappropriate feeding	Health hazards of inappropriate use
The former Yugoslav Republic of Macedonia	European	✓	✓	✗	✓	✗	✗	12		✗	✗	✗	✗	✗	✗	✗	✗	✗
Trinidad and Tobago	the Americas	✓	✗	✗	✗	✗	✗	unspecified		✗	✗	✗	✗	✗	✗	✗	✗	✗
Tunisia	Eastern Mediterranean	✓	✓	✓	✓	✗	✗	unspecified		✗	✗	✗	✗	✗	✗	✗	✗	✗
Turkey	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
Turkmenistan	European	✓	✓	✓	✓	✗	✗	36	36	✗	✗	✗	✗	✗	✗	✗	✗	✗
Uganda	African	✓	✓	✓	✓	✗	✓	12	60	✓	✓	✓	✓	✓	✓	✓	✓	✓
United Arab Emirates	Eastern Mediterranean	✓	✗	✗	✗	✗	✗	unspecified		✗	✗	✗	✗	✗	✗	✗	✗	✗
United Kingdom of Great Britain and Northern Ireland	European	✓	✓	✗	✗	✗	✗	12		✓	✗	✗	✗	✗	✗	✗	✗	✗
United Republic of Tanzania	African	✓	✓	✓	✓	✗	✓	60	60	✓	✓	✓	✓	✓	✓	✓	✓	✓
Uruguay	the Americas	✓	✓	✓	✗	✗	✗	12		✗	✗	✗	✗	✗	✗	✗	✗	✗
Uzbekistan	European	✓	✗	✗	✓	✗	✗	6		✗	✗	✗	✗	✗	✗	✗	✗	✗
Venezuela (Bolivarian Republic of)	the Americas	✓	✓	✓	✓	✗	✓	24	36	✓	✓	✗	✓	✓	✗	✗	✓	✗
Viet Nam	Western Pacific	✓	✓	✓	✓	✗	✗	24	24	✓	✓	✓	✓	✗	✓	✓	✓	✓
Yemen	Eastern Mediterranean	✓	✓	✓	✗	✗	✗	24		✓	✓	✗	✓	✗	✗	✗	✓	✓
Zambia	African	✓	✓	✓	✓	✗	✓	unspecified	12	✓	✓	✓	✓	✗	✗	✗	✓	✓
Zimbabwe	African	✓	✓	✓	✓	✗	✓	60	60	✓	✓	✓	✓	✓	✓	✓	✓	✓



Country	Prohibition of pictures/ text idealizing breast-milk substitutes	Approval required for donation of company materials	Prohibitions of promotion to the general public				Prohibitions of promotion to health workers/ facilities		Required information on labels of breast-milk substitutes								Criteria for monitoring mechanism			
			Advertising	Sales devices	Samples and gifts	Contact with mothers	Provision of free/low-cost supplies	Materials and gifts	Recommended age of introduction	Message on superiority of breastfeeding	Only to be used on advice of health worker	Preparation instructions	Bans of pictures/text idealizing infant formula	Warning on pathogenic micro- organisms	Ban on nutrition and health claims	Mandates monitoring mechanism	Independent and transparent	Free for commercial influence	Empowered to investigate Code violations	Empowered to impose sanctions
The former Yugoslav Republic of Macedonia	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✓	✗	✗	✓	✓
Trinidad and Tobago	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗
Tunisia	✗	✗	✓	✓	✓	✗	✓	✗	✗	✓	✗	✓	✓	✗	✗	✓	✗	✗	✓	✓
Turkey	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
Turkmenistan	✗	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗
Uganda	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✓	✗	✓	✓	✓
United Arab Emirates	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
United Kingdom of Great Britain and Northern Ireland	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓					
United Republic of Tanzania	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗
Uruguay	✗	✗	✓	✓	✗	✗	✗	✗	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗
Uzbekistan	✗	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Venezuela (Bolivarian Republic of)	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✗
Viet Nam	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✓	✗
Yemen	✓	✗	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓
Zambia	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗
Zimbabwe	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✓	✓

## Annex 3. Specific provisions relevant to complementary foods for children up to 36 months of age in the countries that have legal measures in place

Country	Region	Complementary foods covered		Messages on CFs						
		Complementary foods covered	Complementary foods covered up to age (months)	Importance of continued breastfeeding for up to two years or beyond	Importance of not introducing complementary feeding before 6 months	Appropriate age of introduction of food (should not be less than 6 months)	Prohibition image, text or other representation that might suggest use for infants under the age of 6 months	Prohibition image, text or other representation undermining/discouraging breastfeeding, that makes a comparison to breastmilk, or that suggests that the product is nearly equivalent or superior to breastmilk	Prohibition recommendation or promotion of bottle feeding	Does not convey endorsement by professional or other body unless approved by relevant national, regional or international regulatory authorities
Afghanistan	Eastern Mediterranean	✓	30	✓	✓	✓	✓	✓	✗	✗
Albania	European	✓	36	✗	✗	✗	✓	✗	✗	✗
Algeria	African	✗								
Andorra	European	✗								
Argentina	the Americas	✓	24	✗	✗	✗	✗	✗	✗	✗
Armenia	European	✓	36	✓	✗	✓	✓	✓	✗	✗
Austria	European	✗								
Azerbaijan	European	✗								
Bahrain	Eastern Mediterranean	✓	12	✓	✗	✗	✗	✓	✓	✗
Bangladesh	South-East Asia	✓	60	✓	✗	✗	✓	✗	✗	✗
Belgium	European	✗								
Benin	African	✓	12	✗	✗	✗	✗	✗	✗	✗
Bolivia	the Americas	✓	24	✓	✗	✓	✓	✓	✓	✓
Bosnia and Herzegovina	European	✗								
Botswana	African	✓	36	✓	✓	✗	✗	✗	✗	✗
Brazil	the Americas	✓	36	✓	✓	✓	✗	✓	✓	✗
Bulgaria	European	✗								
Burkina Faso	African	✗								
Burundi	African	✓	24	✓	✓	✓	✗	✗	✗	✗
Cambodia	Western Pacific	✓	24	✓	✓	✗	✗	✓	✗	✗
Cameroon	African	✗								

		Promotion				Avoidance of conflict of interest in health care settings - manufacturers and distributors of complementary foods									Avoidance of conflict of interest - health workers, health systems, health professional associations and nongovernmental organizations
Country	Region	Ban on promotion of CFs before 6 months	Ban of any form of promotion of CFs	Cross promotion	National or regional standards or nutrient profile models	Prohibition of sponsorships by manufacturers and distributors of complementary foods/avoidance of conflict of interest	Prohibition of free products, samples or reduced-price foods for infants and young children through health workers/facilities	Prohibition on donation or distribution of equipment or services to health facilities	Prohibition of gifts or incentives to health care staff	Prohibition of use of health facilities to host events, contests or campaigns	Prohibition of gifts or coupons to parents, caregivers and families	Prohibition of direct or indirect provision of education to parents and other caregivers in health facilities	Prohibition on provision of information for health workers which is not scientific and factual		
Afghanistan	Eastern Mediterranean	✗	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	
Albania	European	✗	✗	✗	✗	✓	✓	✓	✓	✗	✓	✗	✗	✓	
Algeria	African														
Andorra	European														
Argentina	the Americas	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	
Armenia	European	✗	✓	✗	✗	✓	✓	✓	✓	✗	✗	✗	✗	✓	
Austria	European														
Azerbaijan	European														
Bahrain	Eastern Mediterranean	✗	✗	✗	✗	✓	✗	✗	✓	✗	✓	✗	✓	✗	
Bangladesh	South-East Asia	✗	✗	✗	✗	✓	✓	✗	✓	✓	✓	✓	✗	✗	
Belgium	European														
Benin	African	✗	✓	✗	✗	✓	✓	✗	✓	✗	✗	✗	✓	✗	
Bolivia	the Americas	✓	✗	✗	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	
Bosnia and Herzegovina	European														
Botswana	African	✗	✓	✗	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	
Brazil	the Americas	✗	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✓	✗	
Bulgaria	European														
Burkina Faso	African														
Burundi	African	✗	✓	✗	✗	✓	✓	✓	✓	✓	✗	✗	✓	✗	
Cambodia	Western Pacific	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	
Cameroon	African														

Country	Region	Complementary foods covered		Messages on CFs						
		Complementary foods covered	Complementary foods covered up to age (months)	Importance of continued breastfeeding for up to two years or beyond	Importance of not introducing complementary feeding before 6 months	Appropriate age of introduction of food (should not be less than 6 months)	Prohibition image, text or other representation that might suggest use for infants under the age of 6 months	Prohibition image, text or other representation undermining/discouraging breastfeeding, that makes a comparison to breastmilk, or that suggests that the product is nearly equivalent or superior to breastmilk	Prohibition recommendation or promotion of bottle feeding	Does not convey endorsement by professional or other body unless approved by relevant national, regional or international regulatory authorities
Cape Verde	African	✓	24	✓	✗	✗	✗	✗	✗	✗
Chile	the Americas	✗								
China	Western Pacific	✗								
Colombia	the Americas	✓	24	✗	✗	✗	✗	✗	✗	✗
Comoros	African	✗								
Costa Rica	the Americas	✗								
Cote d'Ivoire	African	✗								
Croatia	European	✗								
Cyprus	European	✗								
Czech Republic	European	✗								
Democratic Republic of Congo	African	✗								
Denmark	European	✗								
Djibouti	Eastern Mediterranean	✓		✗	✗	✗	✗	✗	✗	✗
Dominican Republic	the Americas	✓	24	✗	✓	✓	✓	✓	✗	✗
Ecuador	the Americas	✗								
Egypt	Eastern Mediterranean	✓	24	✓	✗	✗	✗	✗	✗	✗
El Salvador	the Americas	✗								
Estonia	European	✗								
Ethiopia	African	✗								
Fiji	Western Pacific	✓	60	✓	✓	✗	✗	✓	✗	✗
Finland	European	✗								
France	European	✗								

Country	Region	Promotion			Avoidance of conflict of interest in health care settings - manufacturers and distributors of complementary foods									Avoidance of conflict of interest - health workers, health systems, health professional associations and nongovernmental organizations
		Ban on promotion of CFs before 6 months	Ban of any form of promotion of CFs	Cross promotion	National or regional standards or nutrient profile models	Prohibition of sponsorships of meetings by manufacturers and distributors of complementary foods/avoidance of conflict of interest	Prohibition of free products, samples or reduced-price foods for infants and young children through health workers/facilities	Prohibition on donation or distribution of equipment or services to health facilities	Prohibition of gifts or incentives to health care staff	Prohibition of use of health facilities to host events, contests or campaigns	Prohibition of gifts or coupons to parents, caregivers and families	Prohibition of direct or indirect provision of education to parents and other caregivers in health facilities	Prohibition on provision of information for health workers which is not scientific and factual	
Cape Verde	African	✗	✓	✗	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓
Chile	the Americas													
China	Western Pacific													
Colombia	the Americas	✗	✗	✗	✗	✓	✓	✗	✓	✗	✓	✗	✗	✗
Comoros	African													
Costa Rica	the Americas													
Cote d'Ivoire	African													
Croatia	European													
Cyprus	European													
Czech Republic	European													
Democratic Republic of Congo	African													
Denmark	European													
Djibouti	Eastern Mediterranean	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Dominican Republic	the Americas	✗	✓	✗	✗	✓	✓	✗	✓	✗	✓	✓	✗	✗
Ecuador	the Americas													
Egypt	Eastern Mediterranean	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
El Salvador	the Americas													
Estonia	European													
Ethiopia	African													
Fiji	Western Pacific	✗	✓	✗	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗
Finland	European													
France	European													

Country	Region	Complementary foods covered		Messages on CFs						
		Complementary foods covered	Complementary foods covered up to age (months)	Importance of continued breastfeeding for up to two years or beyond	Importance of not introducing complementary feeding before 6 months	Appropriate age of introduction of food (should not be less than 6 months)	Prohibition image, text or other representation that might suggest use for infants under the age of 6 months	Prohibition image, text or other representation undermining/discouraging breastfeeding, that makes a comparison to breastmilk, or that suggests that the product is nearly equivalent or superior to breastmilk	Prohibition recommendation or promotion of bottle feeding	Does not convey endorsement by professional or other body unless approved by relevant national, regional or international regulatory authorities
Gabon	African	✓	12	✗	✗	✗	✗	✗	✗	✗
Gambia	African	✗								
Georgia	European	✓	6	✗	✗	✗	✗	✗	✗	✗
Germany	European	✗								
Ghana	African	✗								
Greece	European	✗								
Guatemala	the Americas	✗								
Guinea Bissau	African	✗								
Honduras	the Americas	✗								
Hungary	European	✗								
Iceland	European	✗								
India	South-East Asia	✓	24	✗	✗	✗	✗	✓	✗	✗
Indonesia	South-East Asia	✓	12	✗	✗	✗	✗	✗	✗	✗
Iran	Eastern Mediterranean	✓		✓	✗	✗	✗	✓	✗	✗
Iraq	Eastern Mediterranean	✗								
Ireland	European	✗								
Italy	European	✗								
Jordan	Eastern Mediterranean	✓		✗	✗	✗	✗	✗	✗	✗
Kazakhstan	European	✓		✗	✗	✓	✗	✗	✗	✗
Kenya	African	✓	24	✗	✗	✗	✗	✗	✗	✗
Kuwait	Eastern Mediterranean	✓	36	✓	✓	✓	✗	✓	✓	✗
Kyrgyzstan	European	✗								
Lao People's Democratic Republic	Western Pacific	✓	24	✓	✓	✗	✗	✓	✗	✗

Country	Region	Promotion			Avoidance of conflict of interest in health care settings - manufacturers and distributors of complementary foods									Avoidance of conflict of interest - health workers, health systems, health professional associations and nongovernmental organizations
		Ban on promotion of CFs before 6 months	Ban of any form of promotion of CFs	Cross promotion	National or regional standards or nutrient profile models	Prohibition of sponsorships of meetings by manufacturers and distributors of complementary foods/avoidance of conflict of interest	Prohibition of free products, samples or reduced-price foods for infants and young children through health workers/facilities	Prohibition on donation or distribution of equipment or services to health facilities	Prohibition of gifts or incentives to health care staff	Prohibition of use of health facilities to host events, contests or campaigns	Prohibition of gifts or coupons to parents, caregivers and families	Prohibition of direct or indirect provision of education to parents and other caregivers in health facilities	Prohibition on provision of information for health workers which is not scientific and factual	
Gabon	African	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Gambia	African													
Georgia	European	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Germany	European													
Ghana	African													
Greece	European													
Guatemala	the Americas													
Guinea Bissau	African													
Honduras	the Americas													
Hungary	European													
Iceland	European													
India	South-East Asia	✗	✗	✗	✗	✓	✓	✗	✓	✗	✗	✗	✓	✗
Indonesia	South-East Asia	✗	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗
Iran	Eastern Mediterranean	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Iraq	Eastern Mediterranean													
Ireland	European													
Italy	European													
Jordan	Eastern Mediterranean	✗	✓	✗	✗	✓	✗	✗	✗	✗	✓	✗	✓	✗
Kazakhstan	European	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Kenya	African	✗	✓	✗	✗	✓	✓	✗	✓	✓	✓	✓	✗	✗
Kuwait	Eastern Mediterranean	✓	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kyrgyzstan	European													
Lao People's Democratic Republic	Western Pacific	✗	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✓



Country	Region	Complementary foods covered		Messages on CFs						
		Complementary foods covered	Complementary foods covered up to age (months)	Importance of continued breastfeeding for up to two years or beyond	Importance of not introducing complementary feeding before 6 months	Appropriate age of introduction of food (should not be less than 6 months)	Prohibition image, text or other representation that might suggest use for infants under the age of 6 months	Prohibition image, text or other representation undermining/discouraging breastfeeding, that makes a comparison to breastmilk, or that suggests that the product is nearly equivalent or superior to breastmilk	Prohibition recommendation or promotion of bottle feeding	Does not convey endorsement by professional or other body unless approved by relevant national, regional or international regulatory authorities
Latvia	European	✗								
Lebanon	Eastern Mediterranean	✓	36	✓	✓	✓	✓	✓	✗	✗
Lithuania	European	✗								
Luxembourg	European	✗								
Madagascar	African	✓	24	✓	✓	✓	✗	✗	✗	✗
Malawi	African	✗								
Maldives	South-East Asia	✓	12	✓	✓	✗	✗	✗	✗	✗
Mali	African	✗								
Malta	European	✗								
Mexico	the Americas	✓	48	✗	✗	✓	✗	✗	✗	✗
Moldova (Republic of)	European	✗								
Monaco	European	✗								
Mongolia	African	✓		✗	✗	✓	✗	✗	✗	✗
Mozambique	South-East Asia	✓	12	✓	✓	✓	✗	✓	✗	✗
Myanmar	South-East Asia	✗								
Nepal	European	✓	12	✗	✗	✗	✓	✓	✗	✗
Netherlands	the Americas	✗								
Nicaragua	African	✗								
Niger	African	✗								
Nigeria	European	✓	36	✗	✗	✓	✗	✓	✗	✗
Norway	Eastern Mediterranean	✗								
Oman	Eastern Mediterranean	✓	12	✓	✗	✗	✗	✓	✗	✗
Pakistan	Western Pacific	✓	12	✓	✗	✓	✗	✓	✓	✗

Country	Region	Promotion			Avoidance of conflict of interest in health care settings - manufacturers and distributors of complementary foods									Avoidance of conflict of interest - health workers, health systems, health professional associations and nongovernmental organizations
		Ban on promotion of CFs before 6 months	Ban of any form of promotion of CFs	Cross promotion	National or regional standards or nutrient profile models	Prohibition of sponsorships of meetings by manufacturers and distributors of complementary foods/avoidance of conflict of interest	Prohibition of free products, samples or reduced-price foods for infants and young children through health workers/facilities	Prohibition on donation or distribution of equipment or services to health facilities	Prohibition of gifts or incentives to health care staff	Prohibition of use of health facilities to host events, contests or campaigns	Prohibition of gifts or coupons to parents, caregivers and families	Prohibition of direct or indirect provision of education to parents and other caregivers in health facilities	Prohibition on provision of information for health workers which is not scientific and factual	
Latvia	European													
Lebanon	Eastern Mediterranean	✗	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lithuania	European													
Luxembourg	European													
Madagascar	African	✗	✓	✗	✗	✓	✓	✓	✓	✓	✓	✗	✓	✗
Malawi	African													
Maldives	South-East Asia	✗	✓	✓	✗	✓	✓	✓	✓	✗	✗	✗	✓	✗
Mali	African													
Malta	European													
Mexico	the Americas	✗	✗	✗	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗
Moldova (Republic of)	European													
Monaco	European													
Mongolia	African	✗	✗	✗	✗	✓	✓	✗	✓	✗	✗	✗	✓	✗
Mozambique	South-East Asia	✗	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓
Myanmar	South-East Asia													
Nepal	European	✗	✓	✗	✗	✗	✓	✗	✓	✗	✗	✗	✓	✗
Netherlands	the Americas													
Nicaragua	African													
Niger	African													
Nigeria	European	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗
Norway	Eastern Mediterranean													
Oman	Eastern Mediterranean	✗	✓	✗	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗
Pakistan	Western Pacific	✗	✓	✗	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓

Country	Region	Complementary foods covered		Messages on CFs						
		Complementary foods covered	Complementary foods covered up to age (months)	Importance of continued breastfeeding for up to two years or beyond	Importance of not introducing complementary feeding before 6 months	Appropriate age of introduction of food (should not be less than 6 months)	Prohibition image, text or other representation that might suggest use for infants under the age of 6 months	Prohibition image, text or other representation undermining/discouraging breastfeeding, that makes a comparison to breastmilk, or that suggests that the product is nearly equivalent or superior to breastmilk	Prohibition recommendation or promotion of bottle feeding	Does not convey endorsement by professional or other body unless approved by relevant national, regional or international regulatory authorities
Palau	the Americas	✓	12	✓	✓	✓	✗	✓	✗	✗
Panama	Western Pacific	✓	24	✓	✗	✓	✓	✓	✓	✓
Papua New Guinea	the Americas	✗								
Paraguay	the Americas	✗								
Peru	Western Pacific	✗								
Philippines	European	✗								
Poland	European	✗								
Portugal	Western Pacific	✗								
Republic of Korea	European	✗								
Romania	European	✗								
Russian Federation	European	✓	12	✗	✗	✓	✗	✗	✗	✗
Rwanda	African	✓	36	✗	✓	✓	✗	✗	✗	✗
San Marino	European	✗								
Saudi Arabia	Eastern Mediterranean	✓	12	✗	✗	✗	✗	✗	✗	✗
Senegal	African	✓		✗	✗	✗	✗	✗	✗	✗
Serbia	European	✓	36	✓	✗	✗	✗	✗	✗	✗
Seychelles	African	✗								
Slovakia	European	✗								
Slovenia	European	✗								
Solomon Islands	Western Pacific	✗								
South Africa	African	✓	12	✗	✓	✓	✓	✓	✗	✗
Spain	European	✗								
Sri Lanka	South-East Asia	✓	12	✗	✗	✗	✗	✗	✗	✗

Country	Region	Promotion			Avoidance of conflict of interest in health care settings - manufacturers and distributors of complementary foods									Avoidance of conflict of interest - health workers, health systems, health professional associations and nongovernmental organizations
		Ban on promotion of CFs before 6 months	Ban of any form of promotion of CFs	Cross promotion	National or regional standards or nutrient profile models	Prohibition of sponsorships of meetings by manufacturers and distributors of complementary foods/avoidance of conflict of interest	Prohibition of free products, samples or reduced-price foods for infants and young children through health workers/facilities	Prohibition on donation or distribution of equipment or services to health facilities	Prohibition of gifts or incentives to health care staff	Prohibition of use of health facilities to host events, contests or campaigns	Prohibition of gifts or coupons to parents, caregivers and families	Prohibition of direct or indirect provision of education to parents and other caregivers in health facilities	Prohibition on provision of information for health workers which is not scientific and factual	
Palau	the Americas	✗	✓	✗	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗
Panama	Western Pacific	✓	✗	✗	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓
Papua New Guinea	the Americas													
Paraguay	the Americas													
Peru	Western Pacific													
Philippines	European													
Poland	European													
Portugal	Western Pacific													
Republic of Korea	European													
Romania	European													
Russian Federation	European	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Rwanda	African	✗	✓	✗	✗	✗	✗	✓	✓	✗	✓	✓	✓	✓
San Marino	European													
Saudi Arabia	Eastern Mediterranean	✗	✓	✗	✗	✓	✓	✓	✓	✗	✗	✓	✓	✗
Senegal	African	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Serbia	European	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Seychelles	African													
Slovakia	European													
Slovenia	European													
Solomon Islands	Western Pacific													
South Africa	African	✗	✓	✗	✗	✓	✓	✗	✓	✗	✓	✓	✓	✗
Spain	European													
Sri Lanka	South-East Asia	✓	✗	✗	✗	✓	✓	✗	✓	✗	✓	✗	✗	✗

Country	Region	Complementary foods covered		Messages on CFs						
		Complementary foods covered	Complementary foods covered up to age (months)	Importance of continued breastfeeding for up to two years or beyond	Importance of not introducing complementary feeding before 6 months	Appropriate age of introduction of food (should not be less than 6 months)	Prohibition image, text or other representation that might suggest use for infants under the age of 6 months	Prohibition image, text or other representation undermining/discouraging breastfeeding, that makes a comparison to breastmilk, or that suggests that the product is nearly equivalent or superior to breastmilk	Prohibition recommendation or promotion of bottle feeding	Does not convey endorsement by professional or other body unless approved by relevant national, regional or international regulatory authorities
Sudan	Eastern Mediterranean	✗								
Sweden	European	✗								
Switzerland	European	✗								
Syrian Arab Republic	Eastern Mediterranean	✗								
Tajikistan	European	✓		✓	✓	✗	✗	✗	✗	✗
Thailand	South-East Asia	✓	12	✗	✗	✗	✗	✗	✗	✗
The former Yugoslav Republic of Macedonia	European	✗								
Trinidad and Tobago	the Americas	✗								
Tunisia	Eastern Mediterranean	✓		✗	✗	✗	✗	✗	✗	✗
Turkey	European	✗								
Turkmenistan	European	✓	36	✗	✗	✓	✗	✗	✗	✗
Uganda	African	✓	60	✗	✓	✓	✗	✓	✗	✗
United Arab Emirates	Eastern Mediterranean	✗								
United Kingdom	European	✗								
United Republic of Tanzania	African	✓	60	✓	✓	✗	✓	✓	✗	✗
Uruguay	the Americas	✓	36	✗	✗	✗	✗	✗	✗	✗
Uzbekistan	European	✗								
Venezuela	the Americas	✓	24	✓	✓	✓	✓	✓	✓	✓
Vietnam	Western Pacific	✓	24	✓	✓	✗	✗	✓	✗	✗
Yemen	Eastern Mediterranean	✓	24	✗	✗	✗	✗	✗	✗	✗
Zambia	African	✓		✓	✓	✓	✓	✓	✗	✗
Zimbabwe	African	✓	60	✗	✓	✓	✗	✓	✗	✗

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		Ban on promotion of CFs before 6 months	Ban of any form of promotion of CFs	Cross promotion	National or regional standards or nutrient profile models	Prohibition of sponsorships of meetings by manufacturers and distributors of complementary foods/avoidance of conflict of interest	Prohibition of free products, samples or reduced-price foods for infants and young children through health workers/facilities	Prohibition on donation or distribution of equipment or services to health facilities	Prohibition of gifts or incentives to health care staff	Prohibition of use of health facilities to host events, contests or campaigns	Prohibition of gifts or coupons to parents, caregivers and families	Prohibition of direct or indirect provision of education to parents and other caregivers in health facilities	Prohibition on provision of information for health workers which is not scientific and factual	
Sudan	Eastern Mediterranean													
Sweden	European													
Switzerland	European													
Syrian Arab Republic	Eastern Mediterranean													
Tajikistan	European	x	✓	x	x	✓	✓	✓	✓	✓	x	x	x	x
Thailand	South-East Asia	x	✓	✓	x	✓	✓	x	✓	x	✓	✓	✓	x
The former Yugoslav Republic of Macedonia	European													
Trinidad and Tobago	the Americas													
Tunisia	Eastern Mediterranean	x	x	x	x	x	✓	x	x	x	x	x	x	x
Turkey	European													
Turkmenistan	European	x	x	x	x	x	x	x	x	x	x	x	x	x
Uganda	African	x	✓	x	x	✓	✓	✓	✓	✓	✓	x	✓	x
United Arab Emirates	Eastern Mediterranean													
United Kingdom	European													
United Republic of Tanzania	African	x	✓	x	x	✓	✓	x	✓	x	x	✓	x	x
Uruguay	the Americas	x	x	x	x	x	x	x	x	x	x	x	x	x
Uzbekistan	European													
Venezuela	the Americas	x	x	✓	x	✓	✓	x	✓	x	✓	x	x	x
Vietnam	Western Pacific	x	x	x	x	x	x	x	x	x	x	x	x	x
Yemen	Eastern Mediterranean	x	✓	x	x	x	✓	x	✓	x	✓	x	x	✓
Zambia	African	x	✓	x	x	✓	✓	x	✓	✓	✓	x	x	x
Zimbabwe	African	x	✓	x	x	✓	✓	x	✓	x	✓	✓	x	x







**For more information, please contact:**

Department of Nutrition for Health and Development  
World Health Organization  
Avenue Appia 20, CH-1211 Geneva 27, Switzerland  
Fax: +41 22 791 4156  
Email: [nutrition@who.int](mailto:nutrition@who.int)  
[www.who.int/nutrition](http://www.who.int/nutrition)



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