

THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

What I Should Know About 'the Code'

A guide to implementation,
compliance and identifying violations



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Acronyms

BMS: breastmilk substitutes

IYCF: infant and young child feeding

NetCode: 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

UNICEF: United Nations Children’s Fund

WHA: World Health Assembly

WHO: World Health Organization

1. Introduction

A. What is ‘the Code’?



The **International Code of Marketing of Breast-milk Substitutes**¹ was adopted by the World Health Assembly (WHA), the highest international public health policy-making body, in 1981. It establishes minimum requirements for regulating the marketing of breastmilk substitutes (BMS), feeding bottles and teats, and aims to stop the aggressive and inappropriate marketing of BMS.

Much has changed since 1981, including advances in research on the risks of not breastfeeding, changes in marketing techniques and the development of new and often unnecessary products.

A series of subsequent **WHA resolutions**² have kept the Code up to date – aiming to address these changes and close some of the loopholes in the original document. These resolutions have the same status as the Code itself.

The WHO **Guidance** on ending the inappropriate promotion of foods for infants and young children³ provides governments with recommendations to further promote, protect and support breastfeeding; prevent obesity and noncommunicable diseases; and promote healthy diets for infants and young children. The WHA has called on governments to implement the Guidance recommendations.

The proliferation of resolutions and the Guidance have been essential developments, yet can lead to confusion regarding the scope of these documents and what is meant by the term ‘the Code’.

References to ‘**the Code**’ should be understood to mean the Code plus the subsequent WHA resolutions and the Guidance.⁴

Often, manufacturers and distributors of products covered by the Code refer only to the original document, ignoring the more recent and often more stringent provisions of the subsequent resolutions and Guidance.

The **2023 Lancet Series on Breastfeeding**⁵ outlines commercial formula manufacturers’ multifaceted and highly effective strategies to target parents, health care professionals and policy-makers, including:

- Presenting their products – with little or no supporting evidence – as solutions to common infant health and developmental challenges in ways that systematically undermine breastfeeding;
- Using digital platforms to substantially extend the reach and influence of marketing; and
- Lobbying governments in an effort to prevent the strengthening of breastfeeding protection laws and challenge food standard regulations.

1 International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization; 1981 (<https://www.who.int/publications/item/9241541601>, accessed 1 February 2023).

2 Code and subsequent resolutions. In: Nutrition and Food Safety. Geneva: World Health Organization (<https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/code-and-subsequent-resolutions>, accessed 6 June 2023).

3 World Health Assembly, 69. (2016). Maternal, infant and young child nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children. World Health Organization (https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf?ua=1, accessed 28 August 2023); welcomed in World Health Assembly, 69. (2016). Ending inappropriate promotion of foods for infants and young children. World Health Organization, Resolution 69.9 (<https://apps.who.int/iris/handle/10665/252789>, accessed 28 August 2023).





4 Throughout this document, references to “the Code” include the International Code of Marketing of Breast-milk Substitutes, relevant WHA resolutions and the Guidance on ending the inappropriate promotion of foods for infants and young children, unless the context or express language of the text indicates otherwise.

5 Series from the Lancet journals: Breastfeeding 2023, The Lancet, 7 February 2023 (<https://www.thelancet.com/series/Breastfeeding-2023>, accessed 28 August 2023).

B. How to use this guide

This guide seeks to **consolidate the provisions of the Code, WHA resolutions and the Guidance** in one place. It is intended to facilitate readers' ability to improve implementation of and compliance with the Code, and identify violations.

It outlines main provisions of these documents and provides specific guidance for **four key audiences**:

			
Governments Includes legislative and executive branches	Manufacturers and distributors Includes wholesalers and retailers	Health care systems and health workers Includes governmental, nongovernmental and private systems; and professional, non-professional or voluntary workers	The general public Includes civil society and non-governmental organizations, and all interested individuals

2. What is the Code meant to achieve?

The aim of the Code is: “to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast-feeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution”.⁶

Common questions about the Code's aim:

- **Does the Code seek to ban the sale or use of BMS, feeding bottles and teats?** No – instead, it aims to ensure their use only “when these are necessary”. The preamble of the Code highlights “the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breastmilk substitutes” and recognizes that “the marketing of breastmilk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products.”
- **What does the phrase “appropriate marketing” mean?** This phrase refers to the distribution and sale of BMS; it does not refer to their promotion, which the Code prohibits.

The Code applies to three main categories of actors:

1. **Governments** (both the legislative and executive branches),
2. **Manufacturers and distributors** (including wholesalers and retailers),
3. **Health care systems** (which can be governmental, nongovernmental or private) and **health workers** (whether professional, non-professional or voluntary).

Note: the general public also has a role to play in effectuating the Code.

⁶ International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization, Article 1; 1981 (<https://www.who.int/publications/item/9241541601>, accessed 1 February 2023).

The Code establishes these roles and responsibilities:



- Governments are responsible for adopting laws, regulations, or other binding legal measures (hereinafter referred to as “regulations”) to implement the Code.
- They are responsible for ensuring that the public receives objective and consistent information on infant and young child feeding (IYCF) and is protected from corporate misinformation.
- Governments also have primary responsibility for monitoring and enforcement of the Code – independently and free of commercial interests.
- They should establish labelling requirements to ensure that caregivers receive necessary information about the safe preparation and appropriate use of products covered by the Code, and that labels do not promote the use of the product or discourage breastfeeding.



- Manufacturers and distributors are prohibited from advertising and using other forms of promotion for:
 - + All milk products intended for infants and young children up to the age of 36 months;
 - + Non-milk products marketed for babies below 6 months; and
 - + Feeding bottles and teats.
- Inappropriate promotion of foods for infants and young children is prohibited.
- Companies that market foods for infants and young children may not create conflicts of interest within the health care system by:
 - + Providing free samples or reduced-price foods for infants or young children;
 - + Donating equipment or services;
 - + Giving health care staff gifts or incentives;
 - + Using health facilities to host events, contests or campaigns;
 - + Giving caregivers and families gifts or coupons;
 - + Directly or indirectly providing education to parents and other caregivers on IYCF in health facilities; and
 - + Sponsoring meetings of health professionals and scientific meetings.
- Food products within the scope of the Code should meet applicable quality standards recommended by the Codex Alimentarius Commission and the Codex Code of Hygienic Practice for Foods for Infants and Children.
- Complementing the government’s primary responsibility of monitoring for Code compliance, manufacturers and distributors should monitor their own practices to ensure compliance with the Code.



- Health authorities are responsible for taking appropriate measures to encourage and protect breastfeeding and promote the principles of the Code.
- The health care system and health facilities are prohibited from being used to promote all products within the scope of the Code.
- Health workers are required to encourage and protect breastfeeding and make themselves familiar with their responsibilities under the Code.



- Complementing the government’s primary responsibility of monitoring for Code compliance, the general public – including nongovernmental organizations, professional groups, institutions and concerned individuals – is responsible for drawing manufacturers and distributors’ attention to violations and informing the appropriate governmental authority.

3. What products are covered by the Code?

In order to comply with the Code and identify violations, it is essential to know which products fall within its **scope**.

The Code itself states that it applies to “breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk; feeding bottles and teats”.⁷

The original Code’s awkward definition and use of the term “breast-milk substitutes” created ambiguity around its scope. For years, public health advocates and manufacturers disagreed about which products were being “marketed” as partial or total replacements for breastmilk; manufacturers incorrectly argued that only infant formula for infants up to the age of 6 months fell within the Code’s scope.

Subsequent WHA resolutions and the Guidance have resolved this issue, and the scope of the Code is now clear.

The Code covers:

- Any milks that are specifically marketed for feeding infants and young children up to the age of 3 years, including infant and follow-up formulas and drinks for young children (often referred to as growing-up or toddler milks);⁸
- Any other product marketed or otherwise represented as suitable for feeding infants up to the age of 6 months, since anything fed to a baby before the age of 6 months will replace breastmilk, including water);
- Feeding bottles and teats;⁹ and
- Commercially produced foods that are marketed as being suitable for infants and young children from the age of 6 months to 36 months.

Developing or strengthening legal measures to implement the Code provides a useful entry point for including the Guidance’s recommendations on the eliminating the inappropriate promotion of foods for infants and young children (known as complementary foods).

The Guidance can help aid in Code implementation, as it:

- Clarifies that follow-up formula and growing-up milks are de facto BMS and hence are within the scope of the Code;
- States that complementary foods should not be promoted for use before 6 months of age;
- Introduces the concept of cross-promotion through the use of colours, mascots and wording on complementary food labels to promote the company’s BMS products; and
- Determines what amounts to conflict of interest in the health care system.

Notably, the Guidance’s prohibitions and requirements relating to complementary foods are different from those applying to BMS, feeding bottles and teats:

- There is an absolute prohibition on all forms of promotion of BMS, feeding bottles and teats.
- Promotion of foods for infants and young children is forbidden when it is “inappropriate”. What is considered inappropriate is discussed below.



7 International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization, Article 2; 1981 (<https://www.who.int/publications/item/9241541601>, accessed 1 February 2023).

8 World Health Assembly, 69. (2016). Maternal, infant and young child nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children. World Health Organization (https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf?ua=1, accessed 28 August 2023).

9 Many countries have included pacifiers in the scope of their national measures.

Guidance on the scope of the Code:



- Governments should ensure that national regulations cover all products that fall within the Code's scope.
- The Code should be regarded as a minimum standard;¹⁰ governments may include additional products that they find undermine breastfeeding in national regulations. For example, some countries have added pacifiers and formula milk for mothers in their national regulations.



- Manufacturers and distributors should ensure that all BMS products, feeding bottles and teats produced or sold by them are not promoted in any way.
- They should ensure that their food products for infants and young children are promoted appropriately (as described below).



- Health workers need to know the scope of products covered by the Code in order to understand which products should not be displayed or promoted in a health facility, and which manufacturers should be kept at arm's length to avoid conflict of interest (as discussed below).

4. What information should the public receive about infant and young child feeding, and what does the Code prohibit?

In order to make informed choices about feeding children, parents and caregivers need access to **up-to-date, evidence-based and unbiased information** about IYCF.

Governments are obliged, under the **Convention on the Rights of the Child**, "to ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, [and] the advantages of breastfeeding ...".¹¹

The Code requires all information and educational materials on IYCF – whether written, audio, visual or digital – to explain clearly and conspicuously each of the following points:

- The benefits and superiority of breastfeeding;
- Maternal nutrition, and preparation for and maintenance of breastfeeding;
- The negative effect that introducing partial bottle feeding has on breastfeeding;

- The difficulty of reversing the decision not to breastfeed; and
- When needed, the proper use of infant formula, whether manufactured industrially or home-prepared.

Materials containing information about the use of infant formula should include:

- The social and financial implications of its use;
- The health hazards of inappropriate foods or feeding methods;
- The health hazards of unnecessary or improper use of infant formula and other BMS;
- The fact that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately;¹²
- No pictures or text that may idealize the use of BMS; and
- No health or nutrition claims.^{13,14}

10 World Health Assembly, 34. (1981). International Code of Marketing of Breastmilk Substitutes. World Health Organization, Resolution 34.22 (<https://apps.who.int/iris/handle/10665/156596>, accessed 28 August 2023).

11 United Nations, Convention on the Rights of the Child, United Nations, New York, 20 November 1989, Article 24.

12 World Health Assembly, 58. (2005). Infant and young child nutrition. World Health Organization, Resolution 58.32 (<https://apps.who.int/iris/handle/10665/20382>, accessed 28 August 2023). For example, the WHO's Food Safety Department and the FAO have issued joint guidelines on safe preparation of powdered infant formula, which advises that a dramatic reduction in risk is achieved when powdered formula is reconstituted with water that is no less than 70 °C. Safe preparation, storage and handling of powdered infant formula: guidelines. Geneva: World Health Organization; 2012 (<https://www.who.int/publications/i/item/>

13 World Health Assembly, 54. (2001). Infant and young child nutrition. World Health Organization, Resolution 54.2 (<https://apps.who.int/iris/handle/10665/78777>, accessed 28 August 2023).

14 According to the Codex Alimentarius Commission Guidelines for Use of Nutrition and Health Claims, "Nutrition claim means any representation which states, suggests or implies that a food has particular nutritional properties including but not limited to the energy value and to the content of protein, fat and carbohydrates, as well as the content of vitamins and minerals", and "[h]ealth claim means any representation that states, suggests, or implies that a relationship exists between a food or a constituent of that food and health". CAC/GL 23-1997. Codex Alimentarius Commission; 1997, amended 2001 (<https://www.fao.org/3/y2770e/y2770e07.htm#fn22>, accessed 6 June 2023).

Guidance related to the Code's requirements for information and educational materials on IYCF:



- Governments should ensure that objective and consistent information is provided on IYCF for use by families and those involved in the field of infant and young child nutrition.
- Governments are responsible for the planning, provision, design and dissemination of such information, or their control.¹⁵
- Governments should require all informational and educational materials to include the detailed information outlined above at the very minimum. Countries can, and have, included additional requirements to empower parents in making informed choices about how they feed their children.¹⁶



- Manufacturers and distributors do not have a role in providing parents or caregivers with information and advice on how to feed their children; they should not produce or disseminate such information. While the Code originally permitted this in certain circumstances, this loophole was closed in the Guidance.¹⁷
- Any information that manufacturers and distributors provide on IYCF cannot be considered unbiased or free from commercial influence; while the public health goal is to increase breastfeeding rates, the goal of these groups is to increase sales of their inferior substitutes.



- When health workers discuss IYCF with parents and caregivers, they must include all the information described above.



- The general public has the right to receive or have access to unbiased and evidence-based information on IYCF, which includes all the details described above.
- It has the right to be protected from misinformation via promotion of BMS, bottles and teats, and the inappropriate promotion of foods for infants and young children.
- Parents and caregivers should not be contacted by manufacturers (directly or indirectly) with information or materials, and should report any such contact to the relevant authorities.



15 International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization, Article 4; 1981 (<https://www.who.int/publications/i/item/9241541601>, accessed 1 February 2023).

16 Code Essentials 1: Annotated International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. Penang, Malaysia: International Baby Food Action Network, International Code Documentation Centre; 2018 (<https://www.babymilkaction.org/wp-content/uploads/2023/05/201801-CE1-2nd-Edition-Final.pdf>, accessed 6 June 2023).

17 World Health Assembly, 69. (2016). Maternal, infant and young child nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children. World Health Organization, Recommendation 6 (https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf?ua=1, accessed 28 August 2023).

5. How does the Code protect the general public from inappropriate marketing?

The term “**promotion**” is crucial for understanding and implementing the Code. While there is no definition of “promotion” in the Code itself, the **Guidance** provides a broad interpretation of this term:

- Promotion includes the communication of messages that are designed to persuade or encourage the purchase or consumption of a product, or raise awareness of a brand.
- Promotional messages may be communicated to consumers through traditional mass communication channels, the Internet and other marketing media.
- Promotion also includes efforts to promote products to health workers or to consumers through other intermediaries.
- There does not have to be a reference to a product or brand name for the activity to be considered advertising or promotion.

A. Prohibition of all forms of promotion of BMS, feeding bottles and teats

All forms of promotion are absolutely prohibited for **BMS, feeding bottles and teats** – whereas “inappropriate” promotion is prohibited for foods for infants and young children.

“There should be no advertising or other form of promotion to the general public of products within the scope of this Code.” (Art.5.1)

Examples of promotional practices related to BMS, feeding bottles and teats that are prohibited:

- Advertising of all kinds in any medium, including billboards, print, television, radio or any form of digital marketing;
- Sales devices in retail outlets, such as special displays, discount coupons, premiums, rebates, special sales, loss-leaders, tie-in sales, prizes or gifts;
- Giving samples of a covered product to pregnant women, mothers or members of their families;
- Donation or distribution of information or educational material referring to IYCF, or performance of any educational functions related to IYCF;
- Distribution to pregnant women or mothers of infants and young children of gifts of articles or utensils that may promote the use of BMS or bottle feeding;
- Donation or distribution of covered products in humanitarian situations;¹⁸
- Sponsorship of events, telephone counselling lines, campaigns or programmes related to IYCF or related topics; and
- Directly or indirectly establishing relationships with parents and other caregivers through baby clubs, social media groups, child care classes, contests and any other means.

Guidance related to the prohibition of all forms of promotion related to BMS, feeding bottles and teats:



- Governments should ensure that national regulations prohibit all forms of promotion to the general public of BMS, bottles and teats, including through digital platforms.
- Governments are encouraged to develop regulations that go beyond the Code regarding gifts; the Code’s provisions are relatively weak, and it establishes a minimum standard. For example, the Code only prohibits gifts to pregnant women and mothers – not to other family members who may contribute to infant feeding decisions. Also, the prohibition only applies to gifts that potentially promote the use of BMS or bottle feeding, enabling manufacturers to claim that gifts are merely a goodwill gesture. Several countries have overcome these weaknesses by banning all gifts to the general public.



- Manufacturers and distributors should not engage in any form of promotion related to BMS, feeding bottles or teats. This includes through social media platforms, in retail settings, and establishing parent clubs and helplines.



- The general public and civil society organizations should report any direct or indirect contact they receive from manufacturers, or any forms of promotion they see on-line, in the media or in shops to the appropriate authorities. Even in the absence of national measures, such reporting is important because it can encourage legislative action.

¹⁸ World Health Assembly, 63. (2010). Infant and young child nutrition. World Health Organization, Resolution 63.23 (<https://apps.who.int/iris/handle/10665/3097>, accessed 28 August 2023).

B. Prohibition of inappropriate promotion of foods for infants and young children

The prohibition on the promotion of marketing of BMS, feeding bottles and teats is absolute, whereas for **commercially produced foods that are marketed as suitable for infants and young children aged 6–36 months**, the Code prohibits “inappropriate promotion”.

Products are considered to be marketed as suitable for this age group if they:

- Are labelled with the words “baby”, “infant,” “toddler” or “young child”;
- Are recommended for introduction at an age below 3 years;
- Have a label with an image of a child who appears to be below the age of 3 years or feeding with a bottle; or
- Are in any other way presented as being suitable for children below the age of 3 years.

To stop the inappropriate promotion of foods for infants and young children, the WHA has called on governments to implement the Guidance’s recommendations:

- This includes developing and applying standards for **complementary foods** – which are foods for infants and young children that do not function as BMS.

- Promotion of complementary foods should only be permitted if these foods meet relevant national, regional and global standards – and nutrient profile models – in relation to nutrient composition, safety and quality. Furthermore, they should be in line with national dietary guidelines.
- Once the categories of foods for infants and young children that are considered appropriate for promotion are established, regulations can delineate what messages are permitted and/or prohibited.
- Promotion can take many forms, including advertisements, sponsorship, brochures, online information and labelling.

A general lack of relevant standards, and the inadequacy of current Codex standards, often creates a significant challenge.¹⁹ In the absence of adequate standards, promotion of foods for infants and young children should not be permitted, and governments should focus on developing and adopting the necessary standards and nutrient profiling models. Doing so will help establish which foods may not be appropriate to market to this age group.

Determining whether a message is “appropriate”, according to the Guidance:

Messages should always :	Messages should never :
<ul style="list-style-type: none">• Include a statement on the importance of continued breastfeeding for up to 2 years or beyond;• Mention the importance of not introducing complementary feeding before 6 months of age;• Specify the appropriate age of introduction for the food (which must not be before 6 months); and• Be easily understood by parents and caregivers, with all required label information being visible and legible.	<ul style="list-style-type: none">• Include any image, text or other representation that might suggest use for infants under the age of 6 months (including references to milestones and stages);• Have any image, text or other representation that is likely to undermine or discourage breastfeeding, makes a comparison to breastmilk or suggests that the product is nearly equivalent or superior to breastmilk;• 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.

¹⁹ Guidance on ending the inappropriate promotion of foods for infants and young children: implementation manual. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/260137/9789241513470-eng.pdf>, accessed 6 June 2023).

Note on cross-promotion:

- Cross-promotion of BMS should be prohibited when promoting foods for infants and young children.
- The Guidance **defines cross-promotion** as a form of marketing where customers of one product or service are targeted with the promotion of a related product. This often involves similar packaging – like using the same or similar brand names, logos and/or designs – such that one product closely resembles the other.
- To prohibit cross-promotion:
 - + The packaging design, labelling and materials used for the promotion of complementary foods must be different from those used for BMS, so that they cannot be used in a way that also promotes BMS. For example, different colour schemes, designs, names, slogans and mascots (other than the official company name and logo) should be used.
 - + Companies that market BMS should refrain from engaging in the direct or indirect promotion of their other foods for infants and young children by establishing relationships with parents and other caregivers. For example, this includes through baby clubs, social media groups, childcare classes and contests.

Guidance related to the prohibition of inappropriate promotion of foods for infants and young children:



- Governments should implement the recommendations in the Guidance. This includes developing and applying standards for commercially produced complementary foods that are marketed as being suitable for infants and young children aged 6–36 months.
- Towards this aim, countries should develop and adopt the necessary standards and nutrient profiling models, and not permit promotion of commercially produced complementary foods until these are established.



- Manufacturers and distributors should not engage in any form of inappropriate promotion of foods for infants and young children.
- They should avoid any cross-promotion of BMS when promoting foods for infants and young children.

6. How does the Code prevent the health care system from being used to promote BMS and foods for infants and young children?

In the field of IYCF, the interests of health professionals are at odds with those of manufacturers and distributors.

- **Health professionals'** primary interest is to improve health and nutrition outcomes. To achieve this, they need to work to increase breastfeeding rates.
- **Manufacturers' and distributors'** primary interest is to increase profits for shareholders. To do so, they need to sell more BMS, which requires persuading mothers to give up breastfeeding and purchase their expensive and inferior substitutes.²⁰

Clearly, it is important to keep manufacturers and distributors at arm's length from health facilities, protecting healthcare staff from commercial influence.

The original Code provisions contained weaknesses, yet these have been strengthened in subsequent WHA resolutions to end **conflict of interest** in the health care system.

Manufacturers and distributors are prohibited from:²¹

- Using any part of the health care system to promote BMS, feeding bottles or teats. This includes

²⁰ Clark, D. Avoiding Conflict of Interest in the field of infant and young child feeding: better late than never. World Nutrition 2017;8(2).

²¹ International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization, Article 6; 1981 (<https://www.who.int/publications/item/9241541601>, accessed 1 February 2023); World Health Assembly, 47. (1994). Infant and young child nutrition. World Health Organization, Resolution 47.5 (<https://apps.who.int/iris/handle/10665/177373>, accessed 28 August 2023); World Health Assembly, 69. (2016). Maternal, infant and young child nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children. World Health Organization, Recommendation 6 (https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf?ua=1, accessed 28 August 2023).

- displaying products covered by the Code, or placards or posters concerning such products;
- Providing or paying for personnel;
- Demonstrating feeding with infant formula (which is limited to health workers, or other community workers if necessary, and only for caregivers that need to use it).

Companies that market foods for infants and young children are also prohibited from:²²

- Distributing free or low-cost supplies of covered products in any part of the health care system;
- Donating or distributing equipment or services to health facilities;
- Giving gifts or incentives to health care staff;
- Using health facilities to host events, contests or campaigns;
- Giving any gifts or coupons to parents, caregivers and families;
- Directly or indirectly providing education to parents and other caregivers on IYCF in health facilities;
- Providing any information to health workers that is not scientific and factual;
- Sponsoring meetings of health professionals and scientific meetings.

Guidance related to preventing the health care system from being used to promote BMS:



- Governments should take appropriate measures to encourage and protect breastfeeding and promote the principles of the Code.
- This includes ensuring that national regulations protect against conflicts of interest in the health care system by incorporating all the prohibitions outlined above.
- Governments should also give appropriate information and advice to health workers regarding their responsibilities under the Code.



- Manufacturers and distributors should not create conflicts of interest in health facilities or throughout health systems. This means that they should remain at arm's length from the health care system, only providing health workers with scientific and factual information that does not imply or create a belief that bottle feeding is equivalent or superior to breastfeeding.
- Manufacturers and distributors should not engage in any of the prohibitions outlined above.



- Health workers should encourage and protect breastfeeding.
- They should become familiar with their responsibilities under the Code, including the detailed information they should be providing on IYCF, described above.
- Health workers, health systems, health professional associations and nongovernmental organizations should not:
 - + Accept free products, samples or reduced-price foods for infants or young children from companies – except as supplies distributed through officially sanctioned health programmes (and products distributed in such programmes should not display company brands);
 - + Accept equipment or services from companies that market foods for infants and young children;
 - + Accept gifts or incentives from such companies;
 - + Allow health facilities to be used for commercial events, contests or campaigns;
 - + Allow companies that market foods for infants and young children to distribute any gifts or coupons to parents, caregivers and families through health facilities;
 - + Allow such companies to directly or indirectly provide education in health facilities to parents and other caregivers;
 - + Allow such companies to sponsor health professional meetings and other scientific meetings.

22 International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization, Article 6; 1981 (<https://www.who.int/publications/i/item/9241541601>, accessed 1 February 2023); World Health Assembly, 47. (1994). Infant and young child nutrition. World Health Organization, Resolution 47.5 (<https://apps.who.int/iris/handle/10665/177373>, accessed 28 August 2023); World Health Assembly, 69. (2016). Maternal, infant and young child nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children. World Health Organization, Recommendation 6 (https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf?ua=1, accessed 28 August 2023).

7. What does the Code require and prohibit for product labels?

Labels are extremely important when it comes to BMS and foods for infants and young children. The Code establishes **labelling requirements and prohibitions** to ensure that labels are not misleading and that products can be used as safely as possible.²³ The Code's labelling provisions are crucial, given the risks involved in the incorrect preparation and use of BMS, along with companies' potential use of labels for the promotion and idealization of products, which have the potential to undermine breastfeeding.

The Code has provisions that apply to BMS and foods for infants and young children:

- Labels should be designed to provide necessary information about the appropriate use of products, and they should not discourage breastfeeding.
- Labels for BMS and foods for infants and young children should not include nutrition or health claims, except where specifically provided for in national legislation.²⁴
- There should be no cross-promotion to promote BMS indirectly via the promotion of foods for infants and young children.²⁵

The Code also has specific requirements for infant formula labels:

- Each container of infant formula must have a clear, conspicuous, and easily readable and understandable message printed on it – or on a label that cannot readily become separated from it – in an appropriate language, which includes all the following points:²⁶

- The words “Important Notice” or their equivalent;
- A statement of the superiority of breastfeeding;
- A statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use;
 - + Instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation.
 - + A warning, where applicable, that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately.²⁷
 - + Neither the container nor the label of infant formula should have pictures of infants or other pictures or text that may idealize the use of infant formula, or use the terms “humanized”, “maternalized” or similar terms. They may, however, have graphics for easy identification of the product as a BMS and for illustrating methods of preparation.

The Code has additional requirements for labels of foods for infants and young children, which should:

- Include the appropriate age of introduction of the food (which must not be less than 6 months);
- Not include 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
- State the importance of continued breastfeeding and not promote bottle feeding.²⁸

23 International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization, Article 9; 1981 (<https://www.who.int/publications/i/item/9241541601>, accessed 1 February 2023).

24 World Health Assembly, 63. (2010). Infant and young child nutrition. World Health Organization, Resolution 63.23 (<https://apps.who.int/iris/handle/10665/3097>, accessed 28 August 2023).

25 World Health Assembly, 69. (2016). Maternal, infant and young child nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children. World Health Organization, Recommendation 5 (https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf?ua=1, accessed 28 August 2023).

26 International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization, Article 9.2; 1981 (<https://www.who.int/publications/i/item/9241541601>, accessed 1 February 2023).

27 World Health Assembly, 58. (2005). Infant and young child nutrition. World Health Organization, Resolution 58.32 (<https://apps.who.int/iris/handle/10665/20382>, accessed 28 August 2023).

28 World Health Assembly, 69. (2016). Maternal, infant and young child nutrition: Guidance on ending the inappropriate promotion of foods for infants and young children. World Health Organization, Recommendation 4 (https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf?ua=1, accessed 28 August 2023).

Guidance related to the Code's labelling requirements and prohibitions:



- Governments should ensure that national regulations include labelling provisions that cover all the requirements and prohibitions outlined above, at a minimum.
- Since the Code is a minimum standard, Governments can – and have – imposed more specific warnings and notices on labels.²⁹ Most importantly, the Code provisions that apply to infant formula should apply to all BMS.



- Manufacturers should ensure that labels for their products that fall within the scope of the Code comply with all the requirements and prohibitions outlined above, as well as any more stringent requirements mandated under national law.
- Distributors – including retailers – should ensure that all products they market or sell comply with the labelling requirements.



- If members of the public find any violations of the Code's labelling requirements and prohibitions, or additional rules established in national law, they must report such violations to the appropriate authorities.

8. What does the Code say about the composition and quality of products?

The Code notes that “the quality of products is an essential element for the protection of the health of infants and therefore should be of a high recognised standard”.³⁰

It states that food products within the scope of the Code should meet applicable standards recommended by the **Codex Alimentarius Commission** and the **Codex Code of Hygienic Practice for Foods for Infants and Children**.

Relevant Codex standards are:

- [Standard for Infant Formula and Formulas for Special Medical Purposes Intended for Infants](#)
- [Standard for Follow-up formula](#)³¹
- [Standard for Canned Baby Foods](#)
- [Standard for Processed Cereal-Based Foods for Infants and Young Children](#)

Since manufacturers are obliged to comply with relevant Codex standards, all **formulas** on the market contain the required ingredients to make them suitable for use in feeding infants and young children.

Yet companies try to add additional ingredients, such as probiotics or docosahexaenoic acid (DHA), and then make health claims about their formulas.

Such claims are not allowed, and no formula is comparable with breastmilk.

When it comes to standards for **foods for infants and young children**, the WHO's implementation manual for the Guidance³² notes that “current Codex standards on nutrient values, particularly for added sugars and salt, are inadequate.” It further explains that “application of current Codex standards would be insufficient for defining whether a particular food is appropriate for promotion for infants and young children.” Thus, governments should focus on developing and adopting necessary standards and nutrient profile models to help establish which kinds of foods may or may not be appropriate to market to this age group.

29 Code Essentials 1: Annotated International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. Penang, Malaysia: International Baby Food Action Network, International Code Documentation Centre; 2018 (<https://www.babymilkaction.org/wp-content/uploads/2023/05/201801-CE1-2nd-Edition-Final.pdf>, accessed 6 June 2023).

30 International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization, Article 10; 1981 (<https://www.who.int/publications/i/item/9241541601>, accessed 1 February 2023).

31 The Revised Standard for Follow-up Formula (renamed as the Standard for Follow-up Formula for Older Infants and Product for Young Children) is currently being finalized.

32 Guidance on ending the inappropriate promotion of foods for infants and young children: implementation manual. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/260137/9789241513470-eng.pdf>, accessed 6 June 2023).

Guidance related to the composition and quality of products:



- Governments should develop and implement appropriate nutrient profile models and standards for foods for infants and young children that meet – and exceed – applicable recommendations by the Codex Alimentarius Commission and the Codex Code of Hygienic Practice for Foods for Infants and Children.



- Manufacturers and distributors should ensure that their products meet or exceed relevant Codex standards.
- They must also refrain from making health claims about their formula products.

9. How is the Code relevant in emergency contexts?

Women and their children are among the most affected by emergencies, needing immediate, skilled and resourced support for health and nutrition. Government-led protection, promotion and support of recommended breastfeeding and complementary feeding practices should be a core aspect of any emergency response.

The Code applies during emergencies and should be enforced. However, anecdotal evidence and field experience suggest that there is a widespread misconception that the Code does not apply in these circumstances and the only way to support the nutritional needs of infants and young children is through indiscriminate donations of BMS and feeding bottles and teats. This misperception about the Code has existed even in countries and contexts with existing national protocols and enforcement mechanisms in place (e.g., Syria, Turkey, Ukraine, Afghanistan, Indonesia, Philippines).

The Code calls on governments to ensure that supplies of BMS be given **only if all of the following conditions apply**:³³

- The infants have to be fed on BMS, as outlined in the guidelines concerning the main health and socio-economic circumstances in which infants have to be fed on BMS;³⁴
- The supply is continued for as long as the infants concerned need it; and
- The supply is not used as a sales inducement.

The Code also calls on governments to ensure that national and international preparedness plans and emergency responses follow the Operational Guidance for Infant and Young Child Feeding in Emergencies (OG-IFE).³⁵ The OG-IFE was developed to provide evidence-based actions to safeguard the health and well-being of women and their children.³⁶ It indicates that:

- Donations of BMS, complementary foods and feeding equipment should not be sought or accepted in emergencies.
- Supplies should be purchased based on assessed need.³⁷
- There should be no promotion of infant formula at the point of distribution, including displays of products or items with company logos.³⁸

33 World Health Assembly, 47. (1994). Infant and young child nutrition. World Health Organization, Resolution 47.5 (<https://apps.who.int/iris/handle/10665/177373>, accessed 28 August 2023).

34 World Health Assembly, 39. (1986). Resolutions and decisions, annexes. World Health Organization. Annex 6, part 2 (https://iris.who.int/bitstream/handle/10665/162252/WHA39_1986-REC-1_eng.pdf, accessed 12 November 2023).

35 World Health Assembly, 63. (2010). Infant and young child nutrition. World Health Organization, Resolution 63.23 (<https://apps.who.int/iris/handle/10665/3097>, accessed 28 August 2023).

36 Infant Feeding in Emergencies Core Group. Operational Guidance on Infant Feeding in Emergencies version 3 (https://www.enonline.net/attachments/3127/Ops-G_English_04Mar2019_WEB.pdf, accessed 19 October 2023).

37 Section 6 of the OG-IFE discusses the subject of procurement and distribution of relevant products in ways that are Code-compliant.

38 The criteria set out in Resolution WHA 47.5 regarding donated supplies in emergency relief operations must be read in light of the OG-IFE.

Guidance related to the Code in emergencies:



- Governments should incorporate the Code into national legislation for emergency preparedness and response.
- Governments should fully enact the Code and monitor and enforce it at all times, including during emergency responses.



- The general public should report Code violations, including during emergencies.

10. How should the Code be implemented, monitored and enforced?

For implementing, monitoring and enforcing the Code, there are many important roles for governments, manufacturers and distributors, health care systems and health workers, and the general public.

To date, there has been a general lack of adequate government monitoring and enforcement systems.³⁹ In response to this challenge, WHO and UNICEF established **NetCode** (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 is a partnership with UN system organizations, WHO Collaborating Centers, NGOs, and selected Member States dedicated to protecting all sectors of society from the inappropriate and unethical marketing of BMS and other products covered by the scope of the International Code and relevant WHA resolutions. A Toolkit has been developed containing a protocol for ongoing monitoring and periodic assessment of the Code.⁴⁰ **Guidance on Code implementation, monitoring and enforcement:**



- The Code is a recommendation from the WHA to governments, who should adopt appropriate **national regulations** to give it effect. The WHA has stated that voluntary measures are ineffective,⁴¹ and governments should therefore adopt legally enforceable regulations.
- Although the Code is a recommendation to take action, governments that have ratified the **Convention on the Rights of the Child**⁴² – which includes all countries in the world except the United States – are legally obliged to implement the Code to fulfill their obligations under the Convention.^{43,44}
- Governments are encouraged to seek, when necessary, the cooperation of WHO, UNICEF and other agencies of the **United Nations system**.
- National measures should be **publicly stated**, so that manufacturers, distributors, retail outlets, the health care system and the general population are aware of their existence.
- **Monitoring** is also the responsibility of government, which must ensure that it is “carried out in a transparent, independent manner, free from commercial influence”.⁴⁵
- Governments must avoid **conflicts of interest** and protect against interference tactics used by the baby food industry and other entities representing their interests. This includes incorporating mechanisms to protect policy-making and implementation processes from industry interference.

39 Marketing of breast-milk substitutes: national implementation of the international code, status report 2016. Geneva: World Health Organization; 2016 (<https://www.who.int/publications/i/item/9789241565325>, accessed 31 March 2021).

40 Netcode toolkit: monitoring the marketing of breast-milk substitutes: protocol for ongoing monitoring systems. World Health Organization, United Nations Children's Fund; 2017 <https://www.who.int/publications/i/item/9789241513180>, accessed 7 June 2023.

41 World Health Assembly, 63. (2010). Infant yon. World Health Organization, Resolution 63.23 (<https://apps.who.int/iris/handle/10665/3097>, accessed 28 August 2023).

42 United Nations, Convention on the Rights of the Child, United Nations, New York, 20 November 1989, Article 24.

43 United Nations Committee on the Rights of the Child. General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, art. 24, para. 44 (<https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPrICAqhKb7yhsqIkirKQZLK2M58RF%2F5F0vHCIs1B9k1r3x0aA7FYrehINUfw4dHmlOxmFtmhaiMOKH80yws3uq6Q3bqZ3A3yQ0%2B4u6214CSatnrBIZT8nZmj>, accessed 6 June 2023).

44 United Nations Committee on the Rights of the Child. General Comment No. 16 (2013) on State obligations regarding the impact of business on children's rights, para. 57 (<https://resourcecentre.savethechildren.net/pdf/7140.pdf>, accessed 6 June 2023).

45 World Health Assembly, 49. (1996). Infant and young child nutrition. World Health Organization, Resolution 49.15 (<https://apps.who.int/iris/handle/10665/179437>, accessed 28 August 2023).

The **role of industry** in the field of IYCF is defined and circumscribed by the Global Strategy for Infant and Young Child Feeding.^{46,47} The Strategy restricts the role of industry to two elements:⁴⁸

1. Ensuring their products for infants and children meet applicable Codex Alimentarius standards and the Codex Code of Hygienic Practice for Foods for Infants and Children; and
2. Ensuring that they comply with the Code.

Any involvement of the baby food industry in the policy making process is thus clearly established as **inappropriate** and beyond their remit.



- Manufacturers and distributors must **monitor** their own marketing practices to ensure that they are complying with the Code at every level. This obligation exists irrespective of any government action to implement and monitor the Code, and is independent of any other measures taken for Code implementation.
- + The baby food industry was a party to the development of the Code and agreed to implement it independently of Government measures.
- + Almost all manufacturers claim publicly to adhere to the Code, and they should be held to that undertaking in all countries.
- Manufacturers should ensure that their **marketing staff are aware** of the provisions of the Code and their responsibility to comply with it.⁴⁹ In countries where the national regulations are stronger than the minimum standard provided by the Code, companies must adhere to the stronger national regulations.



- Health professionals and their associations are given the responsibility of **calling out Code violations**. They should inform manufacturers and distributors of activities that are incompatible with the Code and report the matter to appropriate governmental authorities.⁵⁰
- Health workers need to know the scope of products covered by the Code in order to understand which products should not be displayed or promoted in a health facility, and which manufacturers should be kept at arm's length to avoid conflict of interest (as discussed below).



- Like health professions, the general public – including nongovernmental organizations – is given the responsibility of **calling out Code violations**. They should also inform manufacturers and distributors of activities that are incompatible with the Code, and report the matter to appropriate governmental authorities.⁵¹
- For example, the general public and civil society organizations should report any direct or indirect contact they receive from manufacturers, or any forms of promotion they see online, in the media or in shops to the appropriate authorities. Even in the absence of national measures, such reporting is important because it can encourage legislative action.

46 Global Strategy for Infant and Young Child Feeding. Geneva: World Health Organization, UNICEF; 2003 (<https://www.who.int/publications/i/item/9241562218>, accessed 6 June 2023).

47 The Global Strategy was endorsed, by consensus, on 18 May 2002, by the Fifty-fifth World Health Assembly, and on 16 September 2002, by the UNICEF Executive Board.

48 Global Strategy for Infant and Young Child Feeding. Geneva: World Health Organization, UNICEF, para. 44; 2003 (<https://www.who.int/publications/i/item/9241562218>, accessed 6 June 2023).

49 International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization, Article 11.5; 1981 (<https://www.who.int/publications/i/item/9241541601>, accessed 1 February 2023).

50 International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization, Article 11.4; 1981 (<https://www.who.int/publications/i/item/9241541601>, accessed 1 February 2023).

51 International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization, Article 11.4; 1981 (<https://www.who.int/publications/i/item/9241541601>, accessed 1 February 2023).

Annex: Annotated International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions⁵²

1. Aim	To contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and the proper use of breastmilk substitutes when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.
2. Scope	Applies to: <ul style="list-style-type: none"> any milks that are specifically marketed for feeding infants and young children up to the age of 3 years, including infant and follow-up formulas and drinks for young children (often referred to as growing-up or toddler milks) any other product marketed or otherwise represented as suitable for feeding infants up to the age of 6 months, since anything fed to a baby before the age of 6 months will replace breastmilk, including water; feeding bottles and teats⁵³; commercially produced foods that are marketed as being suitable for infants and young children from the age of 6 months to 36 months.⁵⁴
3. Promotion	No advertising or promotion of BMS, bottles or teats to the public. No inappropriate promotion of foods for infants and young children. No nutrition or health claims on products.
4. Samples	No free samples to mothers, their families or health care workers.
5. Health care facilities	No promotion of products, i.e. no product displays, posters, calendars or distribution of promotional materials, company donation of equipment or services to health facilities, or using such facilities to host events. No mothercraft nurses or similar company-paid personnel.
6. Health care workers	No gifts or incentives to health care workers or sponsoring meetings of health professionals and scientific meetings
7. Supplies	No free or low-cost supplies of products to any part of the health care system.
8. Information	Information and education materials must explain the benefits of breastfeeding, the health hazards associated with bottle feeding (including the fact that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately) and the costs of using infant formula. Product information must be factual and scientific. Materials should not be prepared or sponsored by manufacturers and distributors.
9. Labels	Product labels must clearly state the superiority of breastfeeding, the need for the advice of a health care worker and a warning about health hazards. No pictures of infants, other pictures, or text idealising the use of infant formula. Labels must have the warning that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately. Labels on complementary foods should not cross-promote CMF, should not promote bottle feeding, and should state the importance of continued breastfeeding.
10. Quality	Unsuitable products, such as sweetened condensed milk, should not be promoted for babies. All products should be of a high quality (Codex Alimentarius Standards) and take account of the climatic and storage conditions of the country where they are used.

⁵² Adapted from summary in Code Essentials 1: Annotated International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. Penang, Malaysia: International Baby Food Action Network, International Code Documentation Centre; 2018 (<https://www.babymilkaction.org/wp-content/uploads/2023/05/201801-CE1-2nd-Edition-Final.pdf>, accessed 6 June 2023).

⁵³ Many countries have included pacifiers in the scope of their national measures.

⁵⁴ Following the Guidance, regulations to implement the Code should also include complementary foods within their scope. However, the prohibitions and requirements relating to complementary foods are different from those applying to CMFs, feeding bottles and teats.

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