

# National Implementation of the International Code of Marketing of Breast-milk Substitutes

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**PAHO**

# Content

- Why protect breastfeeding
- Overview of the Code
- Marketing of Breast-milk Substitutes
- Status of Implementation of the Code
- WHO and commitments from the Global Congress.

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# **WHY PROTECT BREASTFEEDING**

# Why protect breastfeeding?



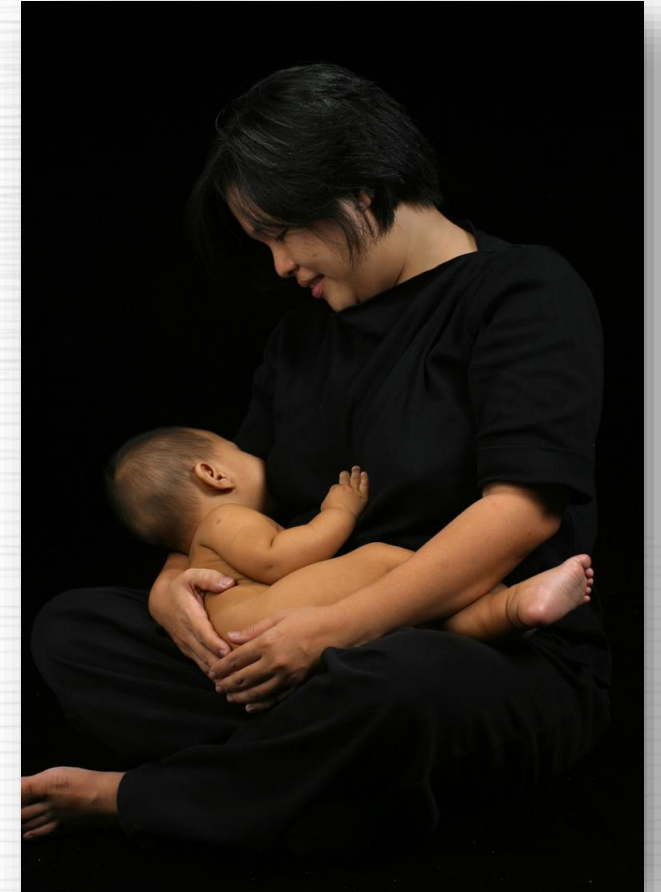
- Universal practice of optimal breastfeeding could prevent 823,000 deaths a year in children under 5 and 20,000 deaths a year in women due to breast cancer
- Decreases the risk of mothers developing breast cancer, ovarian cancer, type 2 diabetes, and heart disease.
- Short-term protective effect on children: reduces the risk of disease and death from diarrhea, respiratory infections, otitis media, and sudden infant death syndrome



# Why protect breastfeeding



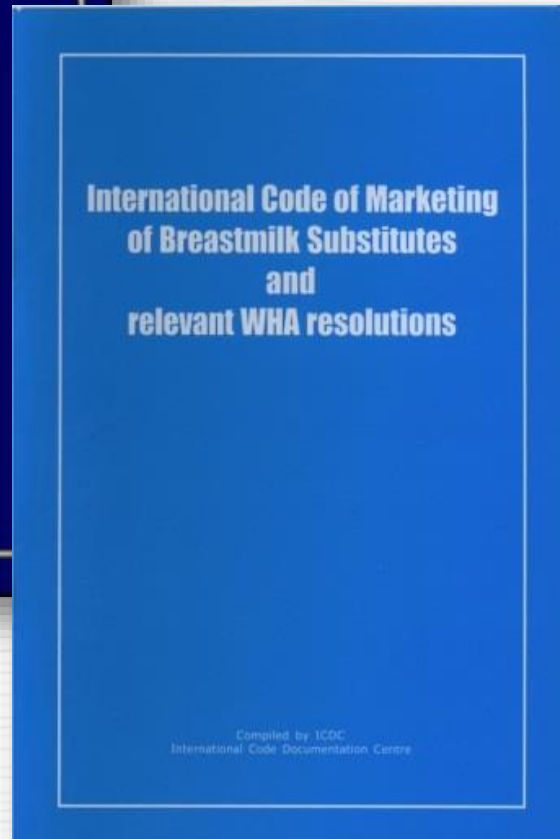
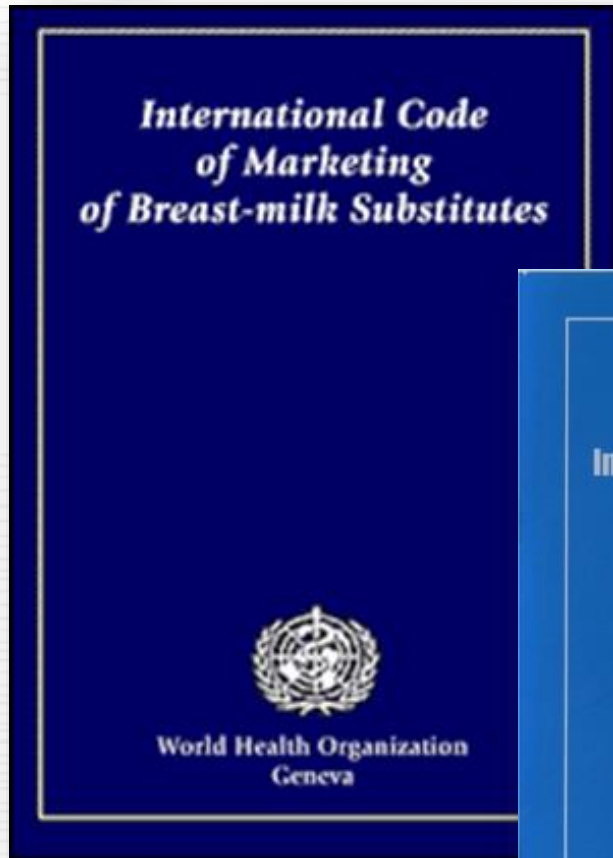
- Breastfeeding over longer periods contributes to cognitive development (average intelligence quotient 2.6 points higher)
- Long-term protective effect on children, such as reduction of dental malocclusion, overweight/obesity, and diabetes mellitus.



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# **OVERVIEW OF THE CODE**

# The International Code of Marketing of Breast-Milk Substitutes



- A set of recommendations to regulate the marketing (promotion and sale) of breast-milk substitutes, feeding bottles and teats.
- Adopted by the World Health Assembly (WHA) in 1981.
- A minimum requirement to protect breastfeeding
- Since 1982, the WHA has since adopted at least 16 resolutions to clarify the Code and keep it up-to-date with marketing trends and scientific knowledge.
- The Code and these subsequent resolutions are regarded as one package – “The Code”.

## Article 1 – Aim of the Code

- To contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution

## Who is the Code Directed at?

- Governments
- Manufacturers and distributors of products within the scope of the Code
- UN agencies
- Non-governmental organizations (NGOS)
- Professional groups
- Institutions
- Health workers and health systems
- Media



## Article 2. Scope of the Code

The Code applies to the marketing, and practices related to following products:

- breastmilk substitutes, including infant formula;
- other milk products, foods and beverages, including bottled complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breastmilk;
- feeding bottles and teats.

# Summary of the main points of the Code

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1. No advertising or promotion of any breast-milk substitutes (including any product marketed to fully or partially replace breast milk), feeding bottles or teats.
2. No free samples, free or low-cost supplies (including donations).
3. No promotion of products in or through health-care facilities.
4. No contact between marketing personnel and mothers (including health workers paid by a company to advise or teach).
5. No gifts or personal samples to mothers and their families, or health workers.

# Summary of the main points of the Code

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6. Labels should be in an appropriate language and have no words or pictures idealizing artificial feeding.
7. Only scientific and factual information to be given to health workers.
8. Governments should ensure that objective and consistent information is provided on infant and young child feeding.
9. All information on artificial feeding, including labels, should explain the benefits of breastfeeding and warn of the costs and hazards associated with artificial feeding.
10. Health-care workers and health systems should comply with the Code (and all subsequent WHA resolutions on infant feeding) independently of any government action to implement it.

# Countries are obligated to implement the Code



The screenshot shows the top navigation bar of the United Nations Human Rights Office website. It includes the United Nations logo, the United Nations Human Rights Office of the High Commissioner logo, a 'HUMAN RIGHTS 75' anniversary logo, a 'Donate' button, and a search icon. Below the navigation bar is a menu with options: 'What are human rights?', 'Topics', 'Countries', 'Instruments & mechanisms', 'Latest', 'About us', and 'Get Involved'. The main content area is titled 'Latest / Media Center' and features a sub-header 'STATEMENTS | MULTIPLE MECHANISMS'. The main headline reads: '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'. The date '17 November 2016' is displayed below the headline.

**“We call upon States to adopt comprehensive and enforceable normative measures to protect babies and mothers from such practices, and fully align with the recommendations contained in the International Code and the aforementioned new WHO Guidance”.**

<https://www.ohchr.org/en/statements/2016/11/joint-statement-un-special-rapporteurs-right-food-right-health-working-group?LangID=E&NewsID=20871>

**“Adopting such measures must be recognized as part of States’ core obligations under the Convention on the Rights of the Child and other relevant UN human rights instruments ...”**



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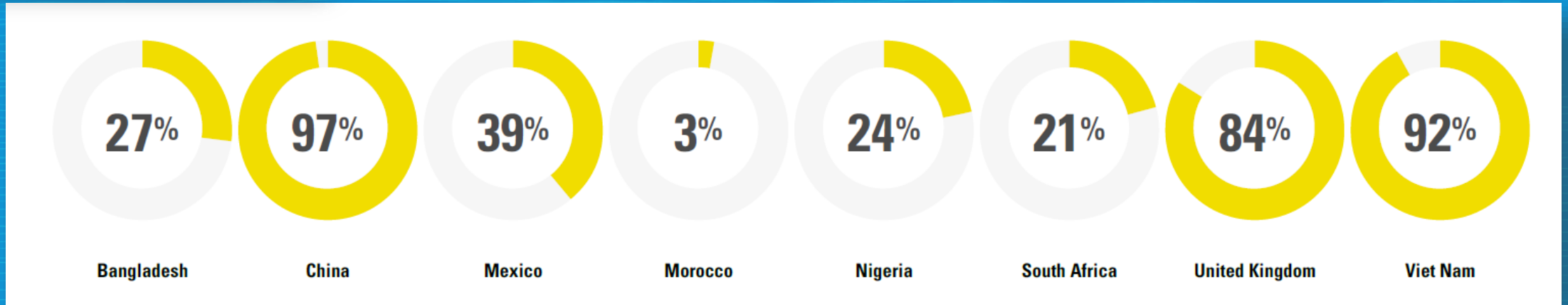
# **MARKETING OF BREAST-MILK SUBSTITUTES**



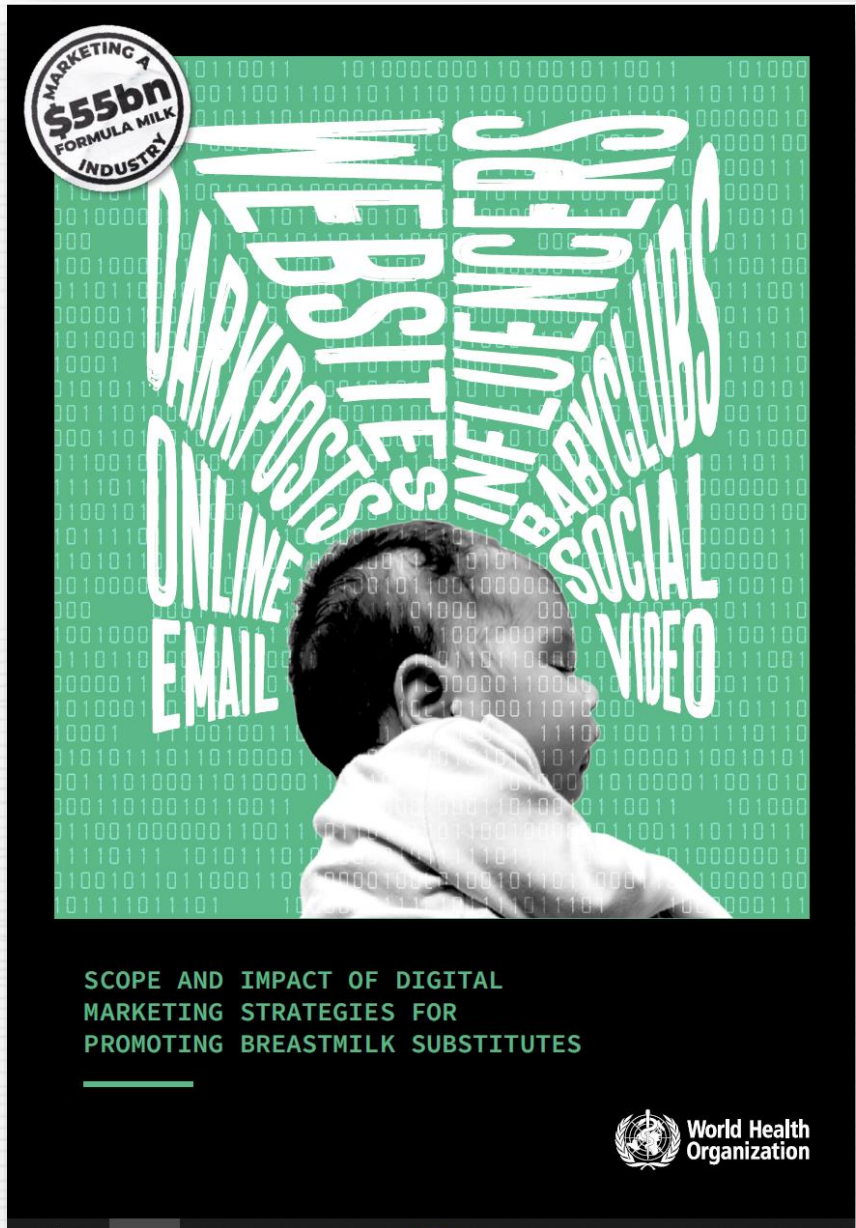
PAHO/WHO

# Formula Milk Marketing is pervasive, personalized and Powerful

51% of 8,528 pregnant and postnatal women reported seeing or hearing formula milk marketing in the preceding year.



WHO multicountry study - How the Marketing of Formula Milk Influences our Decisions on Infant Feeding. <https://www.who.int/publications/i/item/9789240044609>



1. Digital marketing is becoming the dominant form of marketing in many countries.
2. Digital marketing increases BMS sales and occurs across multiple online channels and social media platforms in every country.
3. Buying of direct access to pregnant women and mothers from social media platforms and influencers.
4. Use of strategies that are unrecognizable as advertising, e.g., online baby-clubs, advisory services, social media influencers, and user-generated content.
5. Posting of content on social media approx. 90 times per day, reaching 3 times as many people as informational posts about breastfeeding.
6. Evasion of scrutiny from enforcement agencies, requiring new approaches to regulation and enforcement of Code implementation.

# What should Governments do?

## Article 11.1 of the International Code

“Governments should take action to give effect to the principles and aim of the Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures.”

- The Code is not a template or model for national legislation. It contains the principles and objectives that should be achieved through detailed national regulations.
- Protection and promotion of breastfeeding cannot be fully achieved through voluntary measures

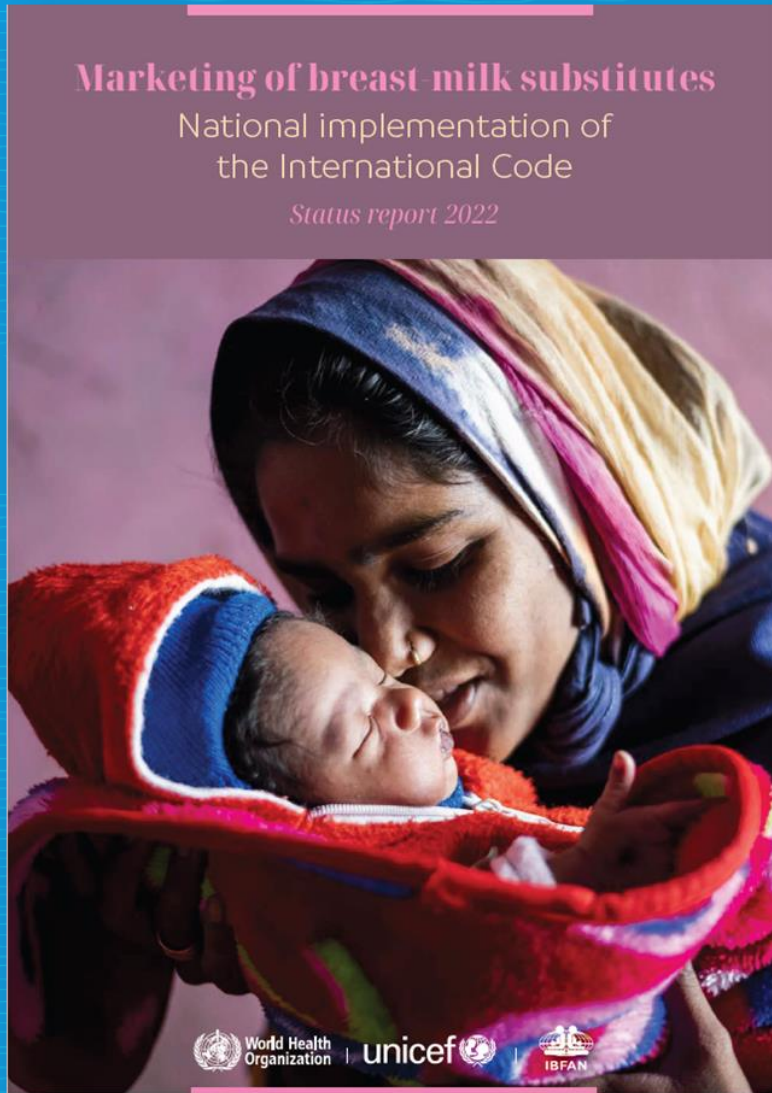


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# **STATUS OF IMPLEMENTATION OF THE CODE**

# Reporting on National Implementation of the International Code

Global Report



<https://iris.who.int/handle/10665/354221>



Americas Region Report



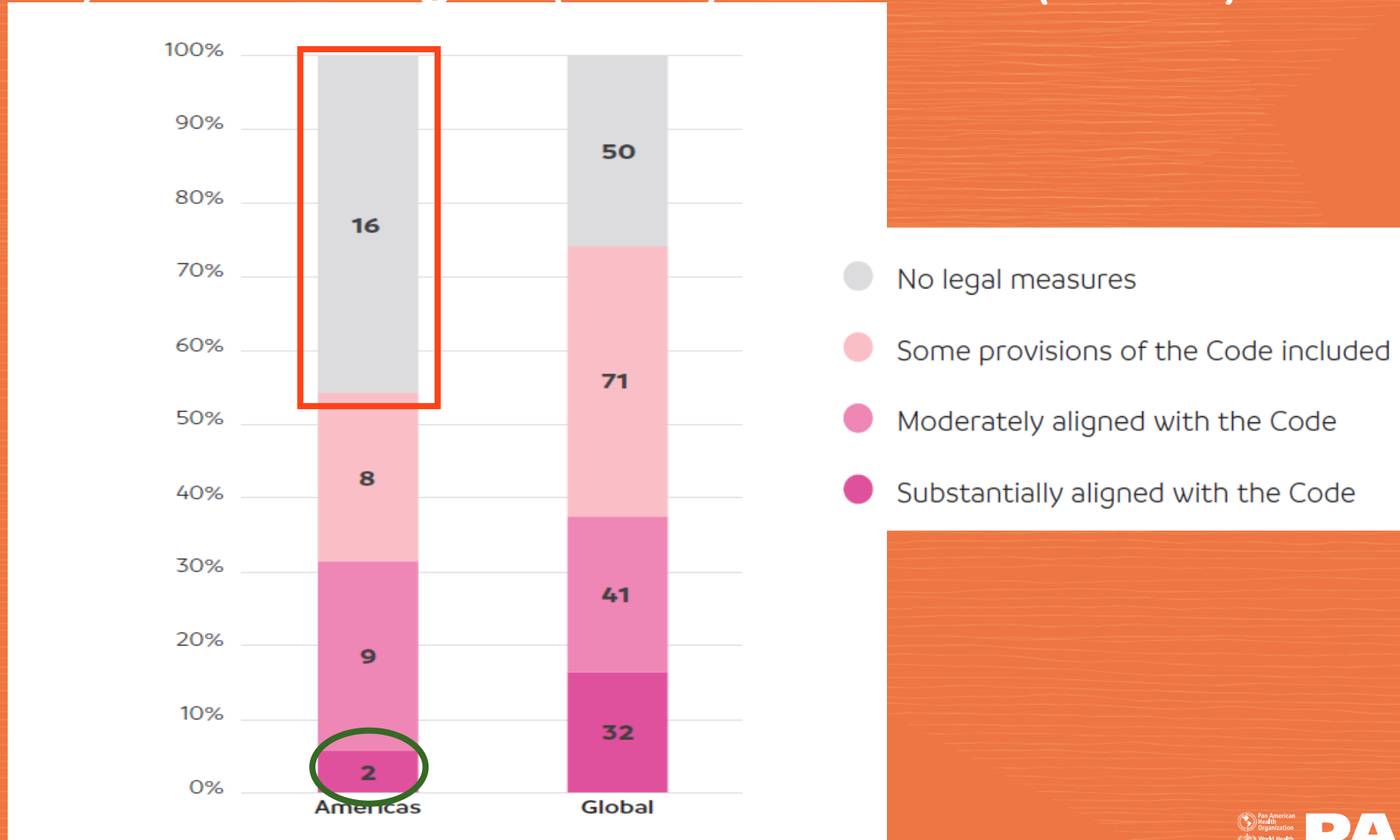
<https://iris.who.int/handle/10665/354582>

# Challenges faced by countries (Code Report 2022)



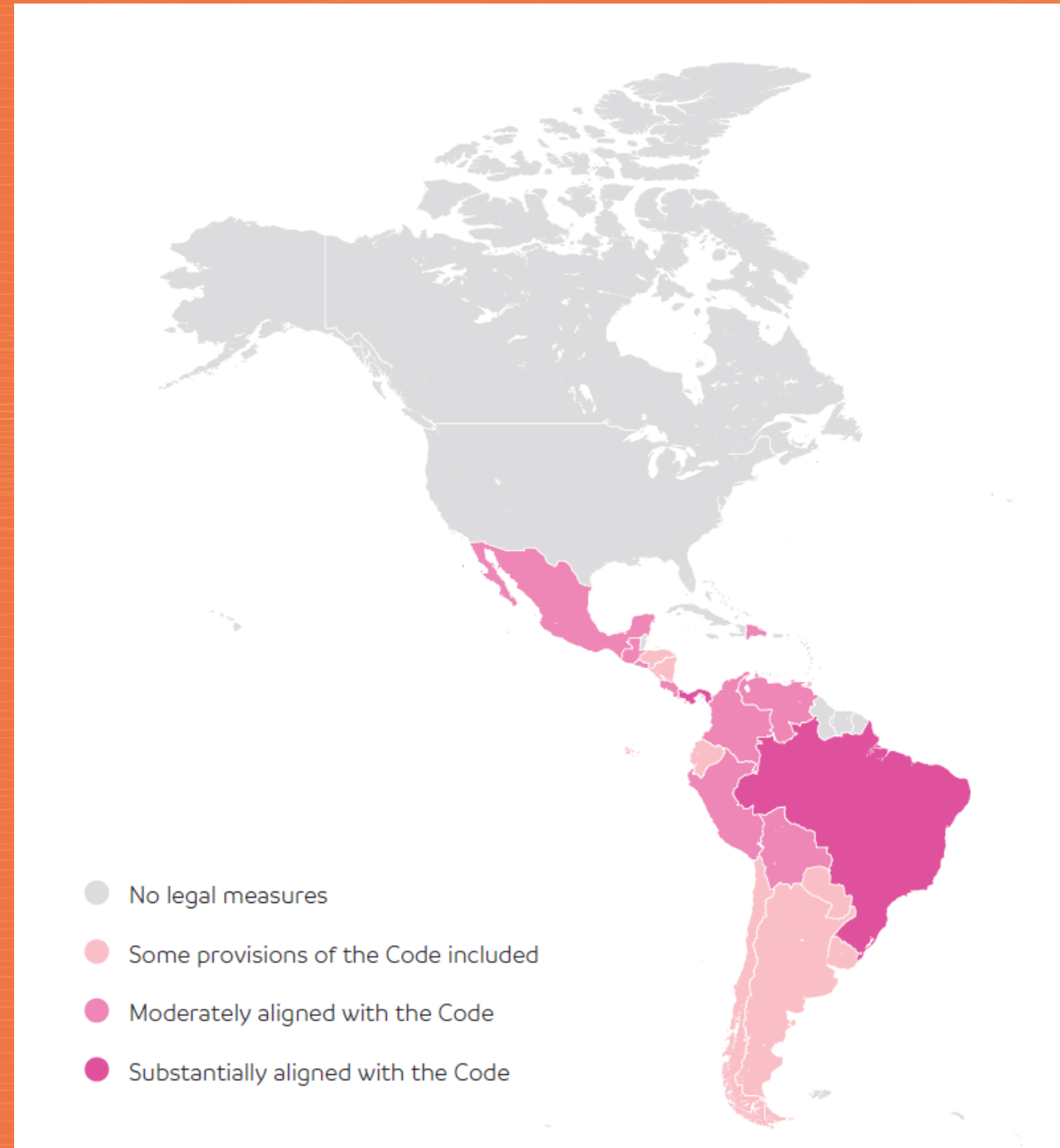
- Absence of high-level political will
- Industry interference
- Poor accountability
- Lack of monitoring and enforcement mechanisms
- Limited understanding of the Code
- Insufficient human and financial resources

# FINDINGS: Legal status of the Code as enacted in countries, Americas region (N=35) and Global (N=194)





# FINDINGS: Legal status of the Code, by country – Americas Region, 2022



## Legal status of the Code as enacted in countries of the Americas

Substantially Aligned with the Code (2)	Moderately Aligned with the Code (9)	Some Provisions of the Code Included (8)
<p><b>Brazil (2018)</b> <b>Panama (2012)</b></p>	<p><b>Bolivia (2006)</b> <b>Colombia (1992)</b> <b>Costa Rica (1995)</b> <b>Dominican Republic (1996)</b> <b>El Salvador (2013)</b> <b>Guatemala (1987)</b> <b>Mexico (2012)</b> <b>Peru (2006)</b> <b>Venezuela (2007)</b></p>	<p><b>Argentina (2018)</b> <b>Chile (2015)</b> <b>Ecuador (1999)</b> <b>Honduras (2013)</b> <b>Nicaragua (1999)</b> <b>Paraguay (1999)</b> <b>Trinidad &amp; Tobago (1985)</b> <b>Uruguay (2017)</b></p>

# No Legal Status of the Code



**Antigua & Barbuda**

**Bahamas**

**Barbados**

**Belize**

**Dominica**

**Grenada**

**Haiti**

**St Kitts & Nevis**

**St Lucia**

**St Vincent & the Grenadines**

**Guyana**

**Jamaica**

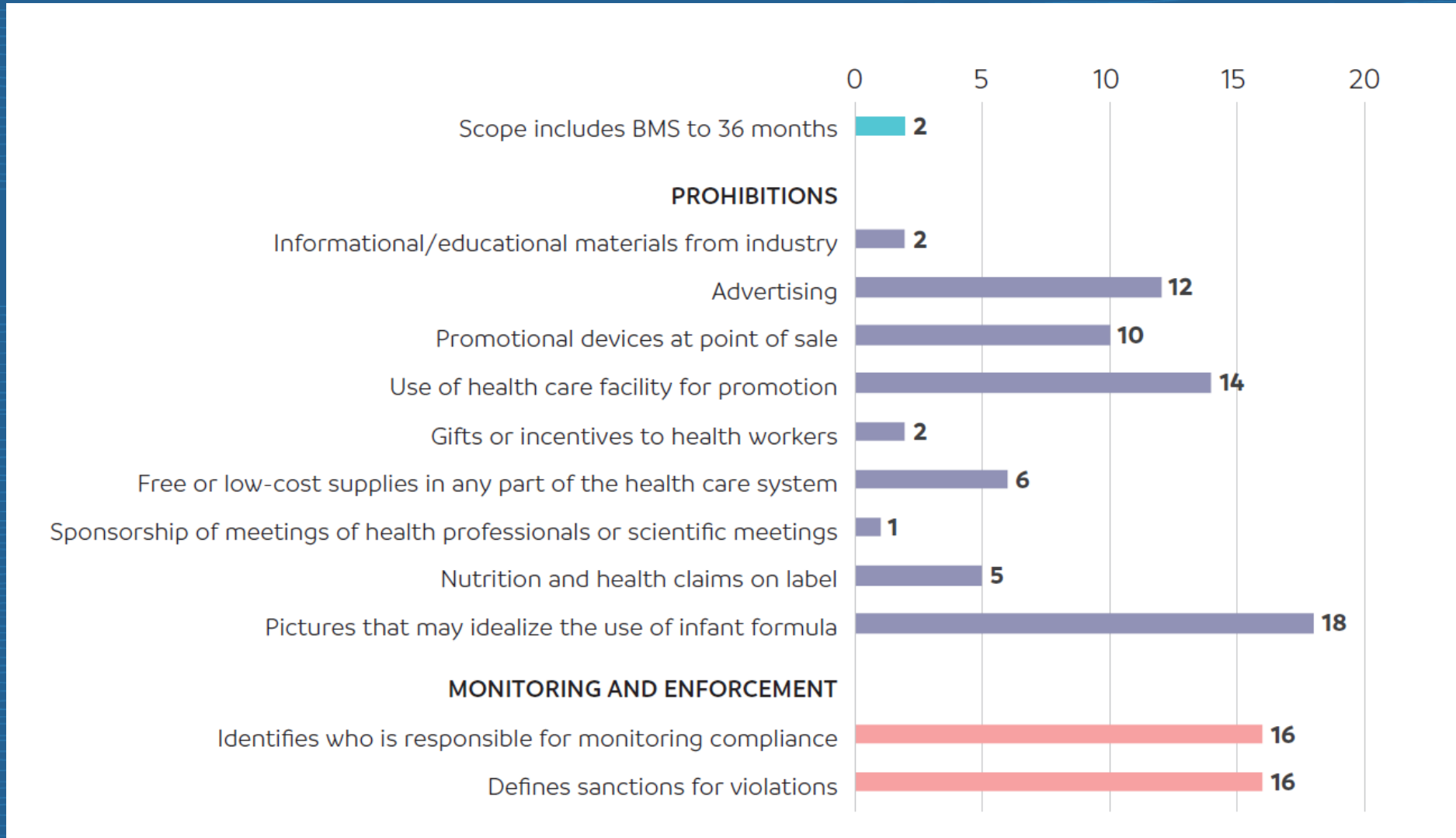
**Suriname**

**Canada**

**Cuba**

**United States**

# Countries with Key Code Provisions (Americas Region)





# Conclusions of Code Report 2022



- Many countries fighting back against promotion of breast-milk substitutes using unethical marketing practices...
- A majority of countries in the Americas region have legislation prohibiting at least some forms of promotion.
- Significant gaps in national legislation.
- Lack of provisions to prevent conflicts of interest.

# What is needed? (Code Report 2022)

- High-level political will
- Constraints on industry lobbying
- Accountability measures
- Monitoring and enforcement mechanisms
- Education on the Code
- Investment in human and financial resources





# Code Congress – Geneva, June 2023

# UNICEF and WHO'S Support to governments for a successful implementation of the Code

- Advocacy and awareness raising
- **Policy development and legal frameworks**
- Capacity building
- Enforcement and penalties
- Monitoring and compliance
- Fostering collaboration and partnerships
- Facilitating knowledge sharing and exchange



# Policy Development and Legal frameworks



- Conducting policy assessments
- Providing template policies/guidelines
- Facilitating consultations with key stakeholders to ensure comprehensive and evidence-based policy development
- Assistance in drafting comprehensive and effective laws, regulations, guidelines that reflect the principles and provisions of the Code



# PAHO's Technical Assistance to Countries



- Formation of networks
- Mapping of legislation in Caribbean countries
- Preparation of a manual to assist countries in national legislation of the Code
- Assist countries in preparation of national Code laws
- Assist countries in review of national Code laws to identify gaps and strengthen legislation
- Continued advocacy
- Continue support for monitoring of Code implementation in each country
- Webinars and meetings
- Training workshops

# Other WHO Resources

## NETCODE TOOLKIT

MONITORING THE MARKETING OF BREAST-MILK SUBSTITUTES:  
**PROTOCOL FOR ONGOING MONITORING SYSTEMS**

## NETCODE TOOLKIT

MONITORING THE MARKETING OF BREAST-MILK SUBSTITUTES:  
**PROTOCOL FOR PERIODIC ASSESSMENTS**



**The International Code of Marketing of Breast-milk Substitutes:**

**Frequently asked questions on the roles and responsibilities of health workers**



INTERNATIONAL TRADE AGREEMENTS AND IMPLEMENTATION OF THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

**Frequently Asked Questions**

WHO/UNICEF Information Brief



**THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES**

Frequently Asked Questions

2017 Update



**GUIDANCE ON ENDING THE INAPPROPRIATE PROMOTION OF FOODS FOR INFANTS AND YOUNG CHILDREN**

**IMPLEMENTATION MANUAL**



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THANK  
YOU!