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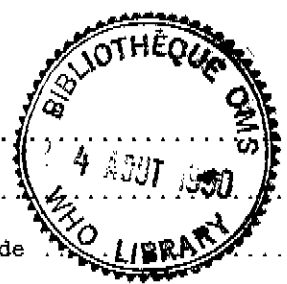


THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES:
SYNTHESIS OF REPORTS ON ACTION TAKEN (1981-1990)

On 21 May 1981, by resolution WHA34.22, the Thirty-fourth World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes in the form of a recommendation, in the sense of Article 23 of the WHO Constitution. Since then, in accordance with Article 11, paragraph 7, the Director-General of WHO has reported in even years on the status of the Code's implementation. In addition, in keeping with the Assembly's request made in resolution WHA34.22, the Director-General reported to the Thirty-sixth World Health Assembly in May 1983 on the status of compliance with the Code at country, regional and global levels. Information in each of the six reports to the Health Assembly has been cumulative. The intention in synthesizing all the information in the present document is to provide an overall picture of the steps that more than 150 countries and territories have taken during the last decade - individually, and in some cases collectively, through regional and interregional forums - to give effect to the principles and aim of the International Code.

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INTRODUCTION

1. A joint WHO/UNICEF Meeting on Infant and Young Child Feeding was held in Geneva from 9-12 October 1979 as part of the two organizations' programmes aimed at promoting child health and nutrition. It was attended by representatives of governments, agencies of the United Nations system, nongovernmental organizations, the infant-food industry, and experts in related disciplines.
2. The discussions were organized around the following themes: the encouragement and support of breast-feeding; the promotion and support of appropriate and timely complementary feeding (weaning practices) with the use of local food resources; the strengthening of education, training and information on infant and young child feeding; the development of support for improved health and social status of women in relation to infant and young child health and feeding; and the appropriate marketing and distribution of breast-milk substitutes.
3. As a result of the discussion, a statement on infant and young child feeding, together with a series of recommendations, was prepared and adopted by consensus. The statement and recommendations were first sent by the Director-General to all governments in November 1979; they were also appended to the Director-General's report¹ to the Thirty-third World Health Assembly on follow-up activities undertaken by WHO after the October 1979 meeting in respect of the above discussion themes.
4. The Thirty-third World Health Assembly, in resolution WHA33.32,² endorsed in their entirety the statement and recommendations made by the joint WHO/UNICEF Meeting; made particular mention of the recommendation that "there should be an international code of marketing of infant formula and other products used as breast-milk substitutes"; and requested the Director-General to prepare such a code "in close consultation with Member States and all other parties concerned including such scientific and other experts whose collaboration may be deemed appropriate".

Process of development of the draft International Code of Marketing of Breast-milk Substitutes

5. Member States of WHO and groups and individuals who had been represented at the joint WHO/UNICEF Meeting were requested to comment on three successive drafts of the code. Meetings were held in February and March and again in August and September 1980 in an effort to foster a continuing dialogue on both the form and the content of the draft code and to maintain as a minimum basis the points agreed upon by consensus at the October 1979 meeting.
6. In the process of preparing the draft International Code, the work done by organizations and bodies of the United Nations system in the field of infant and young child nutrition was taken into consideration. This concerned, in particular, the work of the Joint FAO/WHO Food Standards Programme and its Codex Alimentarius Commission with regard to international standards for foods for infants and children and the development of suitable definitions for the purposes of the draft International Code. The Secretariat of the Programme, in turn, was actively involved in the consultations with the interested parties referred to above.
7. In January 1981 the sixty-seventh session of the Executive Board considered the draft code and in resolution EB67.R12³ unanimously recommended to the Thirty-fourth World Health Assembly the adoption of the code in the form of a recommendation rather than as a

¹ WHA33/1980/REC/1, Annex 6.

² Handbook of resolutions and decisions, Vol. II, 1985, pp. 90-91.

³ Handbook of resolutions and decisions, op. cit., p.91.

regulation;¹ on 21 May 1981, by resolution WHA34.22,² the Health Assembly adopted the International Code³ by 118 votes in favour to 1 against, with 3 abstentions.

Reporting on action giving effect to the International Code

8. Article 11, paragraph 6, of the International Code provides that "in accordance with Article 62 of the Constitution ... Member States shall communicate annually to the Director-General information on action taken to give effect" to its principles and aim. Article 11, paragraph 7, states that the Director-General "shall report in even years to the World Health Assembly on the status" of its implementation.

9. The present document describes action taken since 1981 to translate the International Code into legislation, regulations or other suitable measures; to involve all concerned parties in its implementation; and to monitor compliance with it. Prior to the adoption of the Code, a number of governments had already adopted various legislative and other measures concerning the marketing and distribution of breast-milk substitutes; these, too, are described below.

10. All the information was previously presented to the Health Assembly - in 1982, 1983, 1984, 1986, 1988 and 1990 - in individual reports⁴ on the status of implementation and compliance with the International Code. Most of it has been provided by Member States themselves, whether in direct communications to the Director-General, via the regional offices and regional committees, or in statements made during Health Assemblies. The intention in synthesizing this information in the present document is to provide an overall picture of the steps that more than 150 countries and territories (see Annex 3 to the present document) have taken during the last decade - individually, and in some cases collectively, through regional and interregional forums - to give effect to the principles and aim of the Code.

11. The Thirty-third World Health Assembly, in 1980, in requesting the Director-General to prepare a draft International Code, emphasized that the marketing of breast-milk substitutes should be viewed within the framework of the problems of infant and young child feeding as a whole.⁵ Likewise, the Thirty-fourth World Health Assembly, in 1981, in adopting the International Code, stressed its significance as "only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding".⁶

12. It is fitting, therefore, to note that all Member States, as they have proceeded with the adoption of suitable measures to give effect to the principles and aim of the International Code, have continually done so as part of their wider efforts to address the health and nutritional problems of infants and young children, and the related aspects of the health and social status of women and families. The wide-ranging discussions which have

¹ The legal implications of the adoption of the International Code as a recommendation were discussed in a report on the code by the Director-General to the Thirty-fourth World Health Assembly (document WHA34/1981/REC/1, Annex 3).

² Handbook of resolutions and decisions, *op. cit.*, pp. 91-92, and Annex 1 to the present document.

³ Document WHA34/1981/REC/1, Annex 3; International Code of Marketing of Breast-milk Substitutes, Geneva, World Health Organization, 1981; and Annex 2 to the present document.

⁴ Respectively, documents WHA35/1982/REC/1, Annex 5; A36/7; WHA37/1984/REC/1, Annex 5, part II; WHA39/1986/REC/1, Annex 6, part 1; EB81/1988/REC/1, Annex 10; and A43/4.

⁵ Resolution WHA33.32, paragraph 6(4)(a).

⁶ Resolution WHA34.22, final preambular paragraph.

taken place on the subject of infant and young child nutrition at Health Assemblies and regional committee meetings during the last decade, as well as the information provided by Member States which is summarized below, provide ample evidence of this broad and comprehensive approach to maternal and child nutrition, of which breast-feeding and the International Code are but two aspects.

SUMMARY OF ACTION TAKEN GIVING EFFECT TO THE PRINCIPLES AND AIM OF THE INTERNATIONAL CODE (1981-1990)

African Region

13. In Algeria the Government is the sole importer and distributor of infant formula, which bears its own label in conformity with national breast-feeding promotion policy, and efforts are made to ensure that such products are made available only to those infants who require them. Import procedures applied include the issue of international invitations to tender, prescribing not only the quantities and methods of packaging and dispatch, but also the chemical composition of the product concerned, and requiring the manufacturer to provide information on the results of analyses carried out. Commercial advertising of breast-milk substitutes is forbidden and the State monopoly over foreign trade has eliminated the use of foreign trademarks.

14. The Government of Benin announced that it expected to integrate the International Code into its national food legislation by expanding the basic law in this respect. Meanwhile the advertising of breast-milk substitutes to the general public is not permitted.

15. In Botswana the promotion of breast-milk substitutes on radio or television has been prohibited. Manufacturers may meet with heads of health units, but no direct contact with mothers or health workers in peripheral centres is allowed, and the provision of samples is not permitted unless specifically requested by the Ministry of Health. Several changes made in the labelling requirements for containers were brought to the attention of manufacturers in November 1981, but pictures of mothers and infants were still used for advertising purposes. The Ministry of Health has issued a circular to all health and extension workers prohibiting the use of health facilities and health workers' services to promote breast-milk substitutes, with the result that promotional drives for such substitutes, coming from a neighbouring country, have ceased. Thus, certain aspects of the Code are already being implemented, although legislation relating to it has not yet been enacted. Apart from promotional material contained in publications that originate outside the country, there is no advertising of breast-milk substitutes. However, the Government reports that there is still not enough trained staff to enable its breast-feeding programme to implement the Code rapidly.

16. The Government of Burkina Faso has undertaken a number of measures to promote appropriate infant and young child feeding and the application of the International Code. A multidisciplinary body has been established to gather information concerning breast-milk substitutes and to combat their use, while the technical capabilities of the National Nutrition Laboratory have been expanded to improve assessment of food products intended for human consumption, breast-milk substitutes in particular. Educational materials produced for the general public include posters and five-minute film messages on breast-feeding for projection in all the country's cinemas; a basic handbook for use by community health workers in promoting sound infant and young child feeding practices is also being developed. Finally, a national interministerial committee has been charged with drawing up a national code of marketing of breast-milk substitutes on the basis of the provisions of the International Code.

17. In Cameroon the Ministry of Public Health has been instructed to take the necessary practical steps that may be required to implement the International Code. The Ministry is pursuing this objective as a preventive measure within the context of primary health care to enable the health authorities to deal with the influx of information likely to distort the question in the minds of both mothers and health professionals. On the basis of the

International Code a draft law concerning the marketing of breast-milk substitutes has been drafted.

18. A national workshop was held in November 1981 in the Central African Republic to discuss the adoption of measures for the encouragement of breast-feeding, appropriate maternal and child nutrition, and the creation of a National Nutrition Committee. The workshop adopted a number of recommendations for government action of direct relevance to the implementation of the International Code, including that breast-milk substitutes and feeding bottles be sold on prescription only; that artificial feeding be prescribed only by a doctor or other health workers; that advertising of breast-milk substitutes via the public media and in health care facilities be prohibited; and that the ministries of health, trade and finance take the necessary measures to ensure that the International Code is applied.

19. A workshop on infant and young child feeding was held in the Congo shortly after the adoption of the International Code. Based on an analysis of the national situation regarding the marketing of breast-milk substitutes, the report adopted by the participants included a recommendation concerning the local application of Articles 4, 5, 6, 7, 9 and 11 of the International Code. The Government intended to set up a coordinating body in this regard.

20. National health authorities in Côte d'Ivoire planned to meet in 1982 to study the International Code and discuss its adaptation to local circumstances. A draft code of marketing, provided by an infant-food manufacturer, was under consideration by paediatricians and other health officials, and was to be submitted at a later date for comments from a national association of women. At the Government's request, the advertising of breast-milk substitutes via the mass media has ceased.

21. A number of recommendations for national action made by a workshop on breast-feeding in Ethiopia in 1981 concerned the marketing and distribution of breast-milk substitutes. The Ministry of Public Health formally requested all governmental and nongovernmental agencies involved in trade in infant formula and feeding bottles to refrain from all forms of advertising. A report highlighted the proliferation of brands of infant formula, most of which failed to respect the labelling provisions laid down in Article 9 of the International Code. The Ministry of Health subsequently ordered all concerned governmental and nongovernmental organizations to control more strictly the quantity and quality of imported products, with the result that the number of different brands imported has gradually decreased from 27 to 8. The donation, through health institutions, of samples or supplies of breast-milk substitutes to mothers has been stopped, unless a child or mother is malnourished or otherwise at high risk.

22. In Gabon an interministerial committee was created to coordinate action to be taken in adapting the International Code to local circumstances. As a preliminary step to the adoption of overall measures, the Government has prohibited the advertising of breast-milk substitutes to the general public.

23. A market survey of breast-milk substitutes in the Gambia, including home visits to learn about the extent of their use by lactating mothers, has been carried out by the Medical and Health Department's nutrition unit. The Department has established a working group on the marketing of breast-milk substitutes, but there has been no follow-up in regard to legislation. However, according to the Government, there is as yet no apparent breach of the International Code.

24. The International Code and its application in Ghana in the light of local needs were discussed at a workshop held in 1982. In 1988 the Ghana Breast-feeding Promotion Association drew up a national plan for breast-feeding promotion, in collaboration with the Ministry of Health, WHO, UNICEF and other concerned organizations. A national code of marketing of breast-milk substitutes, which closely follows the International Code, was also drafted, although it has not yet been adopted as law. From time to time, alleged infringements of the International Code have been reported.

25. In Guinea the importation and distribution of infant formula is a government responsibility and products can be purchased on prescription only in state-operated pharmacies.
26. In 1981 the Government of Kenya adopted the Kenya Code for Marketing of Breast Milk Substitutes,¹ which is described as "essentially an adoption" of the International Code. It applies to the quality, availability, and information related to breast-milk substitutes, feeding bottles and teats, and includes the message that mothers should be encouraged to feed their infants breast milk exclusively for the first 4-6 months of life, and that they should continue to breast-feed them for as long as possible following the introduction of complementary foods. The Code highlights the role of the Ministry of Health in monitoring its application, while at the same time referring to the responsibilities of manufacturers, nongovernmental organizations, professional groups, institutions and individuals concerned. In addition, in 1983 the Ministry of Health addressed a circular to all medical officers and to the country's main denominational health associations on the subject of appropriate infant feeding practices. The circular emphasized the importance of ensuring mothers' full and unrestricted access to their infants for on-demand feeding, prohibiting prelacteal or supplementary feeds in maternity facilities in all but exceptional cases, and discontinuing the use in health institutions of posters or samples of breast-milk substitutes of any kind provided by manufacturers.
27. Lesotho drafted a code for the marketing of breast-milk substitutes following its participation in one of the consultations in 1980 on the draft International Code. National and regional workshops were held the following year to review the draft national code and to plan a breast-feeding promotion campaign. The code's scope has been broadened to provide for longer paid maternity leave for women who have children at intervals of more than three years, in order to promote child-spacing.
28. An interministerial committee in Liberia recommended that the promotion of breast-feeding be considered a major component of the draft national food and nutrition plan. The Ministry of Health and Social Welfare prepared draft national legislation in accordance with the guiding principles contained in the International Code. Existing teaching materials on the promotion of breast-feeding were reviewed and others developed, while an information campaign on breast-feeding was initiated in 1982 on radio and television. Advertising of breast-milk substitutes on these media has been restricted.
29. A draft national code of marketing of breast-milk substitutes was reviewed in Madagascar at a meeting organized by the Ministry of Health in 1980, but no legislation has yet been prepared. Directives concerning nutrition education and an infant-feeding guide, which emphasize the importance of breast-feeding, have been prepared and distributed to all health workers concerned. Only health workers are permitted to advise on the use of breast-milk substitutes when they are required, and the distribution of milk - for example, that provided by the Red Cross - is carried out only under their supervision.
30. WHO cooperated with the Government of Malawi in December 1982 by providing technical support during its week-long National Workshop on Infant and Young Child Feeding that included discussions on the development of national measures to give effect to the International Code.² A second workshop was organized in Lilongwe in 1987 for the purpose of drafting a national code of marketing of breast-milk substitutes. Participants were also charged with reviewing existing national laws in relation to the provisions of the International Code, and preparing a mechanism for the national code's implementation.
31. In order to facilitate the drafting of legislation to give effect to the International Code in Mali, it was decided to establish an interministerial committee to study ways of adapting it to local conditions. The committee recommended carrying out an inquiry during 1983 into breast-feeding in both rural and urban areas. The results of the inquiry were

¹ International Digest of Health Legislation, 34(4): 779-784 (1983).

² International Digest of Health Legislation, 34(1): 175-178 (1983).

expected to be the subject of national debate, and measures adapted to the conditions of the country were to be taken by common consent.

32. A seminar was held in Mauritius in 1984 for the purpose of increasing public awareness of the International Code and formulating recommendations to the Government concerning ways and means of implementing it. The following month the Cabinet of Ministers announced that the Government had agreed that legislation be introduced in Parliament to regulate the marketing and sale of breast-milk substitutes. Furthermore, the Ministry of Health in early 1985 requested by circular all medical superintendents, health officers, nursing officers and nurse-educators to take immediate action to promote breast-feeding.

33. In Mozambique the Ministry of Health established a Working Group on Infant Feeding, which was charged with studying the International Code with a view to adapting it for local implementation, including the development of legislation. Advertising, whether through the media or gifts in maternity wards, is prohibited. Three milk-based products (a breast-milk substitutes, a weaning food and a whole dried milk) are imported and marketed in the country. All three products carry labels designed in Mozambique in accordance with the provisions of the International Code and are sold through the usual commercial channels.

34. In Nigeria a local code of ethics and professional standards for the marketing of breast-milk substitutes, based on guidelines provided by the International Council of Infant Food Industries, was approved in mid-1982 by the national Food and Drugs Advisory Council. A ban on the advertising of breast-milk substitutes in both electronic and print media, including via billboards, is now enforced. The Federal Ministry of Health is closely monitoring the activities of manufacturers and distributors of breast-milk substitutes, who may no longer provide "discharge packs" of their products for neonates on departure from maternity wards and hospitals. According to the national code of ethics, donations of infant formula may only be made on the basis of written requests by hospitals or health professionals and must be restricted to infants who have to be fed on breast-milk substitutes.

35. In Rwanda the adoption of national legislation based on the International Code was discussed in 1982 during a workshop on infant and young child feeding that was organized by the Ministry of Public Health. Recommendations for government action included translating the International Code into the national language and training health workers concerning its aim and methods of application, drafting legislation aimed at establishing a monopoly in the trade of breast-milk substitutes, reviewing agreements with donor agencies to ensure that powdered milk is distributed only to those in need, and importing breast-milk substitutes solely from manufacturers abiding by the provisions of the International Code.

36. The advertising of breast-milk substitutes to the general public is not permitted in Sao Tome and Principe.

37. The International Code was among the topics discussed at a national seminar on science and technology held in Senegal in 1982. A committee was to have been set up to consider the Code's relationship to industry, while the Ministry of Health, in collaboration with the other ministries and government bodies concerned, was to examine ways in which it could be implemented locally. National action foreseen included consultation with the infant-food industry and nongovernmental organizations, particularly women's and consumer organizations.

38. The Ministry of Health in Sierra Leone has taken steps to halt advertising for foods for infants that infringes on the provisions of the International Code and is at variance with current teaching. The International Code was to have been published as a Government Notice, which would make its provisions mandatory for importers and distributors of foods for infants. The media are used for educating the public on infant feeding, and it was planned to set up a committee, comprising eight professionals from the Ministry of Health and the Law Officers Department, to monitor compliance with the International Code.

39. The National Nutrition Council (NNC), which is the interministerial body in Swaziland that is responsible for matters relating to infant and young child feeding, recommended that the International Code be adopted in its entirety in the form of binding legislation. The distribution of breast-milk substitutes in government institutions has been halted. The results of retail shop surveys conducted by the NNC have shown that artificial foods and feeding bottles do not always conform to the International Code. Following negotiations with a large breast-milk substitute manufacturer, the latter agreed to change the labelling of its products sold in the country so as to emphasize the superiority of breast-feeding. Because of a violation of the Code by another large manufacturer the importation of the product concerned was stopped. Companies have been prohibited from donating milk or teaching materials unless specifically authorized by the director of health services or the NNC.

40. The fact that in Togo breast-milk substitutes are purchased for retail sale solely by a government concern permits some measure of control over importation and distribution. A survey undertaken of products specifically intended for the nutrition of infants and young children in urban centres found that there was indiscriminate sale of such products, which were stored under conditions that were not always adequate. It was anticipated that the results of the survey would make it possible to determine the measures needed for introducing order into the conditions of storage and sale of products for nursing infants and young children.

41. Measures to implement the International Code in Uganda have included a seminar organized by the Uganda branch of the Inter-Parliamentary Union, WHO and UNICEF in 1983, with the aim of making parliamentarians, policy-makers, and the general public aware of the issues involved in child nutrition, and particularly of the importance of breast-feeding and good weaning practices. As a follow-up, an intersectoral workshop was scheduled for the following year to work out a national code of marketing and the regulations to enforce it. Some of the regulations were to come under the Bureau of Standards Act, others under the Dairies Act and the Advertising Act. A national survey to determine patterns of breast-feeding and weaning, planned for 1983, was to facilitate the development of an appropriate code and regulations.

42. The Government of the United Republic of Tanzania instructed the secretariat of the National Food Control Commission to draft a national code in respect of the manufacture and marketing of infant formula and other foods used for the feeding of infants and young children, following the adoption of the International Code. The Chairman of the Commission requested support from WHO for an appraisal of national needs for breast-milk substitutes and the form that national action might take to give effect to the International Code. The Tanzania Food and Nutrition Centre educates health workers and instructors in training institutions on the need to monitor implementation of the International Code and to examine mechanisms for formulating a national code, adopting it as law and monitoring its implementation. A five-year plan on infant and young child nutrition includes sensitization on Code monitoring for all health workers. Radio programmes and other media are used to educate the public about the importance of breast-feeding and the hazards of bottle-feeding and infant formulas.

43. During a national workshop on infant and young child feeding held in Zaire in 1981 the Government emphasized the implications of the International Code for national legislation. The draft text intended to amend 1959 regulations concerning the importation and marketing of

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