

*International Code of Marketing
of Breast-milk Substitutes*



World Health Organization

Geneva
1981

ISBN 92 4 154160 1

© World Health Organization 1981

Publications of the World Health Organization enjoy copyright protection in accordance with the provisions of Protocol 2 of the Universal Copyright Convention. For rights of reproduction or translation of WHO publications, in part or *in toto*, application should be made to the Office of Publications, World Health Organization, Geneva, Switzerland. The World Health Organization welcomes such applications.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

PRINTED IN SWITZERLAND

81/5035 — Reggiani / Presses Centrales — 25 000

Contents

	Page
Introduction	5
International Code of Marketing of Breast-milk Substitutes .	9
Annex 1. Resolutions of the Executive Board at its sixty-seventh session and of the Thirty-fourth World Health Assembly on the International Code of Marketing of Breast-milk Substitutes	23
Annex 2. Resolution of the Thirty-third World Health Assembly on infant and young child feeding	27
Annex 3. Excerpts from the introductory statement by the representative of the Executive Board to the Thirty-fourth World Health Assembly on the subject of the draft international code of marketing of breast-milk substitutes	32

Introduction

THE WORLD HEALTH ORGANIZATION (WHO) and the United Nations Children's Fund (UNICEF) have for many years emphasized the importance of maintaining the practice of breast-feeding—and of reviving the practice where it is in decline—as a way to improve the health and nutrition of infants and young children. Efforts to promote breast-feeding and to overcome problems that might discourage it are a part of the overall nutrition and maternal and child health programmes of both organizations and are a key element of primary health care as a means of achieving health for all by the year 2000.

A variety of factors influence the prevalence and duration of breast-feeding. The Twenty-seventh World Health Assembly, in 1974, noted the general decline in breast-feeding in many parts of the world, related to sociocultural and other factors including the promotion of manufactured breast-milk substitutes, and urged “Member countries to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation where necessary”.¹

The issue was taken up again by the Thirty-first World Health Assembly in May 1978. Among its recommendations were that Member States should give priority to preventing malnutrition in

¹ Resolution WHA27.43 (*Handbook of Resolutions and Decisions of the World Health Assembly and the Executive Board*, Volume II, 4th ed., Geneva, 1981, p. 58).

infants and young children by, *inter alia*, supporting and promoting breast-feeding, taking legislative and social action to facilitate breast-feeding by working mothers, and “regulating inappropriate sales promotion of infant foods that can be used to replace breast milk”.²

Interest in the problems connected with infant and young child feeding and emphasis on the importance of breast-feeding in helping to overcome them have, of course, extended well beyond WHO and UNICEF. Governments, nongovernmental organizations, professional associations, scientists, and manufacturers of infant foods have also called for action to be taken on a world scale as one step towards improving the health of infants and young children.

In the latter part of 1978, WHO and UNICEF announced their intention of organizing jointly a meeting on infant and young child feeding, within their existing programmes, to try to make the most effective use of this groundswell of opinion. After thorough consideration of how to ensure the fullest participation, the meeting was convened in Geneva from 9 to 12 October 1979 and was attended by some 150 representatives of governments, organizations of the United Nations system and other intergovernmental bodies, nongovernmental organizations, the infant-food industry, and experts in related disciplines. The discussions were organized on five main 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 promotion of the 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.

The Thirty-third World Health Assembly, in May 1980, endorsed in their entirety the statement and recommendations agreed by consensus at this joint WHO/UNICEF meeting and made particular mention of the recommendation that “there should be an international code of marketing of infant formula and other products

² Resolution WHA31.47 (*Handbook of Resolutions and Decisions...* Volume II, 4th ed., p. 62).

used as breast-milk substitutes”, requesting the Director-General to prepare such a code “in close consultation with Member States and with all other parties concerned”.³

To develop an international code of marketing of breast-milk substitutes in accordance with the Health Assembly’s request, numerous and lengthy consultations were held with all interested parties. Member States of the World Health Organization and groups and individuals who had been represented at the October 1979 meeting were requested to comment on successive drafts of the code, and further meetings were held in February and March and again in August and September of 1980. WHO and UNICEF placed themselves at the disposal of all groups in an effort to foster a continuing dialogue on both the form and the content of the draft code and to maintain as a basic minimum content those points which had been agreed upon by consensus at the meeting in October 1979.

In January 1981, the Executive Board of the World Health Organization, at its sixty-seventh session, considered the fourth draft of the code, endorsed it, and unanimously recommended⁴ to the Thirty-fourth World Health Assembly the text of a resolution by which it would adopt the code in the form of a recommendation rather than as a regulation.⁵ In May 1981, the Health Assembly debated the issue after it had been introduced by the representative of the Executive Board.⁶ It adopted the code, as proposed, on 21 May by 118 votes in favour to 1 against, with 3 abstentions.⁷

³ See resolution WHA33.32, reproduced in Annex 2.

⁴ See resolution EB67.R12, reproduced in Annex 1.

⁵ The legal implications of the adoption of the code as a recommendation or as a regulation are discussed in a report on the code by the Director-General of WHO to the Thirty-fourth World Health Assembly; this report is contained in document WHA34/1981/REC/1, Annex 3.

⁶ See Annex 3 for excerpts from the introductory statement by the representative of the Executive Board.

⁷ See Annex 1 for the text of resolution WHA34.22, by which the code was adopted. For the verbatim record of the discussion at the fifteenth plenary meeting, on 21 May 1981, see document WHA34/1981/REC/2.

International Code of Marketing of Breast-milk Substitutes

CONTENTS

	Page
Preamble	10
Article 1. Aim of the Code	13
Article 2. Scope of the Code	13
Article 3. Definitions	13
Article 4. Information and education	15
Article 5. The general public and mothers	16
Article 6. Health care systems	17
Article 7. Health workers	18
Article 8. Persons employed by manufacturers and distributors	19
Article 9. Labelling	20
Article 10. Quality	21
Article 11. Implementation and monitoring	21

The Member States of the World Health Organization:

Affirming the right of every child and every pregnant and lactating woman to be adequately nourished as a means of attaining and maintaining health;

Recognizing that infant malnutrition is part of the wider problems of lack of education, poverty, and social injustice;

Recognizing that the health of infants and young children cannot be isolated from the health and nutrition of women, their socio-economic status and their roles as mothers;

Conscious that breast-feeding is an unequalled way of providing ideal food for the healthy growth and development of infants; that it forms a unique biological and emotional basis for the health of both mother and child; that the anti-infective properties of breast milk help to protect infants against disease; and that there is an important relationship between breast-feeding and child-spacing;

Recognizing that the encouragement and protection of breast-feeding is an important part of the health, nutrition and other social measures required to promote healthy growth and development of infants and young children; and that breast-feeding is an important aspect of primary health care;

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_30809

