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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.
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.
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 bottlefed 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.
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.
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

“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”.


“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 …”
MARKETING OF BREAST-MILK SUBSTITUTES
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](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.
STATUS OF IMPLEMENTATION OF THE CODE
Reporting on National Implementation of the International Code

Marketing of breast milk substitutes
National implementation of the International Code
Status report 2022

PMNEDI marketing of breast milk substitutes continues to be high priority worldwide. As documented in a recent multi-country study, the near and far-reaching impact of marketing on infant feeding, conducted by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF), marketing of breast milk substitutes diminishes the perceived value of breastfeeding and undermines women’s confidence in their ability to breastfeed. Marketing practices undermine infant feeding and position formula milk as a substitute alternative to breast milk.

This brief summarises data for the Americas region based on the global database report 2022. The report presents the national legal status of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly (WHA) resolutions (Min Code), including the extent to which these provisions have been incorporated in national legal measures.

PMNEDI, UNICEF and International Baby Food Action Network (IBFAN) regularly collect information on legal measures affecting countries’ implementation of the Code. The legal measures are analysed on scope and content using a standardised checklist of Code provisions. The checklist gives a score of between 0 and 100 points for the legal provisions in the Code. Countries with legal measures that score 75% or greater are considered to be “substantially aligned with the Code.” Countries with scores 50–75% are considered to be “moderately aligned with the Code,” and those with scores < 50% are considered to have “formal provisions of the Code included.” This algorithm facilitates a systematic and objective classification of countries and their legal measures.
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
The Legal status of the Code as enacted in countries of the Americas is as follows:

<table>
<thead>
<tr>
<th>Substantially Aligned with the Code (2)</th>
<th>Moderately Aligned with the Code (9)</th>
<th>Some Provisions of the Code Included (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mexico (2012)</td>
<td>Trinidad &amp; Tobago (1985)</td>
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<tr>
<td></td>
<td>Venezuela (2007)</td>
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</table>

Code Report, 2022
<table>
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<tr>
<th>No Legal Status of the Code</th>
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<tbody>
<tr>
<td><strong>Antigua &amp; Barbuda</strong></td>
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<td><strong>Bahamas</strong></td>
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<td><strong>Barbados</strong></td>
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<td><strong>St Kitts &amp; Nevis</strong></td>
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<td><strong>St Vincent &amp; the Grenadines</strong></td>
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</tbody>
</table>
Countries with Key Code Provisions (Americas Region)

PROHIBITIONS

- Informational/educational materials from industry: 2
- Advertising: 12
- Promotional devices at point of sale: 10
- Use of health care facility for promotion: 14
- Gifts or incentives to health workers: 2
- Free or low-cost supplies in any part of the health care system: 6
- Sponsorship of meetings of health professionals or scientific meetings: 1
- Nutrition and health claims on label: 5
- Pictures that may idealize the use of infant formula: 18

MONITORING AND ENFORCEMENT

- Identifies who is responsible for monitoring compliance: 16
- Defines sanctions for violations: 16
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