

International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions

Compiled by ICDC
International Code Documentation Centre

2016 Edition

International Code of Marketing
of Breastmilk Substitutes
and
relevant WHA resolutions

Compiled by ICDC
INTERNATIONAL CODE DOCUMENTATION CENTRE

Annotated compilation of the International Code of Marketing
of Breastmilk Substitutes and relevant WHA resolutions

Printed by Jutaprint, Penang
Published by IBFAN Penang

ISBN: 978-983-9075-29-8

1st edition: October 2005

2nd updated edition: August 2006 (reprinted May 2007)

3rd updated edition: January 2016

FOREWORD

It is not easy to get a hold of a hard copy of the original 1981 *International Code of Marketing of Breastmilk Substitutes* or any reprint, yet the document is very important and must be taken into account whenever infant and young child feeding is discussed. The International Code should always be read together with the subsequent relevant *World Health Assembly* resolutions as they all enjoy the same legal status, being recommendations emanating from the world's highest public health authority. Policy makers at the national level frequently overlook the subsequent resolutions when implementing the International Code. This oversight has grave consequences as these resolutions try to bring the Code up to date – they clarify the Code in response to recent scientific findings and to new marketing practices and products by manufacturers and distributors of breastmilk substitutes.

To keep track of the Code and all resolutions on infant and young child nutrition, ICDC is pleased to compile all these public documents in one booklet for easy reference by everyone working on infant and young child health. Also included are the 1990 *Innocenti Declaration* to remind governments of the need to act on its Operational Targets and a short, clear excerpt from the *Global Strategy of Infant and Young Child Feeding* to remind all of what industry needs to do, so as to give breastfeeding a chance.

The second edition reprinted the 2005 Innocenti Declaration along with the WHA resolution that welcomes it and the 2006 resolution on HIV/AIDS which refers to Code implementation and monitoring as priority actions.

This third update contains resolutions up to 2012 plus the 2014 WHA decision.

At the top of each document is a boxed summary of the main points. ICDC has also underlined some of the text to emphasise key wording. Twice, the Nutrition Section in UNICEF New York provided easy-to-read comments to assist in the interpretation of the resolutions and these are reproduced. Aside from these highlights, the texts are complete and unaltered except for standardizing the spelling of *breastfeeding* and *breastmilk* as one word instead of hyphenated. This is consistent with the spelling used by IBFAN, UNICEF and most scientific publications nowadays.

Also included in this compilation is the speech which first introduced the International Code of Marketing of Breastmilk Substitutes, contained in Annex 3 of the original Code booklet. It is reproduced here for its historic value and to stem the abuse of this text by manufacturers of breastmilk substitutes. The speech was not adopted in any way and has no legal value. Annex 3 has often been selectively quoted in an attempt to override the actual wording of the International Code, particularly in relation to scope. A careful reading of the full text in Annex 3 will reveal that the text does not contradict either the spirit or the letter of the International Code.

The International Code, subsequent World Health Assembly resolutions and related documents are important to keep policy issues on infant and young child feeding alive in the international arena as well as at the national level. ICDC is proud to make them accessible in this friendly format.

The electronic version of the full text of the documents can be found on the WHO and IBFAN websites.

IBFAN-ICDC
January 2016

CONTENTS

1	International Code	
	Preamble	1
	Articles	3
	Annexes	12
2	Relevant Resolutions	
	1978 WHA31.47	16
	1980 WHA33.32	16
	1981 WHA34.22	20
	1982 WHA35.26	23
	1984 WHA37.30	25
	1986 WHA39.28	27
	1988 WHA41.11	30
	1990 Innocenti Declaration on the Promotion and Support of Breastfeeding	32
	1990 WHA43.3	35
	1992 WHA45.34	38
	1994 WHA47.5	42
	1996 WHA49.15	47
	2001 WHA54.2	50
	2002 Excerpts from the “Global Strategy for Infant and Young Child Feeding”	56
	2002 WHA55.25	58
	2005 WHA58.32	62
	2005 Innocenti Declaration on Infant and Young Child Feeding	67
	2006 WHA59.11	71
	2006 WHA59.21	75
	2008 WHA61.20	77
	2010 WHA63.23	80
	2012 WHA65.60	86
	2014 WHA67(9)	88

The International Code was adopted as an annex to the 1981 WHA resolution 34.22 on 21 May 1981 by 118 Member States in favour, one against (USA) and three abstentions (Argentina, Japan & Korea).

The International Code of Marketing of Breastmilk Substitutes

Preamble

The Member States of the World Health Organisation:

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 breastfeeding 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 breastmilk help to protect infants against disease; and that there is an important relationship between breastfeeding and child-spacing;

RECOGNIZING that the encouragement and protection of breastfeeding 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 breastfeeding is an important aspect of primary health care;

CONSIDERING that when mothers do not breastfeed, or only do so partially, there is a legitimate market for infant formula and for suitable ingredients from which to prepare it; that all these products should accordingly be made accessible to those who need them through commercial or non-commercial distribution systems; and that they should not be marketed or distributed in ways that may interfere with the protection and promotion of breastfeeding;

RECOGNIZING further that inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in all countries, and that improper practices in the marketing of breastmilk substitutes and related products can contribute to these major public health problems;

CONVINCED that it is important for infants to receive appropriate complementary foods, usually when the infant reaches four to six months of age, and that every effort should be made to use locally available foods; and convinced, nevertheless, that such complementary foods should not be used as breastmilk substitutes;

APPRECIATING that there are a number of social and economic factors affecting breastfeeding, and that, accordingly, governments should develop social support systems to protect, facilitate and encourage it, and that they should create an environment that fosters breastfeeding, provides appropriate family and community support, and protects mothers from factors that inhibit breastfeeding;

AFFIRMING that health care systems, and the health professionals and other health workers serving in them, have an essential role to play in guiding infant feeding practices, encouraging and facilitating breastfeeding, and providing objective and consistent advice to mothers and families about the superior value of breastfeeding, or, where needed, on the proper use of infant formula, whether manufactured industrially or home-prepared;

AFFIRMING further that educational systems and other social services should be involved in the protection and promotion of breastfeeding, and in the appropriate use of complementary foods;

AWARE that families, communities, women's organisations and other nongovernmental organisations have a special role to play in the protection and promotion of breastfeeding and in ensuring the support needed by pregnant women and mothers of infants and young children, whether breastfeeding or not;

AFFIRMING the need for governments, organisations of the United Nations system, nongovernmental organisations, experts in various related disciplines, consumer groups and industry to cooperate in activities aimed at the improvement of maternal, infant and young child health and nutrition;

RECOGNIZING that governments should undertake a variety of health, nutrition and other social measures to promote healthy growth and development of infants and young children, and that this Code concerns only one aspect of these measures;

CONSIDERING that manufacturers and distributors of breastmilk substitutes have an important and constructive role to play in relation to infant feeding, and in the promotion of the aim of this Code and its proper implementation;

AFFIRMING that governments are called upon to take action appropriate to their social and legislative framework and their overall development objectives to give effect to the principles and aim of this Code, including the enactment of legislation, regulations or other suitable measures;

BELIEVING that, in the light of the foregoing considerations, and in view of 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, the marketing of breastmilk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products;

THEREFORE:

The Member States hereby agree the following articles which are recommended as a basis for action.

Article 1: Aim of the Code

The aim of this Code is 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.

Article 2: Scope of the Code

The Code applies to the marketing, and practices related thereto, of the following products: breastmilk 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 breastmilk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

Article 3: Definitions

For the purposes of this Code:

Breastmilk substitute means any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether or not suitable for that purpose.

Complementary food means any food, whether manufactured or locally prepared, suitable as a complement to breastmilk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called “weaning food” or “breastmilk supplement.”

Container means any form of packaging of products for sale as a normal retail unit, including wrappers.

Distributor means a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this Code. A “primary distributor” is a manufacturer’s sales agent, representative, national distributor or broker.

Health care system means governmental, nongovernmental or private institutions or organisations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets.

Health worker means a person working in a component of such a health care system, whether professional or non-professional, including voluntary, unpaid workers.

Infant formula means a breastmilk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as “home-prepared.”

Label means any tag, brand, mark, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any products within the scope of this Code.

Manufacturer means a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code.

Marketing means product promotion, distribution, selling, advertising, product public relations, and information services.

Marketing personnel means any persons whose functions involve the marketing of a product or products coming within the scope of this Code.

Samples means single or small quantities of a product provided without cost.

Supplies means quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.

Article 4: Information and education

4.1 Governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition. This responsibility should cover either the planning, provision, design and dissemination of information, or their control.

4.2 Informational and educational materials, whether written, audio, or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on all the following points:

- (a) the benefits and superiority of breastfeeding;
- (b) maternal nutrition, and the preparation for and maintenance of breastfeeding;
- (c) the negative effect on breastfeeding of introducing partial bottle-feeding;
- (d) the difficulty of reversing the decision not to breastfeed; and,
- (e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared.

When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breastmilk substitutes. Such materials should not use any pictures or text which may idealise the use of breastmilk substitutes.

4.3 Donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary product that is within the scope of this Code, and should be distributed only through the health care system.

Article 5: The general public and mothers

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

5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.

5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.

5.4 Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils which may promote the use of breastmilk substitutes or bottle-feeding.

5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

Article 6: Health care systems

6.1 The health authorities in Member States should take appropriate measures to encourage and protect breastfeeding and promote the principles of this Code, and should give appropriate information and advice to health workers in regard to their responsibilities, including the information specified in Article 4.2.

6.2 No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.

6.3 Facilities of health care systems should not be used for the display of products within the scope of this Code, for placards or posters concerning such products, or for the distribution of material provided by a manufacturer or distributor other than that specified in Article 4.3.

6.4 The use by the health care system of "professional service representatives", "mothercraft nurses" or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.

6.5 Feeding with infant formula, whether manufactured or home-prepared, should be demonstrated only by health workers, or other community workers if necessary; and only to the mothers or family members who need to use it; and the information given should include a clear explanation of the hazards of improper use.

6.6 Donations or low-price sales to institutions or organisations of supplies* of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used or distributed for infants who have to be fed on breastmilk substitutes. If these supplies are distributed for use outside the institutions, this should be done only by the institutions or organisations concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement.

6.7 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution or organisation should take steps to ensure that supplies can be continued as long as the infants concerned need them. Donors, as well as institutions or organisations concerned, should bear in mind this responsibility.

* Regarding Articles 6.6 and 6.7, please see WHA39.28, WHA43.3, WHA45.34 and WHA47.5

6.8 Equipment and materials, in addition to those referred to in Article 4.3, donated to a health care system may bear a company's name or logo, but should not refer to any proprietary product within the scope of this Code.

Article 7: Health workers

7.1 Health workers should encourage and protect breastfeeding; and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code, including the information specified in Article 4.2.

7.2 Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle-feeding is equivalent or superior to breastfeeding. It should also include the information specified in Article 4.2.

7.3 No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.

7.4 Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use, should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.

7.5 Manufacturers and distributors of products within the scope of this Code should disclose to the institution to which a recipient health worker is affiliated any contribution made to him or on his behalf for fellowships, study tours, research grants, attendance at professional conferences, or the like. Similar disclosures should be made by the recipient.

Article 8: Persons employed by manufacturers and distributors

8.1 In systems of sales incentives for marketing personnel, the volume of sales of products within the scope of this Code should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should not be understood to prevent the payment of bonuses based on the overall sales by a company of other products marketed by it.

8.2 Personnel employed in marketing products within the scope of this Code should not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. This should not be understood as preventing such personnel from being used for other functions by the health care system at the request and with the written approval of the appropriate authority of the government concerned.

Article 9: Labelling

9.1 Labels should be designed to provide the necessary information about the appropriate use of the product, and so as not to discourage breastfeeding.

9.2 Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, and easily readable and understandable message printed on it, or on a label which cannot readily become separated from it, in an appropriate language, which includes all the following points:

- (a) the words "Important Notice" or their equivalent;
- (b) a statement of the superiority of breastfeeding;
- (c) 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;
- (d) instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation.

Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealise the use of infant formula. They may, however, have graphics for easy identification of the product as a breastmilk substitute and for illustrating methods of preparation. The terms "humanised", "maternalised" or similar terms should not be used. Inserts giving additional information about the product and its proper use, subject to the above conditions, may be included in the package or retail unit. When labels give instructions for modifying a product into infant formula, the above should apply.

9.3 Food products within the scope of this Code, marketed for infant feeding, which do not meet all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant. Since sweetened condensed milk is not suitable for infant

feeding, nor for use as a main ingredient of infant formula, its label should not contain purported instructions on how to modify it for that purpose.

9.4 The label of food products within the scope of this Code should also state all the following points:

- (a) the ingredients used;
- (b) the composition/analysis of the product;
- (c) the storage conditions required; and
- (d) the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.

Article 10: Quality

10.1 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.

10.2 Food products within the scope of this Code should, when sold or otherwise distributed, meet applicable standards recommended by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practice for Foods for Infants and Children.

Article 11: Implementation and monitoring

11.1 Governments should take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures. For this purpose, governments should seek, when necessary, the cooperation of WHO, UNICEF and other agencies of the United Nations system. National policies and measures, including laws and regulations, which are adopted to give effect to the principles and aim of this Code should be publicly stated, and should apply on the same basis to all those involved in the manufacture and marketing of products within the scope of this Code.

11.2 Monitoring the application of this Code lies with governments acting individually, and collectively through the World Health Organisation as provided in paragraphs 6 and 7 of this Article. The manufacturers and distributors of products within the scope of this Code, and appropriate nongovernmental organisations, professional groups, and consumer organisations should collaborate with governments to this end.

11.3 Independently of any other measures taken for implementation of this Code, manufacturers and distributors of products within the scope of this Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aim of this Code, and for taking steps to ensure that their conduct at every level conforms to them.

11.4 Nongovernmental organisations, professional groups, institutions, and individuals concerned should have the responsibility of drawing the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should also be informed.

11.5 Manufacturers and primary distributors of products within the scope of this Code should apprise each member of their marketing personnel of the Code and of their responsibilities under it.

11.6 In accordance with Article 62 of the Constitution of the World Health Organisation, Member States shall communicate annually to the Director-General information on action taken to give effect to the principles and aim of this Code.

11.7 The Director-General shall report in even years to the World Health Assembly on the status of implementation of the Code; and shall, on request, provide technical support to Member States preparing national legislation or regulations, or taking other appropriate measures in implementation and furtherance of the principles and aim of this Code.

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 Breastmilk Substitutes

Resolution EB67.R12 Draft International Code of Marketing of Breastmilk Substitutes

The Executive Board,

Having considered the report by the Director-General on the Draft International Code of Marketing of Breastmilk Substitutes;

1. ENDORSES in its entirety the Draft International Code prepared by the Director-General;
2. FORWARDS the Draft International Code to the Thirty-fourth World Health Assembly;
3. RECOMMENDS to the Thirty-fourth World Health Assembly the adoption of the following resolution:

28 January 1981

[The text recommended by the Executive Board was adopted, unaltered, by the Thirty-fourth World Health Assembly, on 21 May 1981, as resolution WHA34.22, please refer to page 23.]

Annex 2

Annex 2 is Resolution WHA33.32. Please refer to page 16.

Annex 3 consists of a speech by Dr. T. Mork (Director-General of Health Services, Norway) to Committee A of the WHA on 20 May, 1981. This statement does not override any of the provisions of the International Code but it has often been selectively quoted by companies to wrongly limit the scope of the International Code to infant formula instead of all breastmilk substitutes. The text underlined will show that this stand taken by industry is incorrect and whether or not a product is covered by the International Code depends on how it is marketed. Regarding the 4 to 6 month time frame, it should be noted that with the adoption of WHA54.2 (2001) the recommendation is to exclusively breastfeed for 6 months, with continued breastfeeding for up to 2 years and beyond.

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 Breastmilk Substitutes

The topic "infant and young child feeding" was extensively reviewed and discussed in May 1980 at the Thirty-third World Health Assembly, and it has also been extensively discussed this morning. Delegates will recall last year's Health Assembly's resolution WHA33.32 to this effect, which was adopted unanimously and which among other things requested the Director-General "to prepare an international code of marketing of breastmilk substitutes in close consultation with Member States and with other parties concerned". The need for such a code and the principles on which it should be developed were thus unanimously agreed upon at last year's Health Assembly (*WHA33.32, see page 19*). It should therefore not be necessary in our deliberations today to repeat this review and these discussions.

There are two issues before the Committee today: firstly, the content of the code; and secondly, the question of whether the code should be adopted as a regulation in the sense of Articles 21 and 22 of the WHO Constitution or as a recommendation in the sense of Article 23.

The proposal now before the Committee in document A34/8 is the fourth distinct draft of the code; it is the result of a long process of consultations carried out with Member States and other parties concerned, in close cooperation with UNICEF. Few, if any, issues before the Executive Board and the Health Assembly have been the object of such extensive consultations as has the draft code.

.....

During the Executive Board's discussion on this item at its sixty-seventh session, in January 1981, many members addressed themselves to the aim and the principles of the code and stressed that, as presently drafted, it constituted the minimum acceptable requirements concerning the marketing of breastmilk substitutes. Since even at this late date, as reflected in recent newspaper articles, some uncertainty persists with respect to the content of the code, particularly its scope, I believe it would be useful to make some remarks on this point. I hasten to remind delegates, however, that the scope of the code was not the source of difficulty during the Board's discussion.

The scope of the draft code is defined in Article 2. During the first four to six months of life, breastmilk alone is usually adequate to sustain the normal infant's nutritional requirements. Breastmilk may be replaced (substituted for) during this period by *bona fide* breastmilk substitutes, including infant formula. Any other food, such as cow's milk, fruit juices, cereals, vegetables, or any other fluid, solid or semi-solid food intended for infants and given after this initial period, can no longer be considered as a replacement for breastmilk (or as its *bona fide* substitute). Such foods only *complement* breastmilk or breastmilk substitutes, and are thus referred to in the draft code as complementary foods. They are also commonly called weaning foods or breastmilk supplements.

Products other than *bona fide* breastmilk substitutes, including infant formula, are covered by the code only when they are "marketed or otherwise represented to be suitable ... for use as a partial or total replacement of breastmilk". Thus the code's references to products used as partial or total replacements for breastmilk are not intended to apply to complementary foods unless these foods are actually marketed – as breastmilk substitutes, including infant formula, are marketed – as being suitable for the partial or total replacement of breastmilk. So long as the manufacturers and distributors of the products do not promote them as being suitable for use as partial or total replacements for breastmilk, the code's provisions concerning limitations on advertising and other promotional activities do not apply to these products.

The Executive Board examined the draft code very carefully. Several Board members indicated that they considered introducing amendments in order to strengthen it and to make it still more precise. The Board considered, however, that the adoption of the code by the Thirty-fourth World Health Assembly was a matter of great urgency in view of the serious situation prevailing, particularly in developing countries, and that amendments introduced at the present stage might lead to a postponement of the adoption of the code. The Board therefore unanimously recommended to this Thirty-fourth World Health Assembly the adoption of the code as presently drafted, realizing that it might be desirable or even necessary to revise the code at an early date in the light of the experience obtained in the implementation of its various provisions. This is reflected in operative

paragraph 5(4) (see page 22) of the recommended resolution contained in resolution EB67.R12.

The second main question before the Executive Board was whether it should recommend the adoption of the code as a recommendation or as a regulation. Some Board members expressed a clear preference for its adoption as a regulation in the sense of Articles 21 and 22 of the WHO Constitution. It became clear, however, that, although there had not been a single dissenting voice in the Board with regard either to the need for an international code or to its scope or content, opinion was divided on the question of a recommendation versus a regulation.

It was stressed that any decision concerning the form the code should take should be based on an appreciation of which alternative had the better chance of fulfilling the purpose of the code – that is, to contribute to improved infant and child nutrition and health. The Board agreed that the moral force of a unanimous recommendation could be such that it would be more persuasive than a regulation that had gained less than unanimous support from Member States. It was considered, however, that the implementation of the code should be closely monitored according to the existing WHO constitutional procedures; that future Assemblies should assess the situation in the light of reports from Member States; and that the Assembly should take any measures it judged necessary for its effective application.

After carefully weighing the different points raised during its discussion, the Board unanimously adopted resolution EB67.R12, which contains the draft resolution recommended for adoption by the World Health Assembly. In this connexion I wish to draw the Committee's particular attention to the responsibilities outlined in the draft resolution: those of Member States, the regional committees, the Director-General, the Executive Board, and the Health Assembly itself for appropriate follow-up action once the code has been adopted.

In carrying out their responsibilities, Member States should make full use of their Organisation – at global, regional and country levels – by requesting its technical support in the preparation of national legislation, regulations or other appropriate measures, and in the monitoring of the application of the code.

.....

I think that I can best reflect the sentiments of the Board by closing my introduction with a plea for consensus on the resolution as it was unanimously recommended to the World Health Assembly by the Board. We are not today dealing with an economic issue of particular importance only to one or a few Member States. We are dealing with a health issue of essential importance to all Member States, and particularly to developing countries, and of importance to the children of the world and thus to all future generations.

Relevant Resolutions

INFANT AND YOUNG CHILD NUTRITION

These two resolutions (1978 and 1980) reflect the spirit leading to the drafting of the International Code. They are reproduced (1978 in part) as they help to interpret the meaning and the intent of the Code.

1978
WHA31.47

The Thirty-first World Health Assembly,

....

Recommends that Member States give the highest priority to ... preventing malnutrition in ... infants and young children by supporting and promoting breastfeeding; ... (by taking) legislative and social action to facilitate breastfeeding by working mothers

and ... regulating inappropriate sale and promotion of infant foods that can be used to replace breastmilk;

....

1980
WHA33.32

The Thirty-third World Health Assembly,

Recalling resolutions WHA27.43 and WHA31.47 which in particular reaffirmed that breastfeeding is ideal for the harmonious physical and psychosocial development of the child, that urgent action is called for by governments and the Director-General in order to intensify activities for the promotion of breastfeeding and development of actions related to the preparation and use of weaning foods based on local products, and that there is an urgent need for countries to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation, as well as to take appropriate supportive social measures for mothers working away from their homes during the lactation period;

Recalling further resolutions WHA31.55 and WHA32.42 which emphasised maternal and child health as an essential component of primary health care, vital to the attainment of health for all by the year 2000;

Recognizing that there is a close interrelationship between infant and young child feeding and social and economic development, and that urgent action by governments is required to promote the health and nutrition of infants, young children and mothers, *inter alia* through education, training and information in this field;

Noting that a joint WHA/UNICEF Meeting on Infant and Young Child Feeding was held from 9 to 12 October 1979, and was attended by representatives of governments, the United Nations system and technical agencies, nongovernmental organisations active in the area, the infant food industry and other scientists working in this field;

1. ENDORSES in their entirety the statement and recommendations made by the joint WHO/UNICEF Meeting, namely on the encouragement and support of breastfeeding; the promotion and support of appropriate weaning practices; the strengthening of education, training and information; the promotion of the health and social status of women in relation to infant and young child feeding; and the appropriate marketing and distribution of breastmilk substitutes. This statement and these recommendations also make clear the responsibility in this field incumbent on the health services, health personnel, national authorities, women's and other nongovernmental organisations, the United Nations agencies and the infant food industry, and stress the importance for countries to have a coherent food and nutrition policy and the need for pregnant and lactating women to be adequately nourished; the joint Meeting also recommended that "There should be an international code of marketing of infant formula and other products used as breastmilk substitutes. This should be supported by both exporting and importing countries and observed by all manufacturers. WHO and UNICEF are requested to organise the process for its preparation, with the involvement of all concerned parties, in order to reach a conclusion as soon as possible";
2. RECOGNIZES the important work already carried out by the World Health Organisation and UNICEF with a view to implementing these recommendations and the preparatory work done on the formulation of a draft international code of marketing of breastmilk substitutes;
3. URGES countries which have not already done so to review and implement resolutions WHA27.43 and WHA32.42;
4. URGES women's organisations to organise extensive information dissemination campaigns in support of breastfeeding and healthy habits;

5. REQUESTS the Director-General:
- (1) to cooperate with Member States on request in supervising or arranging for the supervision of the quality of infant foods during their production in the country concerned, as well as during their importation and marketing;
 - (2) to promote and support the exchange of information on laws, regulations, and other measures concerning marketing of breastmilk substitutes;
6. FURTHER REQUESTS the Director-General to intensify his activities for promoting the application of the recommendations of the joint WHO/UNICEF Meeting and, in particular:
- (1) to continue efforts to promote breastfeeding as well as sound supplementary feeding and weaning practices as a prerequisite to healthy child growth and development;
 - (2) to intensify coordination with other international and bilateral agencies for the mobilisation of the necessary resources for the promotion and support of activities related to the preparation of weaning foods based on local products in countries in need of such support and to collate and disseminate information on methods of supplementary feeding and weaning practices successfully used in different cultural settings;
 - (3) to intensify activities in the field of health education, training and information on infant and young child feeding, in particular through the preparation of training and other manuals for primary health care workers in different regions and countries;
 - (4) to prepare an international code of marketing of breastmilk substitutes in close consultation with Member States and with all other parties concerned including such scientific and other experts whose collaboration may be deemed appropriate, bearing in mind that:
 - (a) the marketing of breastmilk substitutes and weaning foods must be viewed within the framework of the problems of infant and young child feeding as a whole;
 - (b) the aim of the code should be to contribute to the provision of safe and adequate nutrition for infants and young children, and in particular to promote breastfeeding and ensure, on the basis of adequate information, the proper use of breastmilk substitutes, if necessary;

- (c) the code should be based on existing knowledge of infant nutrition;
- (d) the code should be governed *inter alia* by the following principles:
 - (i) the production, storage and distribution, as well as advertising, of infant feeding products should be subject to national legislation or regulations, or other measures as appropriate to the country concerned;
 - (ii) relevant information on infant feeding should be provided by the health care system of the country in which the product is consumed;
 - (iii) products should meet international standards of quality and presentation, in particular those developed by the Codex Alimentarius Commission, and their labels should clearly inform the public of the superiority of breastfeeding;
- (5) to submit the code to the Executive Board for consideration at its sixty-seventh session and for forwarding with its recommendations to the Thirty-fourth World Health Assembly, together with proposals regarding its promotion and implementation, either as a regulation in the sense of Articles 21 and 22 of the Constitution of the World Health Organisation or as a recommendation in the sense of Article 23, outlining the legal and other implications of each choice;
- (6) to review the existing legislation in different countries for enabling and supporting breastfeeding, especially by working mothers, and to strengthen the Organisation's capacity to cooperate on the request of Member States in developing such legislation;
- (7) to submit to the Thirty-fourth World Health Assembly, in 1981, and thereafter in even years, a report on the steps taken by WHO to promote breastfeeding and to improve infant and young child feeding, together with an evaluation of the effect of all measures taken by WHO and its Member States.

23 May 1980

(emphasis added)

This is the resolution which adopts the International Code. The resolution stresses that adoption and adherence to the International Code is a minimum requirement and urges Member States to translate the International Code into national legislation, regulations or other suitable measures.

1981 **WHA34.22**

The Thirty-fourth World Health Assembly,

Recognizing the importance of sound infant and young child nutrition for the future health and development of the child and adult;

Recalling that breastfeeding is the only natural method of infant feeding and that it must be actively protected and promoted in all countries;

Convinced that governments of Member States have important responsibilities and a prime role to play in the protection and promotion of breastfeeding as a means of improving infant and young child health;

Aware of the direct and indirect effects of marketing practices for breastmilk substitutes on infant feeding practices;

Convinced that the protection and promotion of infant feeding, including the regulation of the marketing of breastmilk substitutes, affect infant and young child health directly and profoundly, and are a problem of direct concern to WHO;

Having considered the draft International Code of Marketing of Breastmilk Substitutes prepared by the Director-General and forwarded to it by the Executive Board;

Expressing its gratitude to the Director-General and to the Executive Director of the United Nations Children's Fund for the steps they have taken in ensuring close consultation with Member States and with all other parties concerned in the process of preparing the draft International Code;

Having considered the recommendation made thereon by the Executive Board at its sixty-seventh session;

Confirming resolution WHA33.32, including the endorsement in their entirety of the statement and recommendations made by the joint WHO/ UNICEF Meeting on Infant and Young Child Feeding held from 9 to 12 October 1979;

Stressing that the adoption of and adherence to the International Code of Marketing of Breastmilk Substitutes is a minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding;

1. ADOPTS, in the sense of Article 23 of the Constitution, the International Code of Marketing of Breastmilk Substitutes annexed to the present resolution;
2. URGES all Member States:
 - (1) to give full and unanimous support to the implementation of the recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding and of the provisions of the International Code in its entirety as an expression of the collective will of the membership of the World Health Organisation;
 - (2) to translate the International Code into national legislation, regulations or other suitable measures;
 - (3) to involve all concerned social and economic sectors and all other concerned parties in the implementation of the International Code and in the observance of the provisions thereof;
 - (4) to monitor the compliance with the Code;
3. DECIDES that the follow-up to and review of the implementation of this resolution shall be undertaken by regional committees, the Executive Board and the Health Assembly in the spirit of resolution WHA33.17;
4. REQUESTS the FAO/WHO Codex Alimentarius Commission to give full consideration, within the framework of its operational mandate, to action it might take to improve the quality standards of infant foods, and to support and promote the implementation of the International Code;
5. REQUESTS the Director-General:
 - (1) to give all possible support to Member States, as and when requested, for the implementation of the International Code, and in particular in the preparation of national legislation and other measures related thereto in accordance with operative subparagraph 6(6) of resolution WHA33.32;

- (2) to use his good offices for the continued cooperation with all parties concerned in the implementation and monitoring of the International Code at country, regional and global levels;
- (3) to report to the Thirty-sixth World Health Assembly on the status of compliance with and implementation of the Code at country, regional and global levels;
- (4) based on the conclusions of the status report, to make proposals, if necessary, for revision of the text of the Code and for the measures needed for its effective application.

21 May 1981

(emphasis added)

This Resolution recognises that commercial marketing of breastmilk substitutes contributed to an increase in artificial feeding and calls for renewed attention to implement and monitor the International Code at the national and international level.

1982

WHA35.26

The Thirty-fifth World Health Assembly,

Recalling resolution WHA33.32 on infant and young child feeding and resolution WHA34.22 adopting the International Code of Marketing of Breastmilk Substitutes;

Conscious that breastfeeding is the ideal method of infant feeding and should be promoted and protected in all countries;

Concerned that inappropriate infant feeding practices result in greater incidence of infant mortality, malnutrition and disease, especially in conditions of poverty and lack of hygiene;

Recognizing that commercial marketing of breastmilk substitutes for infants has contributed to an increase in artificial feeding;

Recalling that the Thirty-fourth World Health Assembly adopted an international code intended, *inter alia*, to deal with these marketing practices;

Noting that, while many Member States have taken some measures related to improving infant and young child feeding, few have adopted and adhered to the International Code as a "minimum requirement" and implemented it "in its entirety", as called for in resolution WHA34.22;

1. URGES Member States to give renewed attention to the need to adopt national legislation, regulations or other suitable measures to give effect to the International Code;
2. REQUESTS the Director-General:
 - (1) to design and coordinate a comprehensive programme of action to support Member States in their efforts to implement and monitor the Code and its effectiveness;

- (2) to provide support and guidance to Member States as and when requested to ensure that the measures they adopt are consistent with the letter and spirit of the International Code;
- (3) to undertake, in collaboration with Member States, prospective surveys, including statistical data of infant and young child feeding practices in the various countries, particularly with regard to the incidence and duration of breastfeeding.

14 May 1982

(emphasis added)

This resolution again requests the Director-General to work with Member States to implement and monitor the International Code and to examine the promotion and use of foods unsuitable for infant and young child feeding.

1984 **WHA37.30**

The Thirty-seventh World Health Assembly,

Recalling resolutions WHA27.43, WHA31.47, WHA33.32, WHA34.22 and WHA35.26, which dealt with infant and young child feeding;

Recognizing that the implementation of the International Code of Marketing of Breastmilk Substitutes is one of the important actions required in order to promote healthy infant and young child feeding;

Recalling the discussion on infant and young child feeding at the Thirty-sixth World Health Assembly, which concluded that it was premature to revise the International Code at that time;

Having considered the Director-General's report, and noting with interest its contents;

Aware that many products unsuitable for infant feeding are being promoted for this purpose in many part of the world, and that some infant foods are being promoted for use at too early an age, which can be detrimental to infant and young child health;

1. ENDORSES the Director-General's report;
2. URGES continued action by Member States, WHO, nongovernmental organisations and all other interested parties to put into effect measures to improve infant and young child feeding, with particular emphasis on the use of foods of local origin;
3. REQUESTS the Director-General:
 - (1) to continue and intensify collaboration with Member States in their efforts to implement and monitor the International Code of Marketing of Breastmilk Substitutes as an important measure at the national level;

- (2) to support Member States in examining the problem of the promotion and use of foods unsuitable for infant and young child feeding, and ways of promoting the appropriate use of infant foods;
- (3) to submit to the Thirty-ninth World Health Assembly a report on the progress in implementing this resolution, together with recommendations for any other measures needed to further improve sound infant and young child feeding practices.

17 May 1984

(emphasis added)

For the first time, a resolution calls for a re-interpretation of Article 6.6 of the International Code concerning free and low-cost supplies.

A meeting of experts had examined the use of donated supplies and resolved that “only small quantities of breastmilk substitutes are ... required” and should be purchased (“normal procurement channels”) and not given for free or at low cost. WHA39.28 adopted this recommendation, clarifying thereby Article 6.6. Further resolutions (1990, 1992, 1994 and 1996) strengthen this policy recommendation. WHA39.28 also notes that follow-up milks are “not necessary”.

1986 **WHA39.28**

The Thirty-ninth World Health Assembly,

Recalling resolutions WHA27.43, WHA31.47, WHA33.32, WHA34.22, WHA35.26 and WHA37.30 which dealt with infant and young child feeding;

Having considered the progress and evaluation report by the Director-General on infant and young child nutrition;¹

Recognizing that the implementation of the International Code of Marketing of Breastmilk Substitutes is an important contribution to healthy infant and young child feeding in all countries;

Aware that today, five years after the adoption of the International Code, many Member States have made substantial efforts to implement it, but that many products unsuitable for infant feeding are nonetheless being promoted and used for this purpose; and that sustained and concerted efforts will therefore continue to be necessary to achieve full implementation of and compliance with the International Code as well as the cessation of the marketing of unsuitable products and the improper promotion of breastmilk substitutes;

Noting with great satisfaction the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breastmilk substitutes,² in the context of Article 6, paragraph 6, of the International Code;

Noting further the statement in the guidelines, paragraph 47: “Since the large majority of infants born in maternity wards and hospitals are full term, they require no nourishment other than colostrum during their first 24-48 hours of life - the amount of time often spent by a mother and her infant in such an institutional setting. Only small quantities of breastmilk substitutes are ordinarily required to meet the needs of a minority of infants in these facilities, and they should only be available in ways that do not interfere with the protection and promotion of breastfeeding for the majority”;

1. ENDORSES the report of the Director-General;¹
2. URGES Member States:
 - (1) to implement the Code if they have not yet done so;
 - (2) to ensure that the practices and procedures of their health care systems are consistent with the principles and aim of the International Code;
 - (3) to make the fullest use of all concerned parties - health professional bodies, nongovernmental organisations, consumer organisations, manufacturers and distributors - generally, in protecting and promoting breastfeeding and, specifically, in implementing the Code and monitoring its implementation and compliance with its provisions;
 - (4) to seek the cooperation of manufacturers and distributors of products within the scope of Article 2 of the Code, in providing all information considered necessary for monitoring the implementation of the Code;
 - (5) to provide the Director-General with complete and detailed information on the implementation of the Code;
 - (6) to ensure that the small amounts of breastmilk substitutes needed for the minority of infants who require them in maternity wards and hospitals are made available through the normal procurement channels and not through free or subsidised supplies;
3. REQUESTS the Director-General:
 - (1) to propose a simplified and standardised form for use by Member States to facilitate the monitoring and evaluation by them of their implementation of the Code and reporting thereon to WHO, as well as the preparation by WHO of a consolidated report covering each of the articles of the Code;

(2) to specifically direct the attention of Member States and other interested parties to the following:

- (a) any food or drink given before complementary feeding is nutritionally required may interfere with the initiation or maintenance of breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period;
- (b) the practice being introduced in some countries of providing infants with specially formulated milks (so-called "follow-up milks") is not necessary.

¹ Document WHA39/1986/REC/1, or Document A39/8

² Document WHA39/1986/REC/1, or Document A39/8 Add. I

16 May 1986

(emphasis added)

This resolution requests the Director-General to provide legal and technical assistance in drafting or implementing national measures which implement the International Code.

1988

WHA41.11

The Forty-first World Health Assembly,

Having considered the report by the Director-General on infant and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22 and WHA39.28 on infant and young child feeding and nutrition, and resolutions WHA37.18 and WHA39.31 on the prevention and control of vitamin A deficiency and xerophthalmia, and of iodine deficiency disorders;

Concerned at continuing decreasing breastfeeding trends in many countries, and committed to the identification and elimination of obstacles to breastfeeding;

Aware that appropriate infant and young child nutrition could benefit from further broad national, community and family interventions;

1. COMMENDS governments, women's organisations, professional associations, consumer and other nongovernmental groups, and the food industry for their efforts to promote appropriate infant and young child nutrition, and encourages them, in cooperation with WHO, to support national efforts for coordinated nutrition programmes and practical action at country level to improve the health and nutrition of women and children;
2. URGES Member States:
 - (1) to develop or enhance national nutrition programmes, including multisectoral approaches, with the objective of improving the health and nutritional status of their populations, especially that of infants and young children;
 - (2) to ensure practices and procedures that are consistent with the aim and principles of the International Code of Marketing of Breastmilk Substitutes, if they have not already done so;

3. REQUESTS the Director-General to continue to collaborate with Member States, through WHO regional offices and in collaboration with other agencies of the United Nations system, especially FAO and UNICEF:
- (1) in identifying and assessing the main nutrient and dietary problems, developing national strategies to deal with them, applying these strategies, and monitoring and evaluating their effectiveness;
 - (2) in establishing effective nutritional status surveillance systems in order to ensure that all the main variables which collectively determine nutritional status are properly addressed;
 - (3) in compiling, analysing, managing and applying information that they have gathered on the nutritional status of their populations;
 - (4) in monitoring, together with other maternal and child health indicators, changes in the prevalence and duration of full and supplemented breastfeeding with a view to improving breastfeeding rates;
 - (5) in developing recommendations regarding diet, including timely complementary feeding and appropriate weaning practices, which are appropriate to national circumstances;
 - (6) in providing legal and technical assistance, upon request from Member States, in the drafting and/or the implementation of national codes of marketing of breastmilk substitutes, or other similar instruments;
 - (7) in designing and implementing collaborative studies to assess the impact of measures taken to promote breastfeeding and child nutrition in Member States.

11 May 1988

(emphasis added)

The Innocenti Declaration was adopted by participants at the WHO/UNICEF policymakers' meeting on "Breastfeeding in the 1990s: A Global Initiative", co-sponsored by the United States Agency for International Development and the Swedish International Development Authority (SIDA), and held at the Spedale degli Innocenti, Florence, Italy, from 30 July to 1 August 1990. The Declaration reflects the content of the background documents for the meeting and the views expressed in group and plenary sessions. The Declaration was endorsed by the UNICEF Executive Board and by Resolution WHA45.34.

Also see page 67 for the second Innocenti Declaration adopted in Nov. 2005 and welcomed by WHA in May 2006.

Innocenti Declaration (1990)

On the Protection, Promotion and Support of Breastfeeding

RECOGNISING that

Breastfeeding is a unique process that:

- provides ideal nutrition for infants and contributes to their healthy growth and development;
- reduces the incidence and severity of infectious diseases, thereby lowering infant morbidity and mortality;
- contributes to women's health by reducing the risk of breast and ovarian cancer, and by increasing the spacing between pregnancies;
- provides social and economic benefits to the family and the nation;
- provides most women with a sense of satisfaction when successfully carried out; and that

Recent research has found that:

- these benefits increase with increased exclusiveness¹ of breastfeeding during the first six months of life, and thereafter with increased duration of breastfeeding with complementary foods, and
- programme interventions can result in positive changes in breastfeeding behaviour;

WE THEREFORE DECLARE that

As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practise exclusive breastfeeding and all infants should be fed exclusively on breastmilk from birth to 4 – 6 months of age.* Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond. This child-feeding ideal is to be achieved by creating an appropriate environment of awareness and support so that women can breastfeed in this manner.

Attainment of the goal requires, in many countries, the reinforcement of a “breastfeeding culture” and its vigorous defence against incursions of a “bottle-feeding culture.” This requires commitment and advocacy for social mobilisation, utilizing to the full the prestige and authority of acknowledged leaders of society in all walks of life.

Efforts should be made to increase women’s confidence in their ability to breastfeed. Such empowerment involves the removal of constraints and influences that manipulate perceptions and behaviour towards breastfeeding, often by subtle and indirect means. This requires sensitivity, continued vigilance, and a responsive and comprehensive communications strategy involving all media and addressed to all levels of society. Furthermore, obstacles to breastfeeding within the health system, the workplace and the community must be eliminated.

Measures should be taken to ensure that women are adequately nourished for their optimal health and that of their families. Furthermore, ensuring that all women also have access to family planning information and services allows them to sustain breastfeeding and avoid shortened birth intervals that may compromise their health and nutritional status, and that of their children.

All governments should develop national breastfeeding policies and set appropriate national targets for the 1990s. They should establish a national system for monitoring the attainment of their targets, and they should develop indicators such as the prevalence of exclusively breastfed infants at discharge from maternity services, and the prevalence of exclusively breastfed infants at four months of age.

National authorities are further urged to integrate their breastfeeding policies into their overall health and development policies. In so doing they should reinforce all actions that protect, promote and support breastfeeding within complementary programmes such as prenatal and perinatal care, nutrition, family planning services, and prevention and

treatment of common maternal and childhood diseases. All healthcare staff should be trained in the skills necessary to implement these breastfeeding policies.

OPERATIONAL TARGETS:

All governments, by the year 1995, should have:

- appointed a national breastfeeding coordinator of appropriate authority, and established a multisectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organisations and health professional associations;
- ensured that every facility providing maternity services fully practises all ten of the *Ten Steps to Successful Breastfeeding* set out in the joint WHO/UNICEF statement² "Protecting, promoting and supporting breastfeeding: the special role of maternity services";
- taken action to give effect to the principles and aim of all Articles of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety; and
- enacted imaginative legislation protecting the breastfeeding rights of working women and established means for its enforcement.

We also call upon international organisations to:

- ◆ draw up action strategies for protecting, promoting and supporting breastfeeding, including global monitoring and evaluation of their strategies;
- ◆ support national situation analyses and surveys and the development of national goals and targets for action; and
- ◆ encourage and support national authorities in planning, implementing, monitoring and evaluating their breastfeeding policies.

¹ Exclusive breastfeeding means that no other drink or food is given to the infant; the infant should feed frequently and for unrestricted periods.

² World Health Organisation, Geneva, 1989.

^{*} *World Health Assembly Resolutions 47.5 and 49.15, adopted after this Declaration, as well as UNICEF policy now recommend exclusive breastfeeding for "six months".*

Despite resolution WHA39.28, the problem with “supplies” continued and this resolution again calls for effective measures against the practice of “free or low-cost supplies of infant formula available to hospitals and maternities with adverse consequences for breastfeeding.”

The resolution also highlights the WHO/UNICEF statement on “Protecting, promoting and supporting breastfeeding: the special role of maternity services”, which led to the Baby-Friendly Hospital Initiative in 1992.

1990 WHA43.3

The Forty-third World Health Assembly,

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28 and WHA41.11 on infant and young child feeding and nutrition;

Having considered the report of the Director-General on infant and young child nutrition;¹

Reaffirming the unique biological properties of breastmilk in protecting against infections, in stimulating the development of the infant’s own immune system, and in limiting the development of some allergies;

Recalling the positive impact of breastfeeding on the physical and emotional health of the mother, including its important contribution to child-spacing;

Convinced of the importance of protecting breastfeeding among groups and populations where it remains the infant-feeding norm, and promoting it where it is not, through appropriate information and support, as well as recognizing the special needs of working women;

Recognizing the key role in protecting and promoting breastfeeding played by health workers, particularly nurses, midwives and those in child health/family planning programmes, and the significance of the counselling and support provided by mothers’ groups;

Recognizing that, in spite of resolution WHA39.28, free or low-cost supplies of infant formula continue to be available to hospitals and maternities, with adverse consequences for breastfeeding;

Reiterating its concern over the decreasing prevalence and duration of breastfeeding in many countries;

1. THANKS the Director-General for his report;
2. URGES Member States:
 - (1) to protect and promote breastfeeding, as an essential component of their overall food and nutrition policies and programmes on behalf of women and children, so as to enable all infants to be exclusively breastfed during the first four to six months* of life;
 - (2) to promote breastfeeding, with due attention to the nutritional and emotional needs of mothers;
 - (3) to continue monitoring breastfeeding patterns, including traditional attitudes and practices in this regard;
 - (4) to enforce existing, or adopt new, maternity protection legislation or other suitable measures that will promote and facilitate breastfeeding among working women;
 - (5) to draw the attention of all who are concerned with planning and providing maternity services to the universal principles affirmed in the joint WHO/UNICEF statement² on breastfeeding and maternity services that was issued in 1989;
 - (6) to ensure that the principles and aim of the International Code of Marketing of Breastmilk Substitutes and the recommendations contained in resolution WHA39.28 are given full expression in national health and nutrition policy and action, in cooperation with professional associations, women's organisations, consumer and other nongovernmental groups, and the food industry;
 - (7) to ensure that families make the most appropriate choice with regard to infant feeding, and that the health system provides the necessary support;
3. REQUESTS the Director-General, in collaboration with UNICEF and other international and bilateral agencies concerned:
 - (1) to urge Member States to take effective measures to implement the recommendations included in resolution WHA39.28;

- (2) to continue to review regional and global trends in breastfeeding patterns, including the relationship between breastfeeding and child-spacing;
- (3) to support Member States, on request, in adopting measures to improve infant and young child nutrition, *inter alia* by collecting and disseminating information on relevant national action of interest to all Member States; and to mobilise technical and financial resources to this end.

1 Document WHA43/1990/REC/1, p.35

2 *Protecting, promoting and supporting breastfeeding: the special role of maternity services*. A joint WHO/UNICEF statement, Geneva, World Health Organization, 1989

14 May 1990

(emphasis added)

* *With the adoption of WHA54.2 (2001) the recommendation now is to exclusively breastfeed for 6 months with continued breastfeeding for up to 2 years and beyond.*

This resolution, once more, calls for an end to free and low-cost supplies as a step towards full implementation of the International Code. It also introduces and welcomes the Baby-Friendly Hospital Initiative and the operational targets of the Innocenti Declaration.

1992

WHA45.34

The Forty-fifth World Health Assembly,

Having considered the report of the Director-General on infant and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11 and WHA43.3 concerning infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming that the International Code of Marketing of Breastmilk Substitutes is a minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding;

Recalling that products that may be promoted as a partial or total replacement for breastmilk, especially when these are presented as suitable for bottle feeding, are subject to the provisions of the International Code;

Reaffirming that during the first four to six months* of life no food or liquid other than breastmilk, not even water, is required to meet the normal infant's nutritional requirements, and that from the age of about six months infants should begin to receive a variety of locally available and safely prepared foods rich in energy, in addition to breastmilk, to meet their changing nutritional requirements;

Welcoming the leadership of the Executive Heads of WHO and UNICEF in organizing the "baby-friendly" hospital initiative, with its simultaneous focus on the role of health services in protecting, promoting and supporting breastfeeding and on the use of breastfeeding as a means of strengthening the contribution of health services to safe motherhood, child survival, and primary health care in general, and endorsing this initiative as a most promising means of increasing the prevalence and duration of breastfeeding;

Expressing once again its concern about the need to protect and support women in the workplace, for their own sakes but also in the light of their multiple roles as mothers and care-providers, *inter alia*, by applying existing legislation fully for maternity protection, expanding it to cover any women at present excluded or, where appropriate, adopting new measures to protect breastfeeding;

Encouraged by the steps being taken by infant-food manufacturers towards ending the donation or low-price sale of supplies of infant formula to maternity wards and hospitals, which would constitute a step towards full implementation of the International Code;

Being convinced that charitable and other donor agencies should exert great care in initiating, or responding to, requests for free supplies of infant foods;

Noting that the advertising and promotion of infant formula and the presentation of other products as breastmilk substitutes, as well as feeding bottles and teats, may compete unfairly with breastfeeding which is the safest and lowest-cost method of nourishing an infant, and may exacerbate such competition and favour uninformed decision-making by interfering with the advice and guidance to be provided by the mother's physician or health worker;

Welcoming the generous financial and other contributions from a number of Member States that enabled WHO to provide technical support to countries wishing to review and evaluate their own experiences in giving effect to the International Code,

1. THANKS the Director-General for his report;
2. URGES Member States:
 - (1) to give full expression at national level to the operational targets contained in the Innocenti Declaration, namely:
 - (a) by appointing a national breastfeeding coordinator and establishing a multisectoral breastfeeding committee;
 - (b) by ensuring that every facility providing maternity services applies the principles laid down in the joint WHO/UNICEF statement on the role of maternity services in protecting, promoting and supporting breastfeeding;
 - (c) by taking action to give effect to the principles and aim of the International Code of Marketing of Breastmilk Substitutes

and subsequent relevant Health Assembly resolutions in their entirety;

- (d) by enacting legislation and adopting means for its enforcement to protect the breastfeeding rights of working women;
 - (2) to encourage and support all public and private health facilities providing maternity services so that they become "baby- friendly":
 - (a) by providing the necessary training in the application of the principles laid down in the joint WHO/UNICEF statement;
 - (b) by encouraging the collaboration of professional associations, women's organisations, consumer and other nongovernmental groups, the food industry, and other competent sectors in this endeavour;
 - (3) to take measures appropriate to national circumstances aimed at ending the donation or low-priced sale of supplies of breastmilk substitutes to health-care facilities providing maternity services;
 - (4) to use the common breastfeeding indicators developed by WHO, with the collaboration of UNICEF and other interested organisations and agencies, in evaluating the progress of their breastfeeding programmes;
 - (5) to draw upon the experiences of other Member States in giving effect to the International Code;
3. REQUESTS the Director-General:
- (1) to continue WHO's productive collaboration with its traditional international partners, in particular UNICEF, as well as other concerned parties including professional associations, women's organisations, consumer groups and other nongovernmental organisations and the food industry, with a view to attaining the Organisation's goals and objectives in infant and young child nutrition;
 - (2) to strengthen the Organisation's network of collaborating centres, institutions and organisations in support of appropriate national action;

- (3) to support Member States, on request, in elaborating and adapting guidelines on infant nutrition, including complementary feeding practices that are timely, nutritionally appropriate and biologically safe and in devising suitable measures to give effect to the International Code;
- (4) to draw the attention of Member States and other inter-governmental organisations to new developments that have an important bearing on infant and young child feeding and nutrition;
- (5) to consider, in collaboration with the International Labour Organisation, the options available to the health sector and other interested sectors for reinforcing the protection of women in the workplace in view of their maternal responsibilities, and to report to a future Health Assembly in this regard;
- (6) to mobilise additional technical and financial resources for intensified support to Member States.

14 May 1992

(emphasis added)

** With the adoption of WHA54.2 (2001) the recommendation now is to exclusively breastfeed for 6 months with continued breastfeeding for up to 2 years and beyond.*

This resolution extends the ban on free and low-cost supplies to all parts of the health care system (see UNICEF comments) and effectively supercedes the provisions of Article 6.6 of the International Code. It also provides useful guidelines on infant feeding in emergency situations. It contains the first call for new growth charts which were published in April 2006.

1994 WHA47.5

The Forty-seventh World Health Assembly,

Having considered the report by the Director-General on infant and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34 and WHA46.7 concerning infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming its support for all these resolutions and reiterating the recommendations to Member States contained therein;

Bearing in mind the superiority of breastmilk as the biological norm for nourishing infants, and that a deviation from this norm is associated with increased risks to the health of infants and mothers;

1. THANKS the Director-General for his report;
2. URGES Member States to take the following measures;
 - (1) to promote sound infant and young child nutrition, in keeping with their commitment to the World Declaration and Plan of Action for Nutrition,¹ through coherent effective intersectoral action, including:

**Comments provided by
Nutrition Cluster,
UNICEF, New York
June 1994**

WHA34.22 includes International Code of Marketing of Breastmilk Substitutes.

All Member States reaffirm the Code.

World Declaration urges that all women be enabled to breastfeed exclusively for the first months and to continue breastfeeding, with complementary foods, for up to two years or more.

- (a) increasing awareness among health personnel, nongovernmental organisations, communities and the general public of the importance of breastfeeding and its superiority, to any other infant feeding method;
- (b) supporting mothers in their choice to breastfeed by removing obstacles and preventing interference that they may face in health services, the workplace, or the community;
- (c) ensuring that all health personnel concerned are trained in appropriate infant and young child feeding practices, including the application of the principles laid down in the joint WHO/UNICEF statement on breastfeeding and the role of maternity services;²
- (d) fostering appropriate complementary feeding practices from the age of about six months,
- emphasizing continued breastfeeding and
- frequent feeding with safe and adequate amounts of local foods.
- (2) to ensure that there are no donations of free or subsidised supplies of breastmilk substitutes
- and other products covered by the International Code of Marketing of Breastmilk Substitutes

All other infant feeding methods are inferior.

Eliminate obstacles and interference wherever they exist, to protect mother's freedom of choice.

About six months of exclusive breastfeeding is encouraged, not four-to-six months as previously recommended.

Breastfeeding with complementary foods continue from six months to two years.

Foods from the local family diet, enriched and softened, can give adequate comple-mentation to sustained breastfeeding.

No free or subsidized foods or beverages represented as partial or total replacements for breastmilk. This includes, for example, normal newborn formulas, soy or hypoallergenic formulas, preterm formulas, special formulas, and follow-up or second stage milks or formulas.³ For example, no free or subsidized glucose or vitamin drinks, fruit drinks and teas for infants, nor bottle-fed foods including milk products, cereals, and cereal mixtures labelled to replace milk feeding.

No free or subsidized feeding bottles or teats.⁴

in any part of the health care system;

Covers all public and private health care settings and health workers serving mothers, infants and pregnant women, including:

- *maternity wards and clinics;*
- *newborn/neonatal special care units;*
- *pediatric wards and hospitals;*
- *MCH and family planning clinics;*
- *private doctors' offices and practices;*
- *nurseries and child-care institutions.*⁵

- (3) to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breastfeeding for infants, and ensuring that donated supplies of breastmilk substitutes or other products covered by the scope of the International Code be given only if all the following conditions apply;

In emergency relief operations, protect and support breastfeeding.

Infants can receive donated formula and other products covered by the Code only if all three conditions are fulfilled.

- (a) infants have to be fed on breastmilk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breastmilk substitutes,⁶

- (b) the supply is continued for as long as the infants concerned need it;

Each infant given a donated breastmilk substitute is assured of a full ongoing supply

- (c) the supply is not used as a sales inducement;

Donations that help to open new markets or increase sales may not be made.

- (4) to inform the labour sector, and employers' and workers' organizations, about the multiple benefits of breastfeeding for infants and mothers, and the implications for maternity protection in the workplace;

3. REQUESTS the Director-General:

- (1) to use his good offices for cooperation with all parties concerned in giving effect to this and related resolutions of the Health Assembly in their entirety;
- (2) to complete development of a comprehensive global approach and programme of action to strengthen national capacities for improving infant and young child feeding practices; including the development of methods and criteria for national assessment of breastfeeding trends and practices:
- (3) to support Member States, at their request, in monitoring infant and young child feeding practices and trends in health facilities and households, in keeping with new standard breastfeeding indicators;
- (4) to urge Member States to initiate the Baby-friendly Hospital Initiative and to support them, at their request, in implementing this Initiative, particularly in their efforts to improve educational curricula and in-service training for all health and administrative personnel concerned;
- (5) to increase and strengthen support to Member States, at their request, in giving effect to the principles and aim of the International Code and all relevant resolutions, and to advise Member States on a framework which they may use in monitoring their application, as appropriate to national circumstances;
- (6) to develop, in consultation with other concerned parties and as

*New indicators track **exclusive** breastfeeding, timely complementary feeding, and sustained breastfeeding at 20-23 months.⁷*

Training of health staff for BFHI is urged.

Stronger support to implementation and monitoring of Code and cessation of free and low-cost supplies.

part of WHO's normative function, guiding principles for the use in emergency situations of breastmilk substitutes or other products covered by the International Code which the competent authorities in Member States may use, in the light of national circumstances, to ensure the optimal infant feeding conditions;

- (7) to complete, in cooperation with selected research institutions, collection of revised reference data and the preparation of guidelines for their use and interpretation, for assessing the growth of breastfed infants;
- (8) to seek additional technical and financial resources for intensifying WHO's support to Member States in infant feeding and in the implementation of the International Code and subsequent relevant resolutions.

1 *World Declaration and Plan of Action for Nutrition*. FAO/WHO, International Conference on Nutrition, Rome, December 1992.

2 *Protecting, promoting and supporting breastfeeding: the special role of maternity services*. A joint WHO/UNICEF statement. Geneva, World Health Organization, 1989.

3 Breastmilk substitutes means any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether or not suitable for that purpose. (*International Code of Marketing of Breastmilk Substitutes*, Article 3.)

4 The Code applies to the marketing, and practices related thereto, of the following products: breastmilk 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 breastmilk; feeding bottles and teats. (*International Code of Marketing of Breastmilk Substitutes*, Article 2.)

5 Health care system means governmental, non-governmental or private institutions or organisations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets. (*International Code of Marketing of Breastmilk Substitutes*, Article 3.)

6 Document WHO A39/8 Add.1, 10 April 1986. These guidelines provide suggestions for health care management which permits continued breastfeeding or breastmilk feeding in many situations.

7 Documents WHO/CDD/SER/91.14 *Indicators for assessing breastfeeding practices* and WHO/CDR/93.1 UNICEF/SM/93.1 *Indicators for assessing health facility practices that affect breastfeeding*.

(emphasis added)

9 May 1994

This resolution calls on Member States to ensure that:

- I. complementary foods are not marketed for or used in ways that undermine exclusive and sustained breastfeeding.*
- II. financial support (such as sponsorship) to health professionals does not create conflicts of interests.*
- III. monitoring the application of the International Code is carried out in an independent, transparent manner free from commercial interest.*

1996

WHA49.15

The Forty-ninth World Health Assembly,

Having considered the summary report by the Director-General on infant feeding and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22, WHA39.28, and WHA45.34 among others concerning infant and young child nutrition, appropriate feeding practices and other related questions;

Recalling and reaffirming the provisions of resolution WHA47.5 concerning infant and young child nutrition, including the emphasis on fostering appropriate complementary feeding practices;

Concerned that health institutions and ministries may be subject to subtle pressure to accept, inappropriately, financial or other support for professional training in infant and child health;

Noting the increasing interest in monitoring the application of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions,

1. THANKS the Director-General for his report;¹

**Comments provided
by Nutrition Section
UNICEF, New York
June 1996**

WHA34.22 includes the International Code of Marketing of Breastmilk Substitutes ("the Code")

Member States reaffirm the recommendation of about 6 months of exclusive breastfeeding, and continued breastfeeding with complementary foods such as those from the local family diet continuing from 6 months to 2 years.

Acceptance of inappropriate funding may influence the objectivity of training in infant and child health.

2. STRESSES the continued need to implement the International Code of Marketing of Breastmilk Substitutes, subsequent relevant resolutions of the Health Assembly, the Innocenti Declaration, and the World Declaration and Plan of Action for Nutrition;
3. URGES Member States to take the following measures:
 - (1) to ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breastfeeding.
 - (2) to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby Friendly Hospital Initiative;
 - (3) to ensure that monitoring the application of the International Code and subsequent relevant resolutions is carried out in a transparent, independent manner, free from commercial influence.
 - (4) to ensure that the appropriate measures are taken including health information and education in the context of primary health care, to encourage breastfeeding;
 - (5) to ensure that the practices and procedures of their health care systems are consistent with the principles and aims of the International Code of Marketing of Breastmilk Substitutes;
 - (6) to provide the Director-General with complete and detailed information on the implementation of the Code;

Reaffirms support for all existing strategies for the protection of breastfeeding, including Code implementation, the ending of free and low-cost supplies, the transformation of maternity facilities and the provision of maternity entitlements.

Marketing of complementary foods in ways that undermine exclusive breastfeeding until about 6 months and sustained breastfeeding (6-24 months) is inappropriate.

The interests of manufacturers may conflict with those of breastfeeding mothers and their children. Sponsorship or other financial assistance from the infant feeding industry may interfere with professionals' unequivocal support for BFHI and breastfeeding.

Manufacturers should monitor their own marketing practices. Other monitoring efforts by nongovernmental organizations, professional groups, institutions and individuals should not receive financial support from manufacturers or distributors.

Breastfeeding is to be actively promoted throughout society as well as throughout the primary health care system.

The Code should be complied with throughout health care systems in all countries.

All States should report to WHO on the progress they have made to implement the Code.

4. REQUESTS the Director-General to disseminate, as soon as possible, to Member States document WHO/NUT/96.4 (currently in preparation) on the guiding principles for feeding infants and young children during emergencies.

¹ Document A49/4

(emphasis added)

25 May 1996

1998

There was no Infant and Young Child Feeding resolution for 1998.

The Director-General of WHO is required under Article 11.7 of the International Code to report in even years to the WHA on the status of Code Implementation. Usually a resolution on infant and young child feeding follows such a report. Not so in 1998. A draft resolution was circulated but withdrawn before being tabled (allegedly due to time and other pressures...!)

2000

Similarly, for 2000, there was no resolution on Infant and Young Child Feeding.

A draft resolution was tabled by Brazil but it was very long and contained a reference to the still controversial “six months” exclusive breastfeeding recommendation. Since an expert committee was expected to finish a scientific review of all the literature on that subject, the debate was postponed to 2001.

This so-called Brazilian resolution, although wordy, puts an end to the controversy regarding the optimal period of exclusive breastfeeding and unequivocally sets “6 months” as a global public health recommendation. It also calls for independent research on HIV and infant feeding.

2001 WHA54.2

The Fifty-fourth World Health Assembly,

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5 and WHA49.15 on infant and young child nutrition, appropriate feeding practices and related questions;

Deeply concerned to improve infant and young child nutrition and to alleviate all forms of malnutrition in the world, because more than one-third of under-five children are still malnourished - whether stunted, wasted, or deficient in iodine, vitamin A, iron or other micronutrients - and because malnutrition still contributes to nearly half of the 10.5 million deaths each year among preschool children worldwide;

Deeply alarmed that malnutrition of infants and young children remains one of the most severe global public health problems, at once a major cause and consequence of poverty, deprivation, food insecurity and social inequality, and that malnutrition is a cause not only of increased vulnerability to infection and other diseases, including growth retardation, but also of intellectual, mental, social and developmental handicap, and of increased risk of disease throughout childhood, adolescence and adult life;

Recognizing the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger, and that every effort should be made with a view to achieving progressively the full realisation of this right;

Acknowledging the need for all sectors of society - including governments, civil society, health professional associations, nongovernmental organisations, commercial enterprises and international bodies - to contribute to improved nutrition for infants and young children by using every possible means at their disposal, especially by fostering optimal feeding practices, incorporating a comprehensive multisectoral, holistic and strategic approach;

Noting the guidance of the Convention on the Rights of the Child, in particular Article 24, which recognises, *inter alia*, the need for access to and availability of both support and information concerning the use of basic knowledge of child health and nutrition, and the advantages of breastfeeding for all segments of society, in particular parents and children;

Conscious that despite the fact that the International Code of Marketing of Breastmilk Substitutes and relevant, subsequent Health Assembly resolutions state that there should be no advertising or other forms of promotion of products within its scope, new modern communication methods, including electronic means, are currently increasingly being used to promote such products; and conscious of the need for the Codex Alimentarius Commission to take the International Code and subsequent relevant Health Assembly resolutions into consideration in dealing with health claims in the development of food standards and guidelines;

Mindful that 2001 marks the twentieth anniversary of the adoption of the International Code of Marketing of Breastmilk Substitutes, and that the adoption of the present resolution provides an opportunity to reinforce the International Code's fundamental role in protecting, promoting and supporting breastfeeding;

Recognizing that there is a sound scientific basis for policy decisions to reinforce activities of Member States and those of WHO; for proposing new and innovative approaches to monitoring growth and improving nutrition; for promoting improved breastfeeding and complementary feeding practices, and sound culture-specific counselling; for improving the nutritional status of women of reproductive age, especially during and after pregnancy; for alleviating all forms of malnutrition; and for providing guidance on feeding practices for infants of mothers who are HIV-positive;

Noting the need for effective systems for assessing the magnitude and geographical distribution of all forms of malnutrition, together with their consequences and contributing factors, and of foodborne diseases; and for monitoring food security;

Welcoming the efforts made by WHO, in close collaboration with UNICEF and other international partners, to develop a comprehensive global strategy for infant and young child feeding, and to use the ACC Sub-Committee on Nutrition as an interagency forum for coordination and exchange of information in this connection,

- I. THANKS the Director-General for the progress report on the development of a new global strategy for infant and young child feeding;

2. URGES Member States:

- (1) to recognise the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger, and that every effort should be made with a view to achieving progressively the full realisation of this right and to call on all sectors of society to cooperate in efforts to improve the nutrition of infants and young children;
- (2) to take necessary measures as States Parties effectively to implement the Convention on the Rights of the Child, in order to ensure every child's right to the highest attainable standard of health and health care;
- (3) to set up or strengthen interinstitutional and intersectoral discussion forums with all stakeholders in order to reach national consensus on strategies and policies including reinforcing, in collaboration with ILO, policies that support breastfeeding by working women, in order substantially to improve infant and young child feeding and to develop participatory mechanisms for establishing and implementing specific nutrition programmes and projects aimed at new initiatives and innovative approaches;
- (4) to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding,¹ and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond, emphasizing channels of social dissemination of these concepts in order to lead communities to adhere to these practices;
- (5) to support the Baby-friendly Hospital Initiative and to create mechanisms, including regulations, legislation or other measures, designed, directly and indirectly, to support periodic reassessment of hospitals, and to ensure maintenance of standards and the Initiative's long-term sustainability and credibility;
- (6) to improve complementary foods and feeding practices by ensuring sound and culturespecific nutrition counselling to mothers of young children, recommending the widest possible use of indigenous nutrient-rich foodstuffs; and to give priority to the development and dissemination of guidelines on nutrition of children under two years of age, to the training of health

workers and community leaders on this subject, and to the integration of these messages into strategies for health and nutrition information, education and communication;

- (7) to strengthen monitoring of growth and improvement of nutrition, focusing on community-based strategies, and to strive to ensure that all malnourished children, whether in a community or hospital setting, are correctly diagnosed and treated;
- (8) to develop, implement or strengthen sustainable measures including, where appropriate, legislative measures, aimed at reducing all forms of malnutrition in young children and women of reproductive age, especially iron, vitamin A and iodine deficiencies, through a combination of strategies that include supplementation, food fortification and diet diversification, through recommended feeding practices that are culture-specific and based on local foods, as well as through other community-based approaches;
- (9) to strengthen national mechanisms to ensure global compliance with the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions, with regard to labelling as well as all forms of advertising, and commercial promotion in all types of media, to encourage the Codex Alimentarius Commission to take the International Code and relevant subsequent Health Assembly resolutions into consideration in developing its standards and guidelines; and to inform the general public on progress in implementing the Code and subsequent relevant Health Assembly resolutions;
- (10) to recognise and assess the available scientific evidence on the balance of risk of HIV transmission through breastfeeding compared with the risk of not breastfeeding, and the need for independent research in this connection; to strive to ensure adequate nutrition of infants of HIV-positive mothers; to increase accessibility to voluntary and confidential counselling and testing so as to facilitate the provision of information and informed decision-making; and to recognise that when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-positive women is recommended; otherwise, exclusive breastfeeding is recommended during the first months of life; and that those who choose other options should be encouraged to use them free from commercial influences;

- (11) to take all necessary measures to protect all women from the risk of HIV infection, especially during pregnancy and lactation;
- (12) to strengthen their information systems, together with their epidemiological surveillance systems, in order to assess the magnitude and geographical distribution of malnutrition, in all its forms, and of foodborne disease;

3. REQUESTS the Director-General:

- (1) to give, greater emphasis to infant and young child nutrition, in view of WHO's leadership in public health, consistent with and guided by the Convention on the Rights of the Child and other relevant human rights instruments, in partnership with ILO, FAO, UNICEF, UNFPA and other competent organisations both within and outside the United Nations system;
- (2) to foster, with all relevant sectors of society, a constructive and transparent dialogue in order to monitor progress towards implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions, in an independent manner and free from commercial influence, and to provide support to Member States in their efforts to monitor implementation of the Code;
- (3) to provide support to Member States in the identification, implementation and evaluation of innovative approaches to improving infant and young child feeding, emphasizing exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding,¹ the provision of safe and appropriate complementary foods, with continued breastfeeding up to two years of age or beyond, and community-based and cross-sector activities;
- (4) to continue the step-by-step country- and region-based approach to developing the new global strategy on infant and young child feeding, and to involve the international health and development community, in particular UNICEF, and other stakeholders as appropriate;
- (5) to encourage and support further independent research on HIV transmission through breastfeeding and on other measures to improve the nutritional status of mothers and children already affected by HIV/AIDS;

(6) to submit the global strategy for consideration to the Executive Board at its 109th session in January 2002 and to the Fifty-fifth World Health Assembly (May 2002)

¹ As formulated in the conclusions and recommendations of the expert consultation (Geneva, 28 to 30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4).

18 May 2001

(emphasis added)

The Global Strategy on Infant and Young Child Feeding sets out “additional operational targets” and the roles of all “sectors of society”.

For the baby food companies, paragraph 44 spells out that their role is confined to:

- *ensuring quality of their products and,*
- *compliance with the Code and subsequent resolutions, as well as to national measures implementing these.*

Excerpts from:

Global Strategy for Infant and Young Child Feeding (adopted by WHA55.25, 2002)

Achieving the strategy’s objectives

30. A first step to achieving the objectives of this strategy is to reaffirm the relevance – indeed the urgency – of the four operational targets of the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding (see page 34).
33. With these considerations in mind, the global strategy includes as a priority for all governments the achievement of the following additional operational targets:
 - to develop, implement, monitor and evaluate a comprehensive policy on infant and young child feeding, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction;
 - to ensure that the health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require – in the family, community and workplace – to achieve this goal;
 - to promote timely, adequate, safe and appropriate complementary feeding with continued breastfeeding;
 - to provide guidance on feeding infants and young children in exceptionally difficult circumstances, and on the related support required by mothers, families and other caregivers;

- to consider what new legislation or other suitable measures may be required, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aim of the International Code of Marketing of Breastmilk Substitutes and to subsequent relevant Health Assembly resolutions.

Commercial Enterprises

44. Manufacturers and distributors of industrially processed foods intended for infants and young children also have a constructive role to play in achieving the aim of this strategy. They should ensure that processed food products for infants and children, when sold, meet applicable Codex Alimentarius standards and the Codex Code of Hygienic Practice for Foods for Infants and Children. In addition, all manufacturers and distributors of products within the scope of the International Code of Marketing of Breastmilk Substitutes, including feeding bottles and teats, are responsible for monitoring their marketing practices according to the principles and aim of the Code. They should ensure that their conduct at every level conforms to the Code, subsequent relevant Health Assembly resolutions and national measures that have been adopted to give effect to both.

This resolution reiterates the advantages of exclusive breastfeeding for 6 months and the need to improve complementary feeding.

It endorses the Global Strategy on Infant and Young Child Feeding which calls for renewed commitment by governments to implement the International Code and to protect and promote optimal feeding of infants and young children.

A connection is also made between optimal infant feeding and the risks of obesity. Furthermore it alerts that micronutrient marketing should not undermine exclusive breastfeeding.

2002 **WHA55.25**

The Fifty-fifth World Health Assembly,

Having considered the draft global strategy for infant and young-child feeding;

Deeply concerned about the vast numbers of infants and young children who are still inappropriately fed and whose nutritional status, growth and development, health and very survival are thereby compromised;

Conscious that every year as much as 55% of infant deaths from diarrhoeal disease and acute respiratory infections may be the result of inappropriate feeding practices, that less than 35% of infants worldwide are exclusively breastfed for even the first four months of life, and that complementary feeding practices are frequently ill-timed, inappropriate and unsafe;

Alarmed at the degree to which inappropriate infant and young-child feeding practices contribute to the global burden of disease, including malnutrition and its consequences such as blindness and mortality due to vitamin A deficiency, impaired psychomotor development due to iron deficiency and anaemia, irreversible brain damage as a consequence of iodine deficiency, the massive impact on morbidity and mortality of protein-energy malnutrition, and the later-life consequences of childhood obesity;

Recognizing that infant and young-child mortality can be reduced through improved nutritional status of women of reproductive age, especially during pregnancy, and by exclusive breastfeeding for the first six months of life, and with nutritionally adequate and safe complementary feeding through introduction of safe and adequate amounts of indigenous foodstuffs and local foods while breastfeeding continues up to the age of two years or beyond;

Mindful of the challenges posed by the ever-increasing number of people affected by major emergencies, the HIV/AIDS pandemic, and the complexities of modern lifestyles coupled with continued promulgation of inconsistent messages about infant and young-child feeding;

Aware that inappropriate feeding practices and their consequences are major obstacles to sustainable socioeconomic development and poverty reduction;

Reaffirming that mothers and babies form an inseparable biological and social unit, and that the health and nutrition of one cannot be divorced from the health and nutrition of the other;

Recalling the Health Assembly's endorsement (resolution WHA33.32), in their entirety, of the statement and recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding held in 1979; its adoption of the International Code of Marketing of Breastmilk Substitutes (resolution WHA34.22), in which it stressed that adoption of and adherence to the Code were a minimum requirement; its welcoming of the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding as a basis for international health policy and action (resolution WHA44.33); its urging encouragement and support for all public and private health facilities providing maternity services so that they become "baby-friendly" (resolution WHA45.34); its urging ratification and implementation of the Convention on the Rights of the Child as a vehicle for family health development (resolution WHA46.27); and its endorsement, in their entirety, of the World Declaration and Plan of Action for Nutrition adopted by the International Conference on Nutrition (resolution WHA46.7);

Recalling also resolutions WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5, WHA49.15 and WHA54.2 on infant and young-child nutrition, appropriate feeding practices and related questions;

Recognizing the need for comprehensive national policies on infant and young-child feeding, including guidelines on ensuring appropriate feeding of infants and young children in exceptionally difficult circumstances;

Convinced that it is time for governments to renew their commitment to protecting and promoting the optimal feeding of infants and young children,

1. **ENDORSES** the global strategy for infant and young-child feeding;
2. **URGES** Member States, as a matter of urgency:
 - (1) to adopt and implement the global strategy, taking into account national circumstances, while respecting positive local traditions and values, as part of their overall nutrition and child health policies and programmes, in order to ensure optimal feeding for

- all infants and young children, and to reduce the risks associated with obesity and other forms of malnutrition;
- (2) to strengthen existing, or establish new, structures for implementing the global strategy through the health and other concerned sectors, for monitoring and evaluating its effectiveness, and for guiding resource investment and management to improve infant and young-child feeding;
 - (3) to define for this purpose, consistent with national circumstances:
 - (a) national goals and objectives,
 - (b) a realistic timeline for their achievement,
 - (c) measurable process and output indicators that will permit accurate monitoring and evaluation of action taken and a rapid response to identified needs;
 - (4) to ensure that the introduction of micronutrient interventions and the marketing of nutritional supplements do not replace, or undermine support for the sustainable practice of, exclusive breastfeeding and optimal complementary feeding;
 - (5) to mobilise social and economic resources within society and to engage them actively in implementing the global strategy and in achieving its aims and objectives in the spirit of resolution WHA49.15;
3. CALLS UPON other international organisations and bodies, in particular ILO, FAO, UNICEF, UNHCR, UNFPA and UNAIDS, to give high priority, within their respective mandates and programmes and consistent with guidelines on conflict of interest, to provision of support to governments in implementing this global strategy, and invites donors to provide adequate funding for the necessary measures;
 4. REQUESTS the Codex Alimentarius Commission to continue to give full consideration, within the framework of its operational mandate, to action it might take to improve the quality standards of processed foods for infants and young children and to promote their safe and proper use at an appropriate age, including through adequate labelling, consistent with the policy of WHO, in particular the International Code of Marketing of Breastmilk Substitutes, resolution WHA54.2, and other relevant resolutions of the Health Assembly;

5. REQUESTS the Director-General:

- (1) to provide support to Member States, on request, in implementing this strategy, and in monitoring and evaluating its impact;
- (2) to continue, in the light of the scale and frequency of major emergencies worldwide, to generate specific information and develop training materials aimed at ensuring that the feeding requirements of infants and young children in exceptionally difficult circumstances are met;
- (3) to strengthen international cooperation with other organisations of the United Nations system and bilateral development agencies in promoting appropriate infant and young-child feeding;
- (4) to promote continued cooperation with and among all parties concerned with implementing the global strategy.

(emphasis added)

18 May 2002

2004

There was no Infant and Young Child Feeding resolution in 2004.

*A draft resolution was tabled calling, inter alia, for warnings on labels to deal with newly discovered evidence of intrinsic contamination of powdered infant formula by *E. sakazakii*. This draft resolution was deferred at the request of 6 industrialised countries and was discussed and reworded in May 2005.*

In this Resolution, the WHA asks Member States

- *to ensure that nutrition and health claims are not permitted for breastmilk substitutes unless they are allowed by national/regional legislation.*
- *to be aware of the risks of intrinsic contamination of powdered infant formulas with microorganisms and to ensure that this information be conveyed through label warnings.*
- *to ensure that financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflicts of interest. This warning about conflict of interest is expanded to encompass programmes and research as well.*

WHA also re-emphasises the call to protect, promote and support exclusive breastfeeding for six months and continued breastfeeding for up to two years and beyond, and to fully implement the Global Strategy for Infant and Young Child Feeding. The Codex Alimentarius Commission is reminded to conform to WHO policy (Code and resolutions) in its work on related standards and recommendations.

2005 WHA58.32

The Fifty-eighth World Health Assembly,

Recalling the adoption by the Health Assembly of the International Code of Marketing of Breastmilk Substitutes (resolution WHA34.22), resolutions WHA39.28, WHA41.11, WHA46.7, WHA47.5, WHA49.15, WHA54.2 on infant and young child nutrition, appropriate feeding practices and related questions, and particularly WHA55.25, which endorses the global strategy for infant and young child feeding;

Having considered the report on infant and young-child nutrition;

Aware that the joint FAO/WHO expert meeting on *Enterobacter sakazakii* and other microorganisms in powdered infant formula held in 2004 concluded that intrinsic contamination of powdered infant formula with *E. sakazakii* and *Salmonella* had been a cause of infection and illness, including severe disease in infants, particularly preterm, low birth-weight or immunocompromised infants, and could lead to serious developmental sequelae and death;¹

Noting that such severe outcomes are especially serious in preterm, low birth-weight and immunocompromised infants, and therefore are of concern to all Member States;

Bearing in mind that the Codex Alimentarius Commission is revising its recommendations on hygienic practices for the manufacture of foods for infants and young children;

Recognizing the need for parents and caregivers to be fully informed of evidence-based public-health risks of intrinsic contamination of powdered infant formula and the potential for introduced contamination, and the need for safe preparation, handling and storage of prepared infant formula;

Concerned that nutrition and health claims may be used to promote breastmilk substitutes as superior to breastfeeding;

Acknowledging that the Codex Alimentarius Commission plays a pivotal role in providing guidance to Member States on the proper regulation of foods, including foods for infants and young children;

Bearing in mind that on several occasions the Health Assembly has called upon the Commission to give full consideration, within the framework of its operational mandate, to evidence-based action that it might take to improve the health standards of foods, consistent with the aims and objectives of relevant public health strategies, particularly WHO's global strategy for infant and young-child feeding (resolution WHA55.25) and Global Strategy on Diet, Physical Activity and Health (resolution WHA57.17);

Recognizing that such action requires a clear understanding of the respective roles of the Health Assembly and the Codex Alimentarius Commission, and that of food regulation in the broader context of public health policies;

Taking into account resolution WHA56.23 on the joint FAO/WHO evaluation of the work of the Codex Alimentarius Commission, which endorsed WHO's increased direct involvement in the Commission and requested the Director-General to strengthen WHO's role in complementing the work of the Commission with other relevant WHO activities in the areas of food safety and nutrition, with special attention to issues mandated in Health Assembly resolutions,

1. URGES Member States:

- (1) to continue to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO Expert Consultation on optimal duration of exclusive breastfeeding,² and to provide for continued breastfeeding up to two years of age or beyond, by implementing fully the WHO global strategy on infant and young child feeding that encourages the formulation of a comprehensive national policy, including where appropriate a legal framework to promote maternity leave and a supportive environment for six months' exclusive breastfeeding, a detailed plan of action to implement, monitor and evaluate the policy, and allocation of adequate resources for this process;
- (2) to ensure that nutrition and health claims are not permitted for breastmilk substitutes, except where specifically provided for in national legislation;³
- (3) to ensure that clinicians and other health care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimise health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;
- (4) to ensure that financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflicts of interest;
- (5) to ensure that research on infant and young child feeding, which may form the basis for public policies, always contains a declaration relating to conflicts of interest and is subject to independent peer review;
- (6) to work closely with relevant entities, including manufacturers, to continue to reduce the concentration and prevalence of pathogens, including *Enterobacter sakazakii*, in powdered infant formula;

- (7) to continue to ensure that manufacturers adhere to Codex Alimentarius or national food standards and regulations;
- (8) to ensure policy coherence at national level by stimulating collaboration between health authorities, food regulators and food standard-setting bodies;
- (9) to participate actively and constructively in the work of the Codex Alimentarius Commission;
- (10) to ensure that all national agencies involved in defining national positions on public health issues for use in all relevant international forums, including the Codex Alimentarius Commission, have a common and consistent understanding of health policies adopted by the Health Assembly, and to promote these policies;

2. REQUESTS the Codex Alimentarius Commission:

- (1) to continue to give full consideration, when elaborating standards, guidelines and recommendations, to those resolutions of the Health Assembly that are relevant in the framework of its operational mandate;
- (2) to establish standards, guidelines and recommendations on foods for infants and young children formulated in a manner that ensures the development of safe and appropriately labelled products that meet their known nutritional and safety needs, thus reflecting WHO policy, in particular the WHO global strategy for infant and young child feeding and the International Code of Marketing of Breastmilk Substitutes and other relevant resolutions of the Health Assembly;
- (3) urgently to complete work currently under way on addressing the risk of microbiological contamination of powdered infant formula and establish appropriate microbiological criteria or standards related to *E. sakazakii* and other relevant microorganisms in powdered infant formula; and to provide guidance on safe handling and on warning messages on product packaging;

3. REQUESTS the Director-General:

- (1) in collaboration with FAO, and taking into account the work undertaken by the Codex Alimentarius Commission, to develop guidelines for clinicians and other health care providers, community health workers and family, parents and other caregivers on the preparation, use, handling and storage of infant

formula so as to minimise risk, and to address the particular needs of Member States in establishing effective measures to minimise risk in situations where infants cannot be, or are not, fed breastmilk;

- (2) to take the lead in supporting independently reviewed research, including by collecting evidence from different parts of the world, in order to get a better understanding of the ecology, taxonomy, virulence and other characteristics of *E. sakazakii*, in line with the recommendations of the FAO/WHO Expert Meeting on *E. sakazakii* and other Microorganisms in Powdered Infant Formula, and to explore means of reducing its level in reconstituted powdered infant formula;
- (3) to provide information in order to promote and facilitate the contribution of the Codex Alimentarius Commission, within the framework of its operational mandate, to full implementation of international public health policies;
- (4) to report to the Health Assembly each even year, along with the report on the status of implementation of the International Code of Marketing of Breastmilk Substitutes and the relevant resolutions of the Health Assembly, on progress in the consideration of matters referred to the Codex Alimentarius Commission for its action.

¹ FAO/WHO Expert Meeting on *E. sakazakii* and other Microorganisms in Powdered Infant Formula: Meeting Report. Microbiological Risk Assessment Series No. 6, 2004, p. 37.

² As formulated in the conclusions and recommendations of the Expert Consultation (Geneva, 28-30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4).

³ The reference to national legislation also applies to regional economic integration organisations.

25 May 2005

(emphasis added)

In November 2005, UN agencies led by UNICEF together with NGOs working on infant and young child feeding met in Florence to take stock of progress made since the first Innocenti Declaration in 1990.

Taking into consideration proven interventions, tools and lessons learnt in the promotion, protection and support of breastfeeding, a new declaration was issued calling for greater government action and investment in the area of infant and young child feeding. Salient points in the Innocenti +15 Declaration include:

- *governments to implement all provisions of the International Code and subsequent resolutions in their entirety as a minimum requirement, and to establish sustainable enforcement mechanisms to prevent and address non-compliance.*
- *manufacturers and distributors to ensure full compliance with all provisions of the International Code and subsequent relevant resolutions in all countries, independently of any other measures taken to implement the Code and to ensure that all processed foods for infants and young children meet applicable Codex Alimentarius standards.*
- *non-governmental organisations to draw attention to activities which are incompatible with the Code's principles and aim so that violations can be effectively addressed.*

Innocenti Declaration (2005) On Infant and Young Child Feeding

In the 15 years since the adoption of the original Innocenti Declaration in 1990, remarkable progress has been made in improving infant and young child feeding practices worldwide.

Nevertheless, inappropriate feeding practices – sub-optimal or no breastfeeding and inadequate complementary feeding – remain the greatest threat to child health and survival globally. Improved breastfeeding alone could save the lives of more than 3,500 children every day, more than any other preventive intervention.

Guided by accepted human rights principles, especially those embodied in the Convention on the Rights of the Child, our vision is of an environment that enables mothers, families and other caregivers to

make informed decisions about optimal feeding, which is defined as exclusive breastfeeding¹ for six months followed by the introduction of appropriate complementary feeding and continuation of breastfeeding for up to two years of age or beyond. Achieving this vision requires skilled practical support to arrive at the highest attainable standard of health and development for infants and young children, which is the universally recognised right of every child.

Challenges remain: poverty, the HIV pandemic, natural and human-made emergencies, globalisation, environmental contamination, health systems investing primarily in curative rather than preventive services, gender inequities and women's increasing rates of employment outside the home, including in the non-formal sector. These challenges must be addressed to achieve the Millennium Development Goals and the aims of the Millennium Declaration and for the vision set out above to become reality for all children.

The targets of the 1990 Innocenti Declaration and the 2002 Global Strategy for Infant and Young Child Feeding remain the foundation for action. While remarkable progress has been made, much more needs to be done.

We therefore issue this Call for Action so that:

All parties

- Empower women in their own right, and as mothers and providers of breastfeeding support and information to other women.
- Support breastfeeding as the norm for feeding infants and young children.
- Highlight the risks of artificial feeding and the implications for health and development throughout the life course.
- Ensure the health and nutritional status of women throughout all stages of life.
- Protect breastfeeding in emergencies, including by supporting uninterrupted breastfeeding and appropriate complementary feeding, and avoiding general distribution of breastmilk substitutes.
- Implement the HIV and Infant Feeding – Framework for Priority Action, including protecting, promoting and supporting breastfeeding for the general population while providing counselling and support for HIV-positive women.

All governments

- Establish or strengthen national infant and young child feeding and breastfeeding authorities, coordinating committees and oversight groups that are free from commercial influence and other conflicts of interest.
- Revitalise the Baby-friendly Hospital Initiative (BFHI), maintaining the Global Criteria as the minimum requirement for all facilities, expanding the Initiative's application to include maternity, neonatal and child health services and community based support for lactating women and caregivers of young children.
- Implement all provisions of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety as a minimum requirement, and establish sustainable enforcement mechanisms to prevent and/or address non-compliance.
- Adopt maternity protection legislation and other measures that facilitate six months of exclusive breastfeeding for women employed in all sectors, with urgent attention to the non-formal sector.
- Ensure that appropriate guidelines and skill acquisition regarding infant and young child feeding are included in both pre-service and in-service training of all health care staff, to enable them to implement infant and young child feeding policies and to provide a high standard of breastfeeding management and counseling to support mothers to practise optimal breastfeeding and complementary feeding.
- Ensure that all mothers are aware of their rights and have access to support, information and counselling in breastfeeding and complementary feeding from health workers and peer groups.
- Establish sustainable systems for monitoring infant and young child feeding patterns and trends and use this information for advocacy and programming.
- Encourage the media to provide positive images of optimal infant and young child feeding, to support breastfeeding as the norm, and to participate in social mobilisation activities such as World Breastfeeding Week.
- Take measures to protect populations, especially pregnant and breastfeeding mothers, from environmental contaminants and chemical residues.
- Identify and allocate sufficient resources to fully implement actions called for in the Global Strategy for Infant and Young Child Feeding.
- Monitor progress in appropriate infant and young child feeding practices and report periodically, including as provided in the Convention on the Rights of the Child.

All manufacturers and distributors of products within the scope of the International Code

- Ensure full compliance with all provisions of the International Code and subsequent relevant World Health Assembly resolutions in all countries, independently of any other measures taken to implement the Code.
- Ensure that all processed foods for infants and young children meet applicable Codex Alimentarius standards.

Multilateral and bilateral organisations and international financial institutions

- Recognise that optimal breastfeeding and complementary feeding are essential to achieving the long-term physical, intellectual and emotional health of all populations and therefore the attainment of the Millennium Development Goals and other development initiatives and that inappropriate feeding practices and their consequences are major obstacles to poverty reduction and sustainable socio-economic development.
- Identify and budget for sufficient financial resources and expertise to support governments in formulating, implementing, monitoring and evaluating their policies and programmes on optimal infant and young child feeding, including revitalising the BFHI.
- Increase technical guidance and support for national capacity building in all the target areas set forth in the Global Strategy for Infant and Young Child Feeding.
- Support operational research to fill information gaps and improve programming.
- Encourage the inclusion of programmes to improve breastfeeding and complementary feeding in poverty-reduction strategies and health sector development plans.

Public interest non-governmental organisations

- Give greater priority to protecting, promoting and supporting optimal feeding practices, including relevant training of health and community workers, and increase effectiveness through cooperation and mutual support.
- Draw attention to activities which are incompatible with the Code's principles and aim so that violations can be effectively addressed in accordance with national legislation, regulations or other suitable measures.

(emphasis added)

This resolution refers to the United Nations Framework for Priority Action in HIV and Infant Feeding in operative paragraph 3(a).

This Framework identifies implementation and enforcement of the International Code and subsequent resolutions as an area for priority action by governments. This includes monitoring Code compliance, ensuring that the response to the HIV pandemic does not include the introduction of non-Code compliant donations of breastmilk substitutes or the promotion of breastmilk substitutes.

Countries that have decided to provide replacement feeding for infants of HIV-positive mothers for whom it is acceptable, feasible, sustainable and safe should establish appropriate procurement and distribution systems for breastmilk substitutes in accordance with the International Code and subsequent resolutions.

2006 **WHA59.11**

The Fifty-ninth World Health Assembly,

Having considered the report on nutrition and HIV/AIDS;¹

Recalling resolution WHA57.14 which urged Member States, inter alia, to pursue policies and practices that promote integration of nutrition into a comprehensive response to HIV/AIDS;

Bearing in mind WHO's efforts to support access to antiretroviral treatment as part of the "3 by 5" initiative and to ensure a comprehensive package of care and support for people living with HIV/AIDS;

Recalling the recommendations of WHO's technical consultation on nutrition and HIV/AIDS in Africa (Durban, South Africa, 10-13 April 2005), which were based on the main findings of a detailed review of the latest scientific evidence on the macronutrient and micronutrient needs of HIV-infected people, including pregnant and lactating women and patients on antiretroviral therapy;²

Noting that food and adequate nutrition are often identified as the most immediate and critical needs by people living with, or affected by, the HIV/AIDS pandemic;

Bearing in mind that nutrition and food security require systematic and simultaneous action to meet the challenges of the pandemic;

Mindful of the complex interactions between nutrition and HIV/AIDS, and the increased risk of opportunistic infections and malnutrition;

Noting that some Member States already have policies and programmes related to nutrition and HIV/AIDS that can be used as a basis for developing priorities and workplans;

Underlining the importance of ensuring cooperation on this question with other bodies of the United Nations system, in particular, FAO, UNICEF and WFP,

1. URGES Member States:

- (1) to make nutrition an integral part of their response to HIV/AIDS by identifying nutrition interventions for immediate integration into HIV/AIDS programming, including:
 - (a) strengthening political commitment to nutrition and HIV/AIDS as part of their health agenda;
 - (b) reinforcing nutrition components in HIV/AIDS policies and programmes and incorporating HIV/AIDS issues in national nutrition policies and programmes;
 - (c) developing specific advocacy tools to raise decision-makers' awareness of the urgency and steps needed to incorporate nutrition into HIV treatment and care programmes;
 - (d) assessing existing policies and programmes related to nutrition and HIV/AIDS and identifying gaps to be filled and further opportunities for integrating nutrition interventions;
 - (e) ensuring close multisectoral collaboration and coordination between agricultural, health, socioeconomic, education, financial and nutrition sectors;
- (2) to strengthen, revise or establish new guidelines and assessment tools for nutrition care and support of people living with HIV and AIDS at different stages of the disease, and for sex- and age-specific approaches to providing antiretroviral therapy, including nutrition counselling and special nutritional needs of vulnerable and marginalised populations;

- (3) to provide support for and expand existing interventions for improving nutrition and managing severe malnutrition in infants and young children in the context of HIV by:
 - (a) implementing fully the global strategy for infant and young child feeding with its approach to feeding in exceptionally difficult circumstances and the United Nations framework for priority action in HIV and infant feeding;³
 - (b) building the capability of hospital- and community-based health workers, mothers, family members and other caregivers in order to improve the care of severely malnourished children exposed to, or infected by, HIV/AIDS;
 - (c) encouraging revitalisation of the Baby-friendly Hospital Initiative in the light of HIV/AIDS;
 - (d) accelerating training in, and expanding use of, guidelines and tools for infant feeding programmes that provide counselling on prevention of mother-to-child transmission of HIV;
 - (e) ensuring that institutions training health workers review their curricula and bring them in line with current recommendations;

2. REQUESTS the Director-General:

- (1) to strengthen technical guidance to Member States for incorporating HIV and AIDS issues in national nutrition policies and programmes;
- (2) to provide support for the development of advocacy tools to raise decision-makers' awareness of the urgency and the need to include nutrition and HIV/AIDS as a priority on the health agenda;
- (3) to provide support, as a matter of priority, to development and dissemination of science-based recommendations, guidelines and tools on nutritional care and support for people living with HIV/AIDS;
- (4) to contribute to incorporation of nutrition in training, including pre-service training, of health workers, in technical advice, and in training materials for community and home-based settings, and during emergencies;
- (5) to continue to promote research relative to nutrition and HIV/AIDS, addressing gaps in knowledge and operational issues;

- (6) to provide support for development of appropriate indicators for measuring progress towards integration of nutrition into HIV programmes and the impact of nutrition interventions;
- (7) to ensure collaboration between all concerned parties in this area so that progress may be made by building on each other's achievements;
- (8) to foster establishment of guidelines for including appropriate food and nutrition interventions in funding proposals.

1 Document A59/7.

2 Document EB116/12, Annex.

3 HIV and infant feeding: Framework for priority action. Geneva, World Health Organization, 2003.

27 May 2006

(emphasis added)

This Resolution commemorates the 25th anniversary of the adoption of the International Code and “welcomes” the Call for Action made in the Innocenti Declaration.

It also urges Member States to renew their commitment to the International Code, to revitalise the Baby-Friendly Hospital Initiative and calls for financial resources to carry out relevant policies and programmes. It asks WHO to mobilise technical support for Code implementation and monitoring. (WHO estimates the cost of this to be around US\$650,000 over three years)

2006 **WHA59.21**

The Fifty-ninth World Health Assembly,

Having considered the report on infant and young child nutrition which highlights the contribution of optimal infant feeding practices to achievement of the internationally agreed health related development goals, including those contained in the Millennium Declaration;¹

Recalling the adoption by the Health Assembly of the International Code of Marketing of Breastmilk Substitutes (resolution WHA34.22), resolutions WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA47.5, WHA49.15, WHA54.2 and WHA58.32 on infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming in particular resolutions WHA44.33 and WHA55.25 which respectively welcomed the 1990 Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding and endorsed the Global Strategy for Infant and Young Child Feeding as the foundations for action in the protection, promotion and support of breastfeeding;

Welcoming the Call for Action contained in the Innocenti Declaration 2005 on Infant and Young Child Feeding;

Mindful that 2006 marks the twenty-fifth anniversary of the adoption of the International Code of Marketing of Breastmilk Substitutes and recognizing its increased relevance in the wake of the HIV/AIDS pandemic, rising frequency of complex human and natural emergencies, and concerns about the risks of intrinsic contamination of powdered infant formula;

1. REITERATES its support for the Global Strategy for Infant and Young Child Feeding;

2. WELCOMES the Call for Action made in the Innocenti Declaration 2005 on Infant and Young Child Feeding as a significant step towards achievement of the fourth Millennium Development Goal to reduce child mortality;

3. URGES Member States to support action on this Call for Action and, in particular, to renew their commitment to policies and programmes related to implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions and to the revitalisation of the Baby-Friendly Hospital Initiative to protect, promote and support breastfeeding;

4. CALLS on multilateral and bilateral donor arrangements and international financial institutions to direct financial resources for Member States to carry out these efforts;

5. REQUESTS the Director-General to mobilise technical support for Member States in the implementation and independent monitoring of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions.

¹ Document A59/13

(emphasis added)

27 May 2006

In this resolution, the WHA urges Member States

- *to scale up efforts to monitor and enforce national measures keeping in mind resolutions to avoid conflicts of interests.*
- *to implement the WHO/FAO guidelines on safe preparation, storage and handling of powdered infant formula to minimise bacterial infection.*
- *to investigate the safe use of donor milk through human banks for vulnerable infants*
- *to take food safety measures, including regulatory measures, to reduce the risk of intrinsic contamination of powdered infant formula.*

The Director-General of WHO is requested to intensify support for Code implementation and to provide support for research on the safe use of expressed and donated breast milk.

2008
WHA61.20

The Sixty-first World Health Assembly,

Having considered the report on infant and young child nutrition: biennial progress report;¹

Reaffirming the significance of the adoption by the Health Assembly of the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22), and resolutions WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA47.5, WHA49.15, WHA54.2, WHA55.25, WHA58.32 and WHA59.21 on infant and young child nutrition;

Reaffirming, in particular, resolutions WHA54.2, WHA55.25 and WHA58.32, which recognize the importance of exclusive breastfeeding for the first six months of life, the Global Strategy for Infant and Young Child Feeding, and the evidence-based public health risks of intrinsic contamination of powdered infant formula, the potential for introduced contamination and the need for safe preparation, handling and storage of prepared infant formula;

Recalling resolution WHA49.15 on infant and young child nutrition, which recognizes the need to ensure that the commitment and support for breastfeeding and optimal infant and young child nutrition are not undermined by conflicts of interest;

1 Document A61/17 Add.1.

Affirming that early initiation and exclusive breastfeeding is the natural and optimal means to achieve food security and optimal health for infants and young children, and concerned that the rates have remained low;

Welcoming the biennial progress report and noting the salient points that need further consideration, specifically persistent malnutrition – one of the most severe public health problems, as indicated by the alarmingly high rates of under-five mortality;

Noting further the need to improve implementation and monitoring of the International Code of Marketing of Breastmilk Substitutes;

Aware that powdered infant formula is not a sterile product and that it can contain pathogenic bacteria, and welcoming the WHO/FAO guidelines on safe preparation, storage and handling of powdered infant formula;²

Encouraged by the work of FAO and WHO through the Codex Alimentarius Commission on the revised proposed draft Code of Hygienic Practice for Powdered Formulae for Infants and Young Children,

1. URGES Member States:

- (1) to strengthen implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions by scaling up efforts to monitor and enforce national measures in order to protect breastfeeding *while keeping in mind the Health Assembly resolutions to avoid conflicts of interest*;
- (2) to continue action on the Global Strategy for Infant and Young Child Feeding and the Innocenti Declaration of 2005 on infant and young child feeding and to increase support for early initiation and exclusive breastfeeding for the first six months of life, in order to reduce the scourge of malnutrition and its associated high rates of under-five morbidity and mortality;
- (3) to implement, through application and wide dissemination, the WHO/FAO guidelines on safe preparation, storage and handling of powdered infant formula in order to minimize the risk of bacterial infection and, in particular, ensure that the labelling of powdered formula conforms with the standards, guidelines and recommendations of the Codex Alimentarius Commission and taking into account resolution WHA58.32;

² World Health Organization in collaboration with the Food and Agriculture Organization of the United Nations. *Safe preparation, storage and handling of powdered infant formula*. Geneva, World Health Organization, 2007.

- (4) to investigate, as a risk-reduction strategy, the possible use and, in accordance with national regulations, the safe use of donor milk through human milk banks for vulnerable infants, in particular premature, low-birth-weight and immunocompromised infants, and to promote appropriate hygienic measures for storage, conservation, and use of human milk;
- (5) to take action through food-safety measures, including appropriate regulatory measures, to reduce the risk of intrinsic contamination of powdered infant formula by Enterobacter sakazakii and other pathogenic microorganisms during the manufacturing process as well as the risk of contamination during storage, preparation and handling, and monitor the effectiveness of these measures;

2. REQUESTS the Director-General:

- (1) to continue monitoring progress through reports to the Health Assembly each even year, along with the report on the status of implementation of the International Code of Marketing of Breastmilk Substitutes and the relevant resolutions of the Health Assembly, on progress in the consideration of matters referred to the Codex Alimentarius for its action;
- (2) to continue to promote breastfeeding and infant and young child nutrition as essential for achieving the Millennium Development Goals, in particular those relating to the eradication of extreme poverty and hunger and to the reduction of child mortality;
- (3) to intensify support for the implementation of the International Code of Marketing of Breastmilk Substitutes;
- (4) to provide support urgently for research on the safe use of expressed and donated breastmilk, given the current challenges facing countries in the implementation of safe infant feeding practices, mindful of the national rules and regulations and cultural and religious beliefs;
- (5) to provide support for strengthening of national information systems in order to improve the evidence base for policies in this area;
- (6) to review the global current situation of infant and child nutrition including nutrition and HIV, and report to the Sixty-third World Health Assembly.

(emphasis added)

24 May 2008

In this resolution, the WHA urges Member States

- *to develop and strengthen legislative and regulatory measures to control the marketing of breastmilk substitutes to give effect to the Code and resolutions.*
- *to end inappropriate promotion of foods for infants and young children and to ensure that claims shall not be permitted for foods for infants and young children.*
- *to ensure that required breastmilk substitutes in emergency responses are purchased and distributed according to strict criteria.*

Infant food manufacturers and distributors are called on to comply fully with their responsibilities under the Code and resolutions

2010 WHA63.23

The Sixty-third World Health Assembly,

Having considered the report on infant and young child nutrition;¹

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5, WHA49.15, WHA54.2, WHA55.25, WHA58.32, WHA59.21 and WHA61.20 on infant and young child nutrition, and on nutrition and HIV/AIDS and the Codex Alimentarius Guidelines for use of nutrition and health claims;²

Conscious that achieving the Millennium Development Goals will require the reduction of maternal and child malnutrition;

Aware that worldwide malnutrition accounts for 11% of the global burden of disease, leading to long-term poor health and disability and poor educational and developmental outcomes; that worldwide 186 million children are stunted³ and 20 million suffer from the most deadly form of severe acute malnutrition each year; and that nutritional risk factors, including underweight, suboptimal breastfeeding and vitamin and mineral deficiencies, particularly of vitamin A, iron, iodine and zinc, are responsible for 3.9 million deaths (35% of total deaths) and 144 million disability-adjusted life years (33% of total disability-adjusted life years) in children less than five years old;

1 Document A61/17 Add.1.

2 Document CAC/GL/23.

3 World Health Statistics, May 2010.

Aware that countries are faced with increasing public health problems posed by the double burden of malnutrition (both undernutrition and overweight), with its negative later-life consequences;

Acknowledging that 90% of stunted children live in 36 countries and that children under two years of age are most affected by undernutrition; Recognizing that the promotion of breastmilk substitutes and some commercial foods for infants and young children undermines progress in optimal infant and young child feeding;

Mindful of the challenges posed by the HIV/AIDS pandemic and the difficulties in formulating appropriate policies for infant and young child feeding, and concerned that food assistance does not meet the nutritional needs of young children infected by HIV;

Concerned that in emergencies, many of which occur in countries not on track to attain Millennium Development Goal 4 and which include situations created by the effects of climate change, infants and young children are particularly vulnerable to malnutrition, illness and death;

Recognizing that national emergency preparedness plans and international emergency responses do not always cover protection, promotion and support of optimal infant and young child feeding;

Expressing deep concern over persistent reports of violations of the International Code of Marketing of Breastmilk Substitutes by some infant food manufacturers and distributors with regard to promotion targeting mothers and health-care workers;

Expressing further concern over reports of the ineffectiveness of measures, particularly voluntary measures, to ensure compliance with the International Code of Marketing of Breastmilk Substitutes in some countries;

Aware that inappropriate feeding practices and their consequences are major obstacles to attaining sustainable socioeconomic development and poverty reduction;

Concerned about the vast numbers of infants and young children who are still inappropriately fed and whose nutritional status, growth and development, health and survival are thereby compromised;

Mindful of the fact that implementation of the global strategy for infant and young child feeding and its operational targets requires strong political commitment and a comprehensive approach, including strengthening of

health systems and communities with particular emphasis on the Baby-friendly Hospital Initiative, and careful monitoring of the effectiveness of the interventions used;

Recognizing that the improvement of exclusive breastfeeding practices, adequate and timely complementary feeding, along with continued breastfeeding for up to two years or beyond, could save annually the lives of 1.5 million children under five years of age;

Aware that multisectoral food and nutrition policies are needed for the successful scaling up of evidence-based safe and effective nutrition interventions;

Recognizing the need for comprehensive national policies on infant and young child feeding that are well integrated within national strategies for nutrition and child survival;

Convinced that it is time for governments, civil society and the international community to renew their commitment to promoting the optimal feeding of infants and young children and to work together closely for this purpose; Convinced that strengthening of national nutrition surveillance is crucial in implementing effective nutrition policies and scaling up interventions,

1. URGES Member States:

- (1) to increase political commitment in order to prevent and reduce malnutrition in all its forms;
- (2) to strengthen and expedite the sustainable implementation of the global strategy for infant and young child feeding including emphasis on giving effect to the aim and principles of the International Code of Marketing of Breastmilk Substitutes, and the implementation of the Baby-friendly Hospital Initiative;
- (3) to develop and/or strengthen legislative, regulatory and/or other effective measures to control the marketing of breast-milk substitutes in order to give effect to the International Code of Marketing of Breastmilk Substitutes and relevant resolution adopted by the World Health Assembly;
- (4) to end inappropriate promotion of food for infants and young children and to ensure that nutrition and health claims shall not be permitted for foods for infants and young children, except where specifically provided for, in relevant Codex Alimentarius standards or national legislation;

- (5) to develop or review current policy frameworks addressing the double burden of malnutrition and to include in the framework childhood obesity and food security and allocate adequate human and financial resources to ensure their implementation;
- (6) to scale up interventions to improve infant and young child nutrition in an integrated manner with the protection, promotion and support of breastfeeding and timely, safe and appropriate complementary feeding as core interventions; the implementation of interventions for the prevention and management of severe malnutrition; and the targeted control of vitamin and mineral deficiencies;
- (7) to consider and implement, as appropriate the revised principles and recommendations on infant feeding in the context of HIV, issued by WHO in 2009, in order to address the infant feeding dilemma for HIV-infected mothers and their families while ensuring protection, promotion and support of exclusive and sustained breastfeeding for the general population;
- (8) to ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers⁴ on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding, by ensuring that any required breastmilk substitutes are purchased, distributed and used according to strict criteria;
- (9) to include the strategies referred to in subparagraph 1(6) above in comprehensive maternal and child health services and support the aim of universal coverage and principles of primary health care, including strengthening health systems as outlined in resolution WHA62.12;
- (10) to strengthen nutrition surveillance systems and improve use and reporting of agreed Millennium Development Goals indicators in order to monitor progress;
- (11) to implement the WHO Child Growth Standards by their full integration into child health programmes;

4 Available online at <http://www.ennonline.net/resources/6>.

- (12) to implement the measures for prevention of malnutrition as specified in the WHO strategy for community-based management of severe acute malnutrition,⁵ most importantly improving water and sanitation systems and hygiene practices to protect children against communicable disease and infections;
2. CALLS UPON infant food manufacturers and distributors to comply fully with their responsibilities under the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions;
 3. REQUESTS the Director-General:
 - (1) to strengthen the evidence base on effective and safe nutrition actions to counteract the public health effects of the double burden of malnutrition, and to describe good practices for successful implementation;
 - (2) to mainstream nutrition in all WHO's health policies and strategies and confirm the presence of essential nutrition actions, including integration of the revised principles and recommendations on infant feeding in the context of HIV, issued by WHO in 2009, in the context of the reform of primary health care;
 - (3) to continue and strengthen the existing mechanisms for collaboration with other United Nations agencies and international organizations involved in the process of ensuring improved nutrition including clear identification of leadership, division of labour and outcomes;
 - (4) to support Member States, on request, in expanding their nutritional interventions related to the double burden of malnutrition, monitoring and evaluating impact, strengthening or establishing effective nutrition surveillance systems, and implementing the WHO Child Growth Standards, and the Baby-friendly Hospital Initiative;
 - (5) to support Member States, on request, in their efforts to develop and/or strengthen legislative, regulatory or other effective measures to control marketing of breastmilk substitutes;

⁵ Community-based management of severe acute malnutrition: a joint statement by the World Health Organization, the World Food Programme, the United Nations System Standing Committee on Nutrition and the United Nations Children's Fund. Geneva, WHO, 2007.

- (6) to develop a comprehensive implementation plan on infant and young child nutrition as a critical component of a global multisectoral nutrition framework for preliminary discussion at the Sixty-fourth World Health Assembly and for final delivery at the Sixty-fifth World Health Assembly, through the Executive Board and after broad consultation with Member States.

21 May 2010

(emphasis added)

In this resolution, WHA urges Member States

- *to put into practice the comprehensive implementation plan on maternal, infant and young child nutrition, including:*
 - *developing or strengthening legislative, regulatory or other measures to control the marketing of breastmilk substitutes;*
 - *establishing adequate mechanisms to safeguard against potential conflicts of interest in nutrition action.*

The Director General of WHO is requested to

- *provide clarification and guidance on the inappropriate promotion of foods for infants and young children as mentioned in WHA63.23;*
- *develop processes and tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes.*

2012

WHA65.60

The Sixty-fifth World Health Assembly,

Having considered the report on maternal, infant and young child nutrition: draft comprehensive implementation plan,¹

1. ENDORSES the comprehensive implementation plan on maternal, infant and young child nutrition;
2. URGES Member States² to put into practice, as appropriate, the comprehensive implementation plan on maternal, infant and young child nutrition, including:

- (1) developing or, where necessary, strengthening nutrition policies so that they comprehensively address the double burden of malnutrition and include nutrition actions in overall country health and development policy, and establishing effective intersectoral governance mechanisms in order to expand the implementation of nutrition actions with particular emphasis on the framework of the global strategy on infant and young child feeding;

¹ Document A65/11.

² And, where applicable, regional economic integration organizations.

- (2) developing or, where necessary, strengthening legislative, regulatory and/or other effective measures to control the marketing of breastmilk substitutes;
 - (3) establishing a dialogue with relevant national and international parties and forming alliances and partnerships to expand nutrition actions with the establishment of adequate mechanisms to safeguard against potential conflicts of interest;
 - (4) implementing a comprehensive approach to capacity building, including workforce development;
3. REQUESTS the Director-General:
- (1) to provide clarification and guidance on the inappropriate promotion of foods for infants and young children cited in resolution WHA63.23, taking into consideration the ongoing work of the Codex Alimentarius Commission;
 - (2) to support Member States in the monitoring and evaluation of policies and programmes, including those of the global strategy for infant and young child feeding, with the latest evidence on nutrition;
 - (3) to develop risk assessment, disclosure and management tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes consistent with WHO's overall policy and practice;
 - (4) to report, through the Executive Board, to the Sixty-seventh World Health Assembly on progress in the implementation of the comprehensive implementation plan, together with the report on implementation of the International Code of Marketing of Breastmilk Substitutes and related Health Assembly resolutions.

26 May 2012

(emphasis added)

In 2014, the World Health Assembly adopted a decision¹ on maternal, infant and young child nutrition that focused on:

- *Seven indicators to monitor Maternal, Infant and Young Child Nutrition (MIYCN) Plan*
- *Further work on indicators to achieve global nutrition targets, including Code implementation*
- *Consultations on “risk assessment and management of conflicts of interest”*

Through this decision, the World Health Assembly:

1. *Approved a first set of outcome indicators to monitor the Comprehensive Implementation Plan on MIYCN and its global targets approved in WHA 65.60 [2012]. One of the global targets of the MIYCN Plan is to increase the rate of exclusive breastfeeding in the first six months to at least 50% by 2025.*
2. *Called for a working group to table a final set of indicators for a global monitoring framework for the MIYCN Plan in 2015. This includes policy and capacity indicators. The indicator for regulation of marketing is the number of countries with legislation or regulations fully implementing the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions. The reason is that, in the absence of Code implementation with adequate monitoring mechanisms, little progress is seen in increasing breastfeeding rates.²*
3. *Requested for informal consultations on risk assessment and management tools for conflicts of interest in nutrition actions. WHO’s Department of Nutrition responded by establishing a work stream on conflicts of interest that focuses on potential problems with the implementation of the MIYCN Plan, esp. in cases for engagement with non-State actors.³ (i.e. company involvement).*
4. *Requested work on providing clarification and guidance on inappropriate promotion of food for infants and young children (see WHA 63.23 [2010] and WHA 65.60 [2012]). The clarification should be available to WHA in 2016. A Scientific and Technical Advisory Group (STAG), convened by WHO, has already defined what constitutes inappropriate promotion of foods for infants and young children. Guidance in the form of 7 recommendations was submitted for consultation from 20 July to 10 August 2015.⁴*

¹ Under Article 23 of the WHO Constitution, the normative weight given to resolutions and decisions is the same.

² http://www.who.int/nutrition/events/2015_informal_consultation_monitoringframework_miy_cn_indicators_report.pdf?ua=1; accessed on 29 October 2015

³ http://www.who.int/nutrition/events/2015_conflicts_of_interest_nut_programmes/en/; accessed on 29 October 2015

⁴ <http://www.who.int/nutrition/events/inappropriate-food-promotion-consultation/en/>; accessed on 29 October 2015

The Sixty-seventh World Health Assembly,

(1) ENDORSED the seven indicators to monitor progress towards the achievement of the global targets as part of the core set of indicators of the global monitoring framework on maternal, infant and young child nutrition;

(2) REQUESTED the Director-General to establish a working group composed of representatives and experts appointed by Member States and United Nations bodies in order to complete the work, before the end of 2014, on the development of the core set of indicators to monitor the comprehensive implementation plan on maternal, infant and young child nutrition, building on "tracer" indicators for policy and programme implementation in health and other sectors that are relevant to the achievement of the global nutrition targets, as well as developing an extended set of indicators in order to track processes that have an impact on the global targets in specific country settings, for consideration by Member States at the Sixty-eighth World Health Assembly;

(3) ALSO requested the Director-General to convene informal consultations with Member States¹ to complete the work, before the end of 2015, on risk assessment and management tools for conflicts of interest in nutrition, for consideration by Member States at the Sixty-ninth World Health Assembly;

(4) NOTED the work carried out by the WHO Secretariat in response to resolution WHA65.6 on the comprehensive implementation plan on maternal, infant and young child nutrition, in which the Director-General was requested to provide clarification and guidance on the "inappropriate promotion of food for infants and young children" cited in resolution WHA63.23 on infant and young child nutrition, taking into consideration the ongoing work of the Codex Alimentarius Commission; further recalling resolution WHA63.23, in which Member States were urged to end inappropriate promotion of food for infants and young children; and further requesting the Director-General to complete the work, before the end of 2015, for consideration by Member States at the Sixty-ninth World Health Assembly.

¹ And, where applicable, regional economic integration 1 organizations
(emphasis added)

24 May 2014

This Resolution welcomes the WHO Guidance on ending the inappropriate promotion of foods for infants and young children (attached). It calls upon

- 1. Member States to take all necessary measures to implement the Guidance.*
- 2. Manufacturers and distributors of foods for infants and young children to adhere to the Guidance.*

With this Resolution, the World Health Assembly accepted the clarification that follow-up milks and growing up milks are covered by the Code and should be treated as such when implementing the International Code of Marketing of Breastmilk Substitutes and relevant resolutions.

More importantly, the Guidance recommends that there should be no cross promotion to promote breastmilk substitutes via the promotion of foods for infants and young children. Examples are provided on what is meant by the term “cross promotion”. It also specifies the type of messages that should be used if foods for infants and young children are promoted and messages that are forbidden. Practices that constitute conflicts of interest in the health system were also discussed at length and their prohibition recommended.

Under this Resolution, Member States could take additional actions to end inappropriate promotion of foods for infants and young children. (see footnote 5 overleaf)

2016 WHA69.9

The Sixty-ninth World Health Assembly,

Having considered the reports on maternal, infant and young child nutrition;¹

Recalling resolutions WHA33.32 (1980), WHA34.22 (1981), WHA35.26 (1982), WHA37.30 (1984), WHA39.28 (1986), WHA41.11 (1988), WHA43.3 (1990), WHA45.34 (1992), WHA46.7 (1993), WHA47.5 (1994), WHA49.15 (1996), WHA54.2 (2001), WHA55.25 (2002), WHA58.32 (2005), WHA59.21 (2006), WHA61.20 (2008) and WHA63.23 (2010) on infant and young child nutrition, appropriate feeding practices and related questions;

Further recalling resolution WHA65.6 (2012) on maternal, infant and young child nutrition, in which the Health Assembly requested the Director-General to provide guidance on the inappropriate promotion of foods for infants and young children cited in resolution WHA63.23; Convinced that guidance on ending the inappropriate promotion of foods for infants and young children is needed for Member States, the private sector, health systems, civil society and international organizations;

¹ Documents A69/7 and A69/7 Add.1.

Reaffirming the need to promote exclusive breastfeeding practices in the first 6 months of life, and the continuation of breastfeeding up to 2 years and beyond, and recognizing the need to promote optimal complementary feeding practices for children from ages 6–36 months based on WHO² and FAO dietary guidelines and in accordance with national dietary guidelines;

Recognizing that the Codex Alimentarius Commission is an intergovernmental body which is the principal organ of the joint FAO/WHO food standards programme and that it is the appropriate body for establishing international standards on food products, and that reviews of Codex standards and guidelines should give full consideration to WHO guidelines and recommendations, including the International Code of Marketing of Breastmilk Substitutes and relevant Health Assembly resolutions,

1. WELCOMES with appreciation the technical guidance on ending the inappropriate promotion of foods for infants and young children;
2. URGES Member States^{3,4,5} in accordance with national context;
 - (1) to take all necessary measures in the interest of public health to end the inappropriate promotion of foods for infants and young children, including, in particular, implementation of the guidance recommendations while taking into account existing legislation and policies, as well as international obligations;
 - (2) to establish a system for monitoring and evaluation of the implementation of the guidance recommendations;
 - (3) to end inappropriate promotion of food for infants and young children, and to promote policy, social and economic environments that enable parents and caregivers to make well informed infant and young child feeding decisions, and further support appropriate feeding practices by improving health and nutrition literacy;
 - (4) to continue to implement the International Code of Marketing of Breastmilk Substitutes and WHO recommendations on the marketing of foods and non-alcoholic beverages to children;
3. CALLS UPON manufacturers and distributors of foods for infants and young children to end all forms of inappropriate promotion, as set forth in the guidance recommendations;

2 Documents A69/7 and A69/7 Add.1.

3 And, where applicable, regional economic integration organizations.

4 Taking into account the context of federated States.

5 Member States could take additional actions to end inappropriate promotion of foods for infants and young children.

4. CALLS UPON health care professionals to fulfil their essential role in providing parents and other caregivers with information and support on optimal infant and young child feeding practices and to implement the guidance recommendations;
5. URGES the media and creative industries to ensure that their activities across all communication channels and media outlets, in all settings and using all marketing techniques, are carried out in accordance with the guidance recommendations on ending the inappropriate promotion of foods for infants and young children;
6. CALLS UPON civil society to support ending inappropriate promotion of foods for infants and young children, including activities to advocate for, and monitor, Member States' progress towards the guidance's aim;
7. REQUESTS the Director-General:
 - (1) to provide technical support to Member States in implementing the guidance recommendations on ending the inappropriate promotion of foods for infants and young children and in monitoring and evaluating their implementation;
 - (2) to review national experiences with implementing the guidance recommendations in order to build the evidence on their effectiveness and consider changes, if required;
 - (3) to strengthen international cooperation with relevant United Nations funds, programmes and specialized agencies and other international organizations, in promoting national action to end the inappropriate promotion of foods for infants and young children, taking into consideration the WHO guidance recommendations;
 - (4) to report on implementation of the guidance recommendations on ending the inappropriate promotion of foods for infants and young children as part of the report on progress in implementing the comprehensive implementation plan on maternal, infant and young child nutrition to the Seventy-first and Seventy-third World Health Assemblies in 2018 and 2020, respectively.

Eighth plenary meeting,
28 May 2016 A69/VR/8

Guidance on ending the inappropriate promotion of foods for infants and young children

Report by the Secretariat

PURPOSE

1. The purpose of this document is to provide guidance on ending the inappropriate promotion of foods for infants and young children, with the aim to promote, protect and support breastfeeding, prevent obesity and noncommunicable diseases, promote healthy diets, and ensure that caregivers receive clear and accurate information on feeding.

SCOPE

2. The term "foods" is used in this guidance to refer to both foods and beverages (including complementary foods). Guidance on the inappropriate promotion of breastmilk substitutes is contained in the Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions. The current document does not replace any provisions in the Code but clarifies the inclusion of certain products that should be covered by the Code and subsequent resolutions.
3. This guidance applies to all commercially produced foods that are marketed as being suitable for infants and young children from the age of 6 months to 36 months. Products are considered to be marketed as being suitable for this age group if they (a) are labelled with the words "baby", "infant," "toddler" or "young child"; (b) are recommended for introduction at an age of less than 3 years; (c) have a label with an image of a child who appears to be younger than 3 years of age or feeding with a bottle; or (d) are in any other way presented as being suitable for children under the age of 3 years. This approach is in line with the relevant Codex guidelines and standards on foods for infants and young children that refer to young children up to the age of 3 years.¹

¹ Codex guidelines on formulated complementary foods for older infants and young children (CAC/GL-8-1991, revised in 2013); Codex standard for processed cereal-based foods for infants and young children (Codex/STAN 074-1981, revised in 2006); Codex standard for canned baby foods (CODEX STAN 73-1981); and Codex standard for follow-up formula (CODEX STAN 156-1987).

4. This guidance is not applicable to vitamin and mineral food supplements and home-fortification products such as micronutrient powders and small-quantity lipid-based nutrient supplements. Although such supplements and products are often classified as foods for regulatory purposes, they are not foods per se, but fortification products. Many of the principles contained in this guidance, including those concerning adherence to national and global standards for nutrient levels, safety and quality and to prohibitions on any messages indicating their use for infants under 6 months of age, should nevertheless be applied to such products.
5. The promotion of foods for infants and young children occurs through government programmes, non-profit organizations and private enterprises. This guidance is applicable in all these settings, as the principles it contains are important regardless of who is responsible for the promotion.

DEFINITIONS

6. Foods for infants and young children are defined as commercially produced food or beverage products that are specifically marketed as suitable for feeding children up to 36 months of age.
7. Marketing means product promotion, distribution, selling, advertising, product public relations and information services.
8. Promotion is broadly interpreted to include 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 through traditional mass communication channels, the Internet and other marketing media using a variety of promotional methods. In addition to promotional techniques aimed directly at consumers, measures to promote products to health workers or to consumers through other intermediaries are included. There does not have to be a reference to a brand name of a product for the activity to be considered as advertising or promotion.
9. Cross-promotion (also called brand crossover promotion or brand stretching) is a form of marketing promotion where customers of one product or service are targeted with promotion of a related product. This can include packaging, branding and labelling of a product to closely resemble that of another (brand extension). In this context, it can also refer to use of particular promotional activities for one product and/or promotion of that product in particular settings to promote another product.

RECOMMENDATIONS

10. **Recommendation 1.** Optimal infant and young child feeding should be promoted based on the Guiding principles for complementary feeding of the breastfed child² and the Guiding principles for feeding non-breastfed children 6–24 months of age.³ Emphasis should be placed on the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely.⁴
11. **Recommendation 2.** Products that function as breastmilk substitutes should not be promoted. A breastmilk substitute should be understood to include any milks (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to the age of 3 years (including follow-up formula and growing-up milks). It should be clear that the implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions covers all these products.
12. **Recommendation 3.** Foods for infants and young children that are not products that function as breastmilk substitutes should be promoted only if they meet all the relevant national, regional and global standards for composition, safety, quality and nutrient levels and are in line with national dietary guidelines. Nutrient profile models should be developed and utilized to guide decisions on which foods are inappropriate for promotion. Relevant Codex standards and guidelines⁵ should be updated and additional guidelines developed in line with WHO's guidance to ensure that products are appropriate for infants and young children, with a particular focus on avoiding the addition of free sugars and salt.

2 PAHO and WHO. Guiding principles for complementary feeding of the breastfed child. 2003. http://www.who.int/maternal_child_adolescent/documents/a85622/en/ (accessed 25 November 2015).

3 WHO. Guiding principles for feeding non-breastfed children 6–24 months of age. 2005 http://www.who.int/maternal_child_adolescent/documents/9241593431/en/ (accessed 25 November 2015).

4 See WHO/UNICEF. Global strategy for infant and young child feeding, Geneva. 2003. <http://apps.who.int/iris/bitstream/10665/42590/1/9241562218.pdf?ua=1&ua=1> (accessed 25 November 2015).

5 Codex Guidelines on formulated complementary foods for older infants and young children (CAC/GL-8-1991, revised in 2013); Codex standard for processed cereal-based foods for infants and young children (Codex/STAN 074-1981, revised in 2006); Codex standard for canned baby foods (Codex/STAN 73-1981, revised in 1989); Codex advisory list of vitamin components for use in foods for infants and children (CAC/GL 10-1979, revised in 2009).

13. **Recommendation 4.** The messages used to promote foods for infants and young children should support optimal feeding and inappropriate messages should not be included. Messages about commercial products are conveyed in multiple forms, through advertisements, promotion and sponsorship, including brochures, online information and package labels. Irrespective of the form, messages should always:

- include a statement on the importance of continued breastfeeding for up to two years or beyond and the importance of not introducing complementary feeding before 6 months of age;
- include the appropriate age of introduction of the food (this must not be less than 6 months);
- be easily understood by parents and other caregivers, with all required label information being visible and legible.

14. Messages should 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);
- include any image, text or other representation that is likely to undermine or discourage breastfeeding, that makes a comparison to breastmilk, or that suggests that the product is nearly equivalent or superior to breastmilk;
- recommend or promote bottle feeding;
- 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.

15. **Recommendation 5.** There should be no cross-promotion to promote breastmilk substitutes indirectly via the promotion of foods for infants and young children.

- The packaging design, labelling and materials used for the promotion of complementary foods must be different from those used for breastmilk substitutes so that they cannot be used in a way that also promotes breastmilk substitutes (for example, different colour schemes, designs, names, slogans and mascots other than company name and logo should be used).

- Companies that market breastmilk substitutes should refrain from engaging in the direct or indirect promotion of their other food products for infants and young children by establishing relationships with parents and other caregivers (for example through baby clubs, social media groups, childcare classes and contests).
16. **Recommendation 6.** Companies that market foods for infants and young children should not create conflicts of interest in health facilities or throughout health systems. Health workers, health systems, health professional associations and nongovernmental organizations should likewise avoid such conflicts of interest. Such companies, or their representatives, should not:
- provide free products, samples or reduced-price foods for infants or young children to families through health workers or health facilities, except:
 - as supplies distributed through officially sanctioned health programmes. Products distributed in such programmes should not display company brands;
 - donate or distribute equipment or services to health facilities;
 - give gifts or incentives to health care staff;
 - use health facilities to host events, contests or campaigns;
 - give any gifts or coupons to parents, caregivers and families;
 - directly or indirectly provide education to parents and other caregivers on infant and young child feeding in health facilities;
 - provide any information for health workers other than that which is scientific and factual;
 - sponsor meetings of health professionals and scientific meetings.
17. Likewise, 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. 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 meetings of health professionals and scientific meetings.

18. **Recommendation 7.** The WHO set of recommendations on the marketing of foods and non- alcoholic beverages to children⁶ should be fully implemented, with particular attention being given to ensuring that settings where infants and young children gather are free from all forms of marketing of foods high in saturated fats,⁷ trans-fats, free sugars or salt. While foods marketed to children may not be specifically intended for infants and young children, they may, nevertheless, be consumed by them. A range of strategies should be implemented to limit the consumption by infants and young children of foods that are unsuitable for them.

6 WHO. Set of recommendations on the marketing of foods and non-alcoholic beverages to children. Geneva: World Health Organization; 2010.

7 While diets for young children should have adequate fat content, a 2008 joint FAO/WHO expert consultation proposed that no more than 35% of total energy should come from fat.

Member States and breastfeeding advocates need to be vigilant of the following:

- 1. Operative Paragraph (OP) 1.1 mentions “multisectoral approaches” with regard to “laws, policies and programmes aimed at protection, promotion, including education and support of breastfeeding”. Industry might attempt to use this as an entry point to be involved in breastfeeding education and promotion. Previous resolutions that address conflicts of interest (WHA 49.15 [1996], 58.32 [2005] & 61.20 [2008]) preclude “multisectoral approaches” involving manufacturers and distributors or parties who work for them, in the protection and promotion of breastfeeding. Likewise, Code monitoring must be free from commercial influence.*
- 2. “Evidence-based recommendations” referred in OP1.3 usually take years to develop and could hinder Member States from taking preventive measures when a harmful marketing practice is identified, or when a health risk arises. Member States and public health advocates have always relied on relevant resolutions, not evidence-based recommendations, to prevent many inappropriate marketing practices. It is important to insist that the International Code be read together with subsequent relevant WHA resolutions.*
- 3. OP1.5 does not specify the 2016 Guidance on ending the inappropriate promotion of foods for infants and young children even though it is evidence-based. The general text in the resolution could dilute the specific recommendations of the 2016 Guidance. It is important to emphasise governments’ obligations to implement the 2016 Guidance and industry’s obligations to adhere to it, as set forth in WHA resolution 69.9 [2016].*
- 4. The text in OP 2.1 avoids any reference to a number of initiatives led by WHO to support countries in scaling up protection, promotion, and support of breastfeeding which endeavour to curb aggressive marketing practices. This should not dilute WHO’s obligation to provide support for these initiatives.*

A positive aspect of this resolution is the call for the Baby-friendly Hospital Initiative to be reinvigorated, and the full integration of the revised 10 Steps to Successful Breastfeeding, which incorporates Code compliance in Step 1.

The Seventy-first World Health Assembly,

Having considered the reports on maternal, infant and young child nutrition;¹

Recalling resolutions WHA33.32 (1980), WHA34.22 (1981), WHA35.26 (1982), WHA37.30 (1984), WHA39.28 (1986), WHA41.11 (1988), WHA43.3 (1990), WHA45.34 (1992), WHA46.7 (1993), WHA47.5 (1994), WHA49.15 (1996), WHA54.2 (2001), WHA55.25 (2002), WHA58.32 (2005), WHA59.21 (2006), WHA61.20 (2008), WHA63.23 (2010), WHA65.6 (2012) and WHA69.9 (2016) on infant and young child nutrition, appropriate feeding practices and related questions, as well as resolutions WHA68.19 (2015), WHA69.8 (2016) and United Nations General Assembly resolution 70/1 (2015);

Reaffirming the commitment made in the 2030 Agenda for Sustainable Development, including to end all forms of malnutrition by 2030;

Recalling the commitment to implement relevant international targets and action plans, including WHO's global maternal, infant and young child nutrition targets for 2025 and WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the Rome Declaration on Nutrition resulting from the Second International Conference on Nutrition;

Reaffirming also that breastfeeding is critical for child survival, nutrition and development, and maternal health;

Affirming that the protection, promotion and support of breastfeeding contributes substantially to the achievement of the Sustainable Development Goals on nutrition and health, and is a core element of quality health care;

Recognizing that appropriate, evidence-based and timely support of infant and young child feeding in emergencies saves lives, protects child nutrition, health and development, and benefits mothers and families;

¹ Documents A71/22 and A71/23.

Expressing concern that nearly two in every three infants under 6 months of age are not exclusively breastfed; that fewer than one in five infants are breastfed for 12 months in high-income countries; and that only two in every three children between 6 months and 2 years of age receive any breast milk in low- and middle-income countries;

Acknowledging that achievement of the WHO global target to increase to at least 50% the proportion of infants under 6 months of age who are exclusively breastfed by 2025 requires sustainable and adequate technical and financial resources, and supportive and protective policy and regulatory interventions as well as political will, and that this needs to be part of broader efforts to strengthen health systems;

Welcoming the inclusion of support for exclusive breastfeeding in the Thirteenth General Programme of Work, 2019–2023;

Welcoming also the annual celebration of World Breastfeeding Week as an opportunity to communicate the importance of breastfeeding and advocate for the protection, promotion and support of breastfeeding;²

Also recognizing the ongoing implementation by WHO of the Framework of Engagement with Non-State Actors, including in nutrition programmes,

1. URGES Member States^{3,4,5} in accordance with national context and international obligations:

- (1) to increase investment in development, implementation and monitoring and evaluation of laws, policies and programmes aimed at protection, promotion, including education and support of breastfeeding, including through multisectoral approaches and awareness raising;
- (2) to reinvigorate the Baby-friendly Hospital Initiative, including by promoting full integration of the revised Ten steps to successful breastfeeding, in efforts and programmes aimed at improving quality of care for maternal, newborn and child health;
- (3) to implement and/or strengthen national mechanisms for effective implementation of measures aimed at giving effect to the International Code of Marketing of Breast-milk Substitutes, as well as other WHO evidence-based recommendations;

2 <http://worldbreastfeedingweek.org/>, accessed 21 May 2018.

3 And where applicable, regional economic integration organizations.

4 Taking into account the context of federated states.

5 Member States could take additional action to end inappropriate promotion of food for infants and young children.

- (4) to promote timely and adequate complementary feeding in accordance with the guiding principles for complementary feeding of the breastfed child,⁶ as well as guiding principles for the feeding of the non-breastfed child 6–24 months of age;⁷
- (5) to continue taking all necessary measures in the interest of public health to implement recommendations to end inappropriate promotion of foods for infants and young children;
- (6) to take all necessary measures to ensure evidence-based and appropriate infant and young child feeding during emergencies, including through preparedness plans, capacity-building of personnel working in emergency situations, and coordination of intersectoral operations;
- (7) to celebrate World Breastfeeding Week⁸ as a valuable means to promote breastfeeding;

1. REQUESTS the Director-General:

- (1) to provide, upon request, technical support to Member States in mobilizing resources, including financial resources, and monitoring and implementation of WHO recommendations to support infant and young child feeding, including in emergencies, and to review national experiences from this implementation and continue to update and generate evidence-based recommendations;
- (2) to provide, upon request, technical support to Member States to establish, review and implement national laws, policies and programmes to support infant and young child feeding;
- (3) to continue developing tools for training, monitoring and advocacy on the revised Ten steps to successful breastfeeding and the Baby-friendly Hospital Initiative, to provide support to Member States with implementation;

6 Guiding principles for complementary feeding of the breastfed child. Washington (DC): PAHO; 2003 (http://www.who.int/maternal_child_adolescent/documents/a85622/en/, accessed 21 May 2018).

7 Guiding principles for feeding non-breastfed children 6–24 months of age. Geneva: World Health Organization; 2005 (http://www.who.int/maternal_child_adolescent/documents/9241593431/en/, accessed 18 May 2018).

8 <http://worldbreastfeedingweek.org/>, accessed 21 May 2018.

- (4) to support Member States in establishing nutrition targets and intermediate milestones for maternal, infant and young child nutrition indicators, consistent with the time frame for implementation of the Framework for Action, the conference outcome document of the Food and Agriculture Organization's and World Health Organization's Second International Conference on Nutrition and the United Nations Decade of Action on Nutrition (2016–2025) and the timeframe of the Sustainable Development Goals (2015–2030);
- (5) to continue providing adequate technical support to Member States, upon request, in assessing national policies and programmes, and other measures, including quality data collection and analyses;
- (6) to develop tools for training, monitoring, advocacy and preparedness for the implementation of the operational guidance on infant and young child feeding in emergencies and support Member States to review experiences in its adaptation, implementation and monitoring;
- (7) to report to the Seventy-third World Health Assembly in 2020 on the progress made in implementing this resolution and in alignment with the reporting requested in resolution WHA69.9.

Seventh plenary meeting,
26 May 2018
A71/VR/7

(emphasis added)



The International Baby Food Action Network (IBFAN) was founded in October 1979 and is now a coalition of 273 citizen groups in 168 developing and industrialised nations.

- IBFAN works for better child health and nutrition through the promotion of breastfeeding and the elimination of irresponsible marketing of infant foods, bottles and teats.
- The Network helped to develop the WHO/UNICEF Code of Marketing of Breastmilk Substitutes and is determined to see marketing practices everywhere change accordingly.
- IBFAN has successfully used boycotts and adverse publicity to press companies into more ethical behaviour. IBFAN also helps to promote and support breastfeeding in other ways.

INTERNATIONAL
CODE
DOCUMENTATION CENTRE

The International Code Documentation Centre (ICDC) was set up in 1985 to keep track of Code implementation worldwide. From 1991 to 2015, ICDC has trained a total of 1832 government officials and NGO workers from 148 countries in drafting sound legislation to protect breastfeeding.

- ICDC training had a positive impact on Code implementation in 77 of these countries.
- ICDC collects, analyses and evaluates national laws and draft laws.
- ICDC also conducts Code monitoring courses and maintains a database on Code violations worldwide.
- ICDC publishes a global monitoring report, Breaking the Rules, Stretching the Rules and the State of the Code by Country chart every three years.

IBFAN-ICDC
PO Box 19
10700 Penang, Malaysia.
Fax: +604-890 7291
Email: code@ibfan-icdc.org
www.ibfan-icdc.org

