9616-8710 :NSSI Printer: Jutaprint, Penang, Malaysia.

every effort has been made to obtain accurate This chart is based on ongoing surveys. While

.snoitibe corrections and will incorporate them in future data, some information may not be completely up-to-date. ICDC welcomes updates and

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were published in 1986, 1988, 1989, 1991, 1994, 1998, 1994, 2004, 2004, 2006, 2009, 2011, 2014 and Previous State of the Code by Country charts

2016.

KEY TO CHART CATEGORIES

- laws in particular those pertaining to quality, labelling or consumer protection, or () the government has adopted some provisions of the Code and subsequent MHW tesolutions in other 5. Some provisions in other laws or guidelines applicable to the health sector: In these countries,
- ii) the government has directives applicable to the health sector only.
- non-binding measures. of the Code and subsequent WHM resolutions through voluntary measures, official guidelines or other 6. Some provisions voluntary: In these countries, the government has adopted some of the provisions
- is pending approval/adoption as a law. to implement all or most of the provisions of the Code and subsequent WHM resolutions, and the draft 7. Measure drafted, awaiting final approval: In these countries, a draft law or other draft measure exists
- .esolutions. AHW trouppedus base of the more taken any steps to implement the Code and subsequent and AHW troupped to the transmission of transmission of the transmission of transmiss

by 34 countries; Convention 2001 (No.184) by 16 countries. The vertice and maternity leave and an advention as went as becared by any the vertice and maternity leave and lactating mothers to one or two paid breastfeeding breaks per working day. The ILO Safety and lactating mothers to one or two paid breastfeeding breaks per working day. The ILO Safety and sectating mothers to one or two paid breastfeeding to a set a sectar and the set of the special needs of women agricultural workers in relation to breastfeeding. To date, Convention 2000 (No.183) has been ratified by 34 countries; Convention 2001 (No.184) by 16 countries.

Successful breastfeeding requires support and protection, particularly at the workplace. Supportive legislation helps to ensure that all working women enjoy adequate paid maternity leave, job security and non-discrimination as well as breastfeeding breaks. The ILO Maternity Protection Convention

Commission of Human Rights declared that breastfeeding is a humans rights issue for both mothers

The CRC Committee released General Comments No.15 and 16 that specifically urge State the CRC Committee released General Comments No.15 and 16 that specifically urge State Parties to implement the Code and for industry to fully comply with it. In 2016, the Committee on the Elimination of Discrimination against Women followed suit by issuing CEDAW General Recommendation No.34 which calls on State Parties to implement and monitor the Code for effective regulation of marketing of breastimik substitutes. Also in 2016, the UN Office for the High effective regulation of marketing of breastimik substitutes. Also in 2016, the UN Office for the High

The child's right to the highest attainable standard of health, achievable through breastfeeding, is enshrined in the Convention on the Rights of the Child (CRC) (Article 24). Governments reviewed by the Committee on the Rights of the Child are being asked to create the enabling environment

Steps in 2018 formally incorporates the requirement to comply with the Code and WHA resolutions into Step 1 as part of the infant and young child feeding policies. BFHI facilities must now have, among other things, a policy that describes how it abides by the Code, including procurement of breastimilk substitutes, not accepting support or gifts from producers or distributors of products covered by the Code and not giving samples of breastmilk substitutes, feeding bottles or teats to mothers.

BFHI was launched in 1991 by WHO and UNICEF and it is a key initiative to ensure continuous support for breastfeeding within the health care system. The foundation of BFHI is the "Ten Steps to Successful Breastfeeding". While full application of the Code and the WHA resolutions has been a major component of the BFHI, it was not part of the original Ten Steps. The latest revision of the Ten

high priority for action by governments and calls on them to monitor existing measures, strengthen them or adopt new ones. The Global Strategy provides a protective framework and its Paragraph 44 restricts the role of companies to meeting Codex standards and to ensuring that their conduct at

Adopted by the WHA and the UNICEF Executive Board in 2002, it identifies the Code as an area of

manufacturers of highly processed foods and supplements and their front groups constituting 40% of

women need to breastfeed optimally. This includes legislation to control marketing. In 2013,

and children and should be protected and promoted for the benefit of both.

The Code and the Baby Friendly Hospital Initiative (BFHI)

The Global Strategy on Infant and Young Child Feeding

every level conforms to the Code and subsequent WHA resolutions.

ματειστιλ ρεοτεστιου

The Code and Human Rights

Codex nutrition meetings.

mothers.

- resolutions. AHW transpassing all or nearly all provisions of the International Code and subsequences 1. Law: These countries have enacted legislation or adopted regulations, decrees or other legally binding
- .esolutions. AHW ther legally binding measures encompassing many provisions of the Code and subsequent 2. Many provisions law: These countries have enacted legislation or adopted regulations, decrees or
- resolutions. or other legally binding measures covering only few of the provisions of the Code or subsequent AHW 3. Few provisions law: These countries have enacted legislation or adopted regulations, directives, decrees
- non-binding measure. There are no enforcement mechanisms. of the Code and subsequent WHA resolutions through a voluntary Code, a government policy or other 4. Voluntary Code or policy: In these countries the government has adopted all or most of the provisions

Code implementation worldwide

able to wield its influence to obstruct any fresh or renewed national attempt to curtail its marketing practices. In a battle of might between trade and health, the former invariably wins to the detriment of infant and young child health. aggressive in pushing sales to increase their foothold in lucrative markets. Breastleeding and infant health are negatively impacted as a result. Realising this, some countries took steps to review existing Code measures. This should be a positive development but with few exceptions, national measures that were not first rate to begin with, ended up eroded. The powent to curtoil its industry is absure that were not first rate to begin with, ended up eroded. The powent to substant and the same strate were not first rate to begin with, ended up eroded. The powent to substant and the same strate were not first rate to begin with, ended up eroded. The powent to substant and the same strate were not first rate to begin with, ended up eroded. The powent to substant and a substant strate strate to begin with ended up eroded. The powent to substant a substant strate strate to begin with, ended up eroded and the strate st (Euromonitor 2015), making the baby food market the fastest growing food sector. Companies are f102 vd noillid 8.07\$ Acts of the and the and the Ar02 ni noillid 8.44\$ Arow as the set to reach \$70.0 In total, 85% of 198 countries have taken some action to implement the International Code of MAR Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly (WHA) resolutions (collectively: The Code). While this may be an impressive percentage, the quality of national mackures is uneven and problems with monitoring and enforcement persist. The global

enforce existing ones. us about the importance of breastfeeding to the health and wealth of families and nations alike. There is every reason to adopt stricter measures that give effect to the Code and to monitor and and the political will to act are weakened, undermined or eroded when governments are unable to withstand industry challenges and threats. It is against this discouraging background that 37 years after the Code was adopted by the WHA, aggressive marketing of breastfmilk substitutes is still undermining efforts to protect the health of babies. The 2016 Lancet Breastfreeding Series reminds undermining efforts to protect the health of babies. processes which very often result in the weakening of Code measures. Monitoring, law enforcement The policy making space for public health is increasingly opened to business interests through Public Private Partnerships, multistakeholder initiatives (PPPs/MSIs) and other close relationships with industry. Through PPPs/MSIs, industry is given a platform to participate in policy-making

The Code and Trade

technical barriers to trade and intellectual property. Industry uses such agreements to argue against strong Code measures causing a regulatory standstill in many countries. It must be stressed that these agreements do not negate existing WTO rules which recognise public interest laws based on internationally adopted standards. interest. Other clauses that could impact on public health regulations include those relating to to stop governments from using regulations to protect health if such laws are against their business is that even though their national Code measures have the effect of limiting trade, they are applied equally to foreign and domestic products and that less restrictive measures cannot meet their health objectives. More concerning than WTO are the new generation of mega regional trade agreements. These trade agreements have dispute settlement clauses which confer upon businesses the power to according the provident of the product statements of the power to according the provident statements from using the provident of the provident statement of the provident statements from the provident statement of the provident statement of the provident statements from the provident statement of the p WOT compliant. Countries should not be discouraged by this argument. What they need to show Although measures to protect health are legitimate policy objectives under all WTO agreements, the argument is often advanced that translating the Code into strong national laws will not be

Additionally, Code implementation has been identified as an area of opportunity for positive "policy coherence" between trade and health. In this respect, WHO, as the parent UN body for the Codex

Alimentarius, should continue its efforts to bring the whole Codex process more into line with WHO and FAO policy. Currently Codex meeting are wide open to undue commercial influence with



About ICDC

.ebiwbhow noitstnemeldmi The International Code Documentation Centre (ICDC) was set up in 1985 to keep track of Code

- ICDC collects, analyses and evaluates national laws and draft laws.
- ICDC also conducts courses on Code implementation and Code monitoring. It maintains •
- From 1991 to 2017, ICDC trained over 2000 government officials from 148 countries in draffing a database on Code violations worldwide
- ICDC publishes a global monitoring report, Breaking the Rules, Stretching the Rules and a State of sound legislation to protect breastfeeding.
- the Code by Country chart every three years.





A survey of measures taken by governments to implement the provisions of the International Code of Marketing of Breastmilk Substitutes & subsequent World Health Assembly resolutions.

STATE OF THE CODE BY COUNTRY



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

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

2018

BY F RY STATE CODE \mathbf{O} ΗE COUNT

The International Code Documentation Centre (ICDC), IBFAN's global programme office for Code implementation and monitoring, collects information on national Code implementation. Every two years since 1986, ICDC has been publishing this State of the Code Chart. ICDC has undertaken this exercise independently, with the help of IBFAN regional coordinating offices (RCOs) and national IBFAN groups, and occasionally through information sharing with UNICEF.

As of 2016, WHO and UNICEF have started cooperating with ICDC to collect and review national measures adopted by countries. This cooperation allows all three organisations to gain access and share data that hitherto were unavailable, thus enabling all to fill in missing or incomplete information. New assessment tools from WHO provides ICDC the opportunity to re-examine national measures. After verification with RCOs, we were able to achieve consensus with WHO and UNICEF on the state of the Code in many countries. This works in particular for countries with dedicated Code legislation. ICDC has, however, maintained its tradition of assessing and classifying countries with national measures other than laws. This is where this Chart differs from the joint WHO/UNICEF/IBFAN report which only records legislative measures, not voluntary ones or national policies.

There are changes made to the position of some countries after the recent reassessment. Some countries were upgraded, others downgraded because existing measures have not caught up with subsequent World Health Assembly resolutions and are no longer able to keep up with prevailing marketing practices. Changes have also been introduced to the categorisation of the different types of measures taken to better reflect the actual status of countries close to 40 years after the Code was introduced.

Countries whose positions shifted as a result of reassessment and re-categorisation are listed below together with the justifications for the shifts.

Upgraded because legislation meets new assessment criteria - Colombia - 3 to 2. Downgraded because existing legislation fails to meet new assessment criteria: Argentina 2 to 3, Cameroon 1 to 2, Canada 5 to 8, Costa Rica1 to 2, Cuba 3 to 5, Guatemala 1 to 2, Guinea 3 to 9, Iran 2 to 3, Israel 3 to 9, Kenya 1 to 2, Oman 2 to 3, Monaco 9 to 3, Nicaragua 2 to 3, Niger 2 to 3, Rwanda 5 to 2, Senegal 2 to 3, Trinidad and Tobago 3 to 5, Solomon Islands 5 to 3, Uruguay 2 to 3.

New/additional* measure adopted since the last ICDC Chart in 2016: Bangladesh* 2 to 1, Chile* 5 to 3, Ethiopia 4 to 3, Mongolia 2 (unchanged), Thailand 6 to 2, Hong Kong 6 to 4.

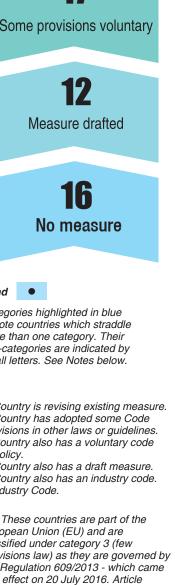
Repeal/Amendments^: China 3 to 5, Fiji^ 1 to 2.

New information: Belarus 9 to 5, Monaco 9 to 3, Guinea 3 to 8.

There are still countries that have done nothing while some have taken retrogressive steps. These include the United States and China, the two biggest economies. This Chart gives place to special administrative areas and territories with large populations and Code measures of their own. Under this current reassessment, we now have information on all countries.

The keys to the categories in this chart are shown overleaf.

petter	Status of the Coop						MS	Se			Status of the Con			s law	law	Some provision Policy	ns in other laws or guide laws	s voluntary			IBFAN SCALE The Code in 198 countries
	Status o	Law	Many prov.	Few provisions law	Voluntary of	Some provis.	Some . Or guid		No Mean	No information	Status o	Law	Many proce	Few provisions law	Voluntaria	Some Provision Policy	Some bro	Measure	No Measured	No information	Indonesian IBFANer Meliana Tjia with Micha, exclusively breastfed.
	Asia Afghanistan	 •	2	3	4	5	6	7	8	9	Europe Albania	 	2	3	4	5	6	7	8	9	
	Bangladesh Bhutan	•			•						Armenia *Austria	•		•							
	Brunei Cambodia		•				•				Azerbaijan Belarus		•			•					96
	China				• ^b	•					*Belgium			● ●b,c							JU
Ho	ng Kong, SAR China Macao, SAR China				••						**Bosnia & Herzegovina *Bulgaria			•							Law
⊢	India Indonesia	•	•								*Croatia *Cyprus			•							
	Japan Kazakhstan					•	●b				*Czech Republic *Denmark			•							31
	Korea, Dem. P.R. of								٠		*Estonia			•							Many provisions law
	Korea, Republic of Kyrgyzstan		•	• c							*Finland *France			•							
	Laos Malaysia			● ^a	● ^{a,b}						Georgia *Germany	•		•							61
	Maldives Mongolia	•	•								*Greece *Hungary			•							Few provisions law
	Myanmar Nepal	•	•								Iceland *Ireland			•							
	Pakistan	•									Israel			•					•		12
	Philippines Singapore	•					●f				*Italy Kosovo	•									Voluntary Code or Policy
	Sri Lanka Taiwan	•				•					*Latvia Liechtenstein			•							
	Tajikistan Thailand		•								*Lithuania *Luxembourg			•							13
	Timor Leste Turkmenistan			•				•			Macedonia *Malta			•		•					Some provisions
	Uzbekistan			•							Moldova					•					in other laws or guidelines
	Viet Nam Africa	• I	2	3	4	5	6	7	8	9	Monaco Montenegro			•					•		17
	Angola Benin	●a						•			*Netherlands Norway			•							Somo provisiono voluntany
	Botswana Burkina Faso	•	●ª								*Poland *Portugal			•							Some provisions voluntary
	Burundi		•								*Romania			•							10
	Cameroon Cape Verde	•	•								***Russian Federation Serbia		•			•					IZ
⊢	Central African Rep. Chad							•	•		*Slovakia *Slovenia			•							Measure drafted
	Comores Congo, Dem. Rep. of		•								*Spain *Sweden			•							
	ngo, People's Rep. of							•			Switzerland			•e							16
	Côte d'Ivoire Equatorial Guinea		•						•		Turkey Ukraine					•					No measure
	Eritrea Ethiopia			•					•		*United Kingdom Americas	1	2	•	4	5	6	7	8	9	
	Gabon Gambia	•									Antigua & Barbuda Argentina			•					•		Legend
	Ghana Guinea	•							•		Bahamas Barbados				•		•				Categories highlighted in blue denote countries which straddle more than one category. Their
	Guinea-Bissau		•	●d							Belize						•				sub-categories are indicated by small letters. See Notes below.
	Kenya Lesotho		•					•			Bolivia Brazil	•									Notes
	Liberia Madagascar	•					●d				Canada Chile			•					•		a. Country is revising existing measure. b. Country has adopted some Code provisions in other laws or guidelines.
⊢	Malawi Mali		•								Colombia Costa Rica		•								c. Country also has a voluntary code or policy. d. Country also has a draft measure.
	Mauritania Mauritius						●d		•		Cuba Dominica				•	•					e. Country also has a dran measure. f. Industry Code.
	Mozambique	•						•			Dominican Republic	•		-							* These countries are part of the
	Niger			•				-			Ecuador El Salvador		•	•							European Union (EU) and are classified under category 3 (few provisions law) as they are governed by
E	Nigeria Rwanda		•								Grenada Guatemala		•				•				EU Regulation 609/2013 - which came into effect on 20 July 2016. Article 11 of the Regulation empowers the
	São Tomé & Príncipe Senegal			●a				●c			Guyana Haiti				•			•			Commission to adopt Delegated Acts. Commission Delegated Regulation (EU) 2016/127 (DR) will replace
F	Seychelles Sierra Leone			●a				•			Honduras Jamaica			•	•						Commission Directive 2006/141/EC as of 22 February 2020. Under Article
F	Somalia South Africa	•							•		Mexico		●c	-	-						10 (1) of the DR, Member States may further restrict or prohibit advertising of infant formula. Member States will
	South Sudan								•		Nicaragua Panama	•		•							have to adopt additional legislation for enforcement.
	Swaziland Tanzania	•			●d						Paraguay Peru	•		•							Following the European Economic Area Agreement, the positions of Iceland,
	Togo Uganda	•						•			Puerto Rico, C'wealth of St Kitts & Nevis			•			•				Liechtenstein and Norway are aligned with the EU.
	Zambia Zimbabwe	•	•								St Lucia St Vincent						•				EU legislation, while weak on marketing of products over 6 months, does have important acfeguards relating to Food
۲	I. East & N. Africa	1	2	3	4	5 ● ^d	6	7	8	9	Surinam					¢			•		important safeguards relating to Food Safety, such as the Precautionary Principle and Risk Assessment. It
E	Algeria Bahrain	•		-							Trinidad & Tobago United States								•		has also adopted new rules on the classification of Foods for Special Medical Purposes which could help
	Djibouti Egypt		•	•							Uruguay Venezuela	•		•							stop the exploitation of this group of products.
	Iran Iraq			•							Oceania Australia		2	3	4 ● ^b	5	6	7	8	9	** Apart from regulations adopted at the central level that are aligned with
F	Jordan Kuwait	•		•							Cook Islands Fiji		•				•				EU directives, the entity of Republika Srpska, through its autonomous legal system, has adopted the Code as a
	Lebanon	•						●b			Kiribati Marshall Islands						●d				decree. The Federation of Bosnia and Herzegovina, a separate entity, has a
	Libya Morocco						●d	•			Micronesia						-	•			voluntary Code in place. *** The Code is given partial effect in
	Oman Palestine			•							Nauru New Zealand				● ^{b,f}				•		the region of Volgograd.
	Qatar					●d					Palau Papua New Guinea	•		•							 Sources 1. Government replies to ICDC survey 2. UNICEF Nutrition Section.
	Saudi Arabia		●a													· · ·				_	
F	Saudi Arabia Sudan		•a	•							Samoa Solomon Islands			•			●d				3. Department of Nutrition for Health and Development, WHO.
	Saudi Arabia			•		d					Samoa			•	•		●d		•		3. Department of Nutrition for Health



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