

CODE MONITORING KIT

Revised and updated 2019

This kit contains a manual and a set of 9 forms for NGOs and government authorities to monitor the International Code of Marketing of Breastmilk Substitutes, relevant WHA resolutions and the **Guidance on ending the inappropriate promotion of foods for infants and young children**.



INTERNATIONAL
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The Code Monitoring Kit results from the cumulative efforts of IBFAN monitors around the world. They started monitoring company practices even before the Code was adopted and this edition is a tribute to their efforts and is published in 2019 to commemorate the 40th anniversary of IBFAN.

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Preface

The International Baby Food Action Network (IBFAN) began monitoring the marketing practices of baby feeding companies several years before the International Code of Marketing of Breastmilk Substitutes (Code) was adopted.

In fact, many provisions in the Code relied on evidence provided by IBFAN reports back in 1979 and 1980-81. Later, IBFAN Code monitoring led to the adoption of several WHA Resolutions (e.g. on supplies). Over the years, IBFAN monitoring has brought about some changes to company practices, in particular on labelling. It has initiated Code implementation in a number of countries. The monitoring system used by IBFAN groups has also been used as a blueprint by national governments to monitor marketing practices.

While the monitoring capacity of IBFAN groups may never match the relentless ways in which companies undermine breastfeeding for the sake of profit, whistle-blowing resulting from monitoring means that companies have to pay attention. Experience shows that companies behave better when they know they are being watched.

The importance of Code monitoring is underscored by the way international organisations, UN and donor agencies are gradually involving themselves in this work. Even baby feeding companies and their affiliates are making a show of their monitoring mechanisms in their public relations exercises. Since monitoring methods by other entities are different and not always compatible with the aim and objectives of the Code, it is important for the IBFAN network to keep its monitoring system ongoing and ensuring at all times that it is reliable, independent and sustainable.

To this end, the International Code Documentation Centre (ICDC), which has the responsibility of coordinating Code monitoring for the IBFAN network, has reviewed its monitoring protocols. This edition of the Code Monitoring Kit has been revised and updated to take into account all relevant subsequent World Health Assembly resolutions on infant and young child feeding and in particular the 2016 WHO Guidance on ending the inappropriate promotion of foods for infants and young children.

The tools in this Code Monitoring Kit now incorporate features to capture new promotion tactics and strategies on the Internet and social media platforms. Due to increasing conflicts of interest situations, the revisions introduced also allow for activities involving public-private partnerships and company sponsored events to be captured.

A standard approach is advocated to obtain information that can be fed into a common collection point for processing. Vetted reports are posted on-line allowing evidence to be shared between national and international IBFAN offices. Reports, big and small, can be built from this exercise for the common goal of protecting infant health.

Most importantly, ICDC has tried to keep this Code Monitoring Kit user friendly and we hope the Kit will help IBFAN groups and supporters to gather accurate information which can be used to hold companies to account.

IBFAN-ICDC
July 2019

CODE MONITORING KIT

Chapter 1

Overview

The Why, What, Who, When, Where, and How of Monitoring



1.1 Introduction

In 1981, the World Health Assembly (WHA), the forum where Member States set the policies of the World Health Organization (WHO), adopted the International Code of Marketing of Breastmilk Substitutes (the Code).

The preamble to the Code highlights:

- a. that inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in all countries;
- b. that improper marketing of breastmilk substitutes and related products contributes to these major public health problems; and
- c. that the vulnerability of infants and the risks involved in the unnecessary and improper use of breastmilk substitutes mean that the marketing of breastmilk substitutes requires **special treatment**.

These statements became the foundation for provisions in the Code which are designed to reduce competition from commercial baby feeding products so that breastfeeding may thrive. The Code does not prohibit the **availability of products** but it bans advertising and restricts other promotional practices. It also directs health authorities to encourage and promote breastfeeding. It empowers parents to make informed decisions on infant and young child feeding free from commercial influence.

For infants and young children who are formula fed, the Code seeks to **minimise health risks** by requiring **appropriate labelling** of products and **warnings** on information materials. To prevent unsuitable and inappropriate products from being used to feed infants and young children, the International Code also contains provisions on the labelling of such products.

The Code is a **minimum requirement** – countries can and should introduce stronger measures. The danger posed by inappropriate marketing to breastfeeding is so real that the WHA debates on the progress of the Code every alternate year. When necessary, it adopts a new resolution to clarify and extend certain provisions of the Code, taking into account **new products**, **new marketing tactics** and **new scientific evidence**. Member States have, for many years, unanimously endorsed most of the subsequent resolutions and many have incorporated them into their national measures.

Always remember that:

- the Code was adopted by Resolution WHA 34.22 [1981] as a **minimum** requirement.
- the Code should be **read together** with subsequent WHA Resolutions which further **clarify and extend certain provisions of the Code**.

Annexes 1 and 2 contain summaries of the Code and subsequent WHA Resolutions. For the full text of the Code and WHA Resolutions (hereinafter referred to collectively in this Chapter as the '**International Code**'), go to: www.who.int/nutrition/topics/wha_nutrition_iycn/en/index.html.

In 2016, the WHA welcomed in Resolution 69.9, the **Guidance on ending the inappropriate promotion of foods for infants and young children** [A69/7 Add. 1] ('the 2016 Guidance').

Among other things, the 2016 Guidance states that:

- breastmilk substitutes should be understood to include **any milks that are specifically marketed for the feeding of infants and young children up to the age of 3 years including follow-up formula and growing-up milk**.
- there should be **no cross-promotion** to promote breastmilk substitutes indirectly via the promotion of foods for infants and young children.

The 2016 Guidance ends a long standing controversy regarding the scope of the International Code and stops the direct and indirect promotion of breastmilk substitutes through the promotion of other foods for infants and young children.

See Chapters 2 and 3 for further discussion on scope of the International Code and the 2016 Guidance.

1.2 Why monitor?

Companies behave better when they know they are being watched. Monitoring is therefore essential to ensure that companies who market baby feeding products adhere to the International Code. It should be carried out in every country whether or not there is a national measure which implements the International Code.

For countries which have yet to implement the International Code, it is essential to know what companies are doing to promote their products. Information obtained from monitoring can then be used to advocate for Code implementation. If a national measure is already in existence, it is important to determine if there are loopholes and basis for amendments or a new law. Monitoring will reveal if a national measure is being complied with, and what necessary steps can be taken to strengthen the measure or bolster weak monitoring and enforcement systems.

Factual information obtained from monitoring can assist **policy making** at the national level. It can also form the **basis for policies and programmes** of international agencies and NGOs working on infant and young child health. Increasingly, information obtained from monitoring is being relied on by **ethical investment funds** that wish to apply some social criteria to their investment decisions. These funds use monitoring results to help them decide whether or not to invest in a company and the pressure exerted can influence companies to improve their marketing behaviour.

Within the existing human rights framework, information obtained from monitoring is regularly reported to the **Committee on the Rights of the Child**. When countries report on their implementation of the Convention on the Rights of the Child, the Committee can recommend that they implement the International Code or strengthen the enforcement of their national measures.

Convention on the Rights of the Child

... private companies should ... **comply** with the **International Code of Marketing of Breast-milk Substitutes and the relevant subsequent World Health Assembly resolutions**; limit advertisement of energy-dense, micronutrient-poor foods, and drinks containing high levels of caffeine or other substances potentially harmful to children; and refrain from the advertisement, marketing and sale to children of tobacco, alcohol and other toxic substances or the use of child images.

General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)

States are also required to implement and enforce internationally agreed standards concerning children's rights, health and business, including ... the **International Code of Marketing of Breast-milk Substitutes and relevant subsequent World Health Assembly resolutions**.

General comment No. 16 (2013) on State obligations regarding the impact of the business sector on children's rights

The main monitoring provisions of the International Code are described below.

- **Article 11.1** puts the responsibility of monitoring squarely on governments. They should seek, when necessary, the cooperation of WHO, UNICEF and other agencies of the UN system.
- **Article 11.2** recommends that manufacturers and distributors (hereinafter referred to collectively as 'companies'), NGOs, professional groups and consumer organisations should collaborate with governments in this endeavour.
- **Article 11.3** states that independently of any other measures taken for implementation of the International Code, companies should regard themselves as responsible for monitoring their marketing practices and for taking steps to ensure that their conduct at every level conforms to the principles and aim of the International Code.

Important:

Article 11.2 has been clarified by Resolution WHA 49.15 [1996] which calls on Member States to ensure that monitoring the application of the International Code is carried out in a transparent, independent manner, free from commercial influence.

Independent monitoring precludes collaboration with companies.

1.3 How is monitoring different from enforcement?

Monitoring is centred on fact-gathering to remind public institutions and governments about their responsibilities to protect vulnerable consumers. Monitoring allows them to admonish or caution perpetrators of violations about their responsibilities in relation to marketing. It is a **watch-dog cum whistle-blowing mechanism** which has proven effective in shaming companies into behaving.

Unlike monitoring, enforcement is **linked to legal sanctions** and must meet stringent legal procedures on investigation and prosecution. Enforcement is useful to compel adherence to laws and regulations but it depends on an efficient policing system, a sound legal infrastructure and an independent judicial system. These factors are not always present at country level so monitoring is a useful mechanism to encourage Code compliance.

Monitoring and enforcement can **co-exist**. Companies and other perpetrators can be prosecuted or Code violations discovered through evidence gathered during monitoring.

1.4 Blueprint for monitoring

This Code Monitoring Kit uses the International Code and the 2016 Guidance as benchmark standards and it can be used as a basis for monitoring systems at the national level.

Start with checking national measures, where they exist, for provisions on monitoring. Where such provisions exist, they need to be followed but not many national measures have monitoring provisions. Those that do, often confine monitoring provisions to structures and procedures. The practical aspects of monitoring like **why, what, who, when, where**, and **how** are seldom mentioned. So, countries with national measures may take guidance from this Kit.

Countries without national measures can use this Kit as it is. Adoption and adherence to the International Code is a minimum requirement under resolution WHA 34.22 [1981] and companies are obliged, under **Article 11.3**, to take steps to ensure that their conduct at every level conforms with its aims and principles. NGO groups collaborating with governments in monitoring or conducting independent monitoring exercises will also find this Kit useful as a blueprint for monitoring.

1.5 Orientation to the International Code

1.5.1 The Products

Article 2 of the International Code, read together with subsequent WHA resolutions and the 2016 Guidance, covers the following products:

- **Infant formula** or any preparation intended to satisfy the nutritional requirements of infants from birth, including special formulas such as soy formula, lactose-free formula, low-birth-weight/premature formula.
- **Other milk products, foods and beverages** that are represented as suitable for use as a partial or total replacement for breastmilk. This includes **bottle-fed** complementary foods, **therapeutic milks, follow-up formula** and **growing-up milks** marketed for babies between six months to three years.
- **Any other foods and beverages** that are represented as suitable to be fed to infants **less than six months** old. This includes commercially processed baby foods and drinks such as cereal, jarred foods, infant teas, juices and water. In short, all products marketed for an age when breastmilk best fulfils the infant's nutritional needs.
- **Feeding bottles and teats**

For further discussion on scope of the International Code, refer to Chapter 2 paragraph 2.2.

How to differentiate the different milk products

- a. **Infant formula:** Commonly marketed for babies **from birth**. The figure “1” is normally added onto the product name and label.
- b. **Follow-up formula:** Commonly marketed for babies **from 6 months** of age and above. The upper age indication on the product label varies country to country but is usually between 12 to 24 months. The figure “2” is normally added onto the product name and label.
- c. **Growing-up milk:** Commonly promoted for young children **between 1 to 3 years** of age. The figure “3” is added onto the label. In some countries, the figure “1+” is used, which can confuse consumers.

What about complementary foods?

Complementary foods marketed for infants and young children **beyond the first 6 months** and clearly labelled as such are not covered by the International Code. However, following the 2016 Guidance, there should be no promotion of complementary foods in the **health care system**. The 2016 Guidance further stipulates that complementary foods should not be promoted in any way that will **cross-promote breastmilk substitutes**, recommend or promote bottle feeding. It also specifies the type of messages that can be used on foods for infants and young children and messages that are forbidden. This is further discussed under Chapter 3 on the 2016 Guidance (Recommendations 4, 5 and 6).

Many national measures go beyond the minimum standard of the International Code to ban promotion of all foods for infants and young children. Complementary foods are then covered even if they are marketed for babies above 6 months.

1.5.2 The targets of promotion

To maximise sales and profits, promotional activities are normally centred around convenient groups and places. Monitors should be trained to identify and capture banned or restricted activities that normally surround these targets.

a. Mothers*

- Direct advertising to mothers through radio, TV, print ads, mailings, the internet and social media or other forms is prohibited.
- Mothers should not be given free samples of products or gifts which may promote the use of breastmilk substitutes or bottle feeding.
- All promotional devices at the retail level are prohibited.
- Marketing personnel should not seek direct or indirect contact with mothers.
- Information and educational materials must comply with **Article 4** and in no case should they refer to a brand name.
- Product labels must comply with **Article 9**.

b. Health Facilities

- There should be no posters, literature, crib cards, equipment or other materials with a name, picture, logo or other reference to any product on display in a health facility.
- Companies should not distribute gifts such as pens, note pads, car stickers, bibs or toys, whether or not the item carries a brand name.
- Companies should not sponsor or conduct mother-craft services such as ante-natal and post-natal classes.
- Companies are prohibited from providing products to health facilities, free or at low cost (at less than 80% of the retail price).

Note on free supplies:

The Code originally allowed free supplies under limited circumstances but this provision was much abused. Consequently, the World Health Assembly passed two resolutions (WHA 39.28 [1986] & WHA 47.5 [1994]) which effectively called for an end to all free or low-cost supplies to any part of the health care system.

* In this Kit, “mothers” also includes pregnant women and family members.

c. Health Workers

- Information given by companies to health professionals (not health workers in general) must only contain **scientific** and **factual** matters.
- Companies must not provide gifts in the form of money, goods, travel or services to health workers.
- Free samples can be given to health workers only when necessary for **professional evaluation** or for **research at institutional level**. In no case should these samples be passed on to mothers.

See also discussion in Chapter 3 on the 2016 Guidance (Recommendation 6).

1.6 Organising at the national level

1.6.1. What are we monitoring?

The degree of commercial penetration and influence in the area of infant and young child feeding differs from country to country. What countries do have in common is that marketing of breastmilk substitutes does not generally comply with the International Code or national measures based on it.

The monitoring system advocated in this Kit is aimed at **holding companies to account** and to promote **enforcement**. It is not intended to be statistical and it does not measure prevalence. Monitors are encouraged to be purposeful in their approach and go where they know violations are taking place. Companies market on a big scale and if monitors discover one violation, it can rightfully be assumed that the practice is happening manifold elsewhere.

Since it is impossible to catch all violations at any one time, this Kit is designed to capture Code violations as they are being observed. Done over a period of time, it is possible to discern marketing trends and to establish whether a company is generally Code compliant or is a serial violator.

1.6.2 Selecting a team of monitors

It is important to appoint a **national coordinator** who is well versed in the International Code or who is willing and able to learn what monitoring entails. If there is a national measure, the national coordinator must also know that and understand it well.

The national coordinator must then select a team of 10 -15 monitors. This is a manageable size for most countries. It allows for proper briefing, sufficient coverage and facilitates the creation of commitment and trust. A larger team is not recommended as it becomes harder to keep track, to give guidance and to follow-up. Resources may become too thinly spread. The possibility of unexpected defections and leakage of information is magnified when the monitoring team is bigger than necessary.

Anyone who is committed to protecting breastfeeding can be a monitor. No special qualifications are required. Health and social workers active in health facilities are ideally suited for monitoring as they work in places where companies infiltrate. Some may have to deal with companies in their official capacity. It may be important to verify first whether they are supportive of the aim and principles of the International Code and are not working with companies to promote products directly or indirectly. Mothers who are themselves targets of promotion also make good monitors as companies often approach them with gifts and offers. Likewise, members of consumer groups/movements as they are often experienced in monitoring other business activities and can quickly understand the purpose of Code monitoring.

Once selected, monitors must be briefed on the aim and principles of the International Code and the purpose of the monitoring exercise so that they can perform their task well. They would need to be guided through this Kit and to familiarise themselves with the monitoring forms. Where there are national measures which necessitate modification of the forms, it would be good if they are invited to be part of the adaptation process.

Monitoring in the field is most effective when done **in pairs**. That way, one can ask questions while the other jots down notes, helps to remember replies or looks around. Monitors can, however, also work **alone**. It would be important for monitors, whether working in teams or individually, to divide geographical locations so that they cover the broadest area possible in the chosen towns or villages.

Remember! Quality is more important than quantity.

There is a collective responsibility in monitoring projects that starts with the monitor in the “field”. Spot checks are necessary but double checking everything from the start is of course impossible and highly inefficient. So, while the national coordinator carries final responsibility for the collected information, he or she can make the task much easier by building an efficient, skilled and conscientious team from the start.

1.6.3 Scheduling monitoring

Anytime is a good time as companies are engaged in marketing activities all year long. Ideally, monitoring should be continuous; but this is only possible if there is already a system in place, normally with periodic reviews factored in. For start-up or pilot projects with new untried monitors, it is important to set a time frame so that there is a beginning and an end and results to show for people’s efforts.

A period of 3 – 6 months is ideal. This can be followed by a yearly exercise. Some countries maximise resources by combining monitoring with other annual events like World Breastfeeding Week or BFHI re-assessment. It is useful to know that once such a practice becomes entrenched, companies become vigilant and clean up their acts during certain periods when they know they are being watched. It is therefore important to set up a system of **continuous monitoring** – a mechanism through which anyone can be a watch-dog or whistle blower and where complaints can be lodged and followed up at any point in time.

To announce or not

Resolution WHA 49.15 [1996] urges Member States 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**.

Transparency requires that key players know about monitoring structures and processes. Affected parties should be informed of monitoring results and be given the right to be heard but they may not be allowed to influence results or decisions.

There is no requirement to announce when and where monitoring is taking place as this will only result in **cover-ups** and results that do not reflect the actual situation.

In some countries, custom may require a letter of authorisation or identification to be issued to monitors when they visit health facilities, but such documents are best produced only upon request.

1.6.4 Town or villages?

The numbers suggested below are based on the assumption that there are limited resources. To obtain enough information to discern trends and habits, minimally national monitoring should cover:

a. At least 2 urban areas

Monitoring more cities is possible but that depends on the size of the country, the number of monitors and the available resources. In each urban area, monitors should visit at least:

- i. 5 hospitals with a maternity service (3 private and 2 government). Also check their “baby-friendly” status. BFHI accredited hospitals are not supposed to tolerate commercial promotion.
- ii. 5 private clinics (combination of obstetrics, gynaecology and paediatrics). Include some outpatient clinics in hospitals. Health clinics in factories are a known conduit for samples, so try to include some of those as well.
- iii. 5 different shops ranging in size from supermarket to groceries, and from gift shops in or near hospitals to private pharmacies.

b. At least 2 rural areas

Monitors should visit the same kind of places specified under (a) but adjust the numbers according to the local situation. In some countries, doctors’ offices act as point-of-sale. In others, midwives and traditional birth attendants have been recruited as marketing personnel. If and when monitors do “rub shoulders” with a company rep, it will be useful to ask him or her about their daily rounds. Delivery van drivers are another source of information.

1.7 How to monitor?

There is no single best way to collect information. Generally, monitors are required to conduct casual interviews, investigate, observe, confirm and record information.

The forms in this Kit are made to report promotional practices in health facilities, in the media and in shops. Of course, mothers with babies up to 6 months can be interviewed anywhere. Interviewing mothers with young babies would ensure that the information obtained is not too dated.

To monitor the **media**, watch TV, listen to the radio and look out for billboards and banners. Attend public events aimed at mothers. Check newspapers, magazines and direct mailings. Be sure to examine professional periodicals as well as popular ones. Surf the **internet** to check out company websites, online shopping websites (eg. Amazon), parenting blogs and blog posts by popular **influencer bloggers** (usually mothers) who are sponsored by companies. Look at **social media** platforms such as **Facebook, Instagram, Twitter** and **Youtube** for product promotion. Sign-up for company bulletins or e-newsletters and updates via social media and **phone apps**. See Chapter 2, paragraph 2.4.1 for further discussion on promotion via mass media.

Monitors should be encouraged to talk to staff in **health facilities**, ask about routines, speak with patients, observe what is going on, and use other methods they are comfortable with to find out the answers to the questions on the forms in this Kit.

There are questions with multiple choice answers for a variety of situations and they facilitate fact gathering. Monitors should try to obtain as much information as possible but some parts of the forms may be left **blank** if the information required cannot be obtained.

Prepare carefully

Monitors should familiarise themselves with the forms, the provisions of the International Code, subsequent World Health Assembly resolutions and the 2016 Guidance before they start interviewing. Where there is a national measure, this Kit should be modified accordingly.

Pay close attention to detail.

- Take note of company names and logos, brand names and logos, slogans, dates, etc.
- Where possible, collect copies of literature or gifts to mothers and health workers, product labels, etc., or take photographs of things such as posters, calendars and billboards.

Marking of specimen

Monitors should be trained to label all samples of promotion and photographs with details such as name of facility, location, date, monitor's name and reference. They should write on the back of the specimen or use small stickers. Specimen should be submitted with the relevant form.

When monitoring on website or social media, it is important to cite the URL and specify the date of access (eg. [https://... /](https://.../); accessed on ...). It is important to also capture screen shots of specific web pages or images on social media or phone apps containing promotional materials, for use as evidence.

1.7.1 Interview techniques

Monitoring is a skill that can be acquired and improved with practice and exposure but there are basic ground rules to abide by as listed below:

- Don't accuse:** Monitors will be more likely to get answers if they don't act as if a person is guilty of some crime. Asking a doctor or nurse: "*When was the last time you accepted money from a formula company?*" is not likely to receive a response. Instead, monitors could say that they understand that in the past some companies provided services or gifts to doctors and are wondering if this still goes on. This would increase their chances of receiving the information they are looking for.
- Lead in:** Rather than begin a conversation with a tough question like "*Does this clinic accept free formula?*", monitors should try to build up some rapport first by asking simpler questions about breastfeeding rates or the number of births in the facility. Such questions are not on the forms and do not need reporting but are essential to win confidence and prepare for the real monitoring.
- Listen, don't argue:** The role of monitors is to hear what the health workers have to say, not to get into a debate. Even if a health worker says something that they know is false or makes them angry, they should simply listen politely and not start a confrontation. Challenging the person will only make it harder for monitors to collect information. If necessary, monitors can go back another time after monitoring has completed to discuss the issue with him/her.
- Don't accept information at face value:** Monitors are encouraged to ask the same question in several different ways to get an accurate answer. For example, when a health worker is asked if his or her hospital gets free supplies, the answer may be no. But when the question is asked if a company always collect payment after it has billed the facility, one may get a different answer. Gently pursue the 'real' answers.

- e. **Take accurate notes:** Details are important but monitors must be warned not to begin writing down what a person says immediately after he/she says it. This may make people nervous. Monitors should listen first and jot down the information after the interview onto small notes for transfer to the forms later. Do not carry the forms to the interview. If monitors miss some important details, they can revisit the same interviewee or find someone else to ask.

1.7.2 Direct observation and photography

Monitors should not only ask questions but also investigate with their eyes. This is why it is useful to monitor in pairs. While one talks, the other monitor can look around. This may help them decide what questions to ask later or in determining who they should talk to. If they see a company representative, try to find out what he or she is doing in the facility. Monitors should look out for company-produced materials, tins of free formula, gifts to doctors or nurses and equipment with brand names or logos.

They should collect the actual specimen or take photographs whenever possible. It is best to be discreet when taking photographs. It is rare for national laws to prohibit photography but local customs may require permission to be obtained first. If this is the case, convey interest in the object such as its design, logo or text and **allay concerns** that it is the hospital or shop practice that is being monitored.

1.7.3 Monitoring the medical profession and the media

Use personal contacts within the health profession to get information about sponsorship and promotion to health workers. Look at recent issues of professional journals and pharmaceutical guides. Photocopy or scan the ads, collect leaflets and mailings. Monitor the media (newspapers, magazines, TV, radio, billboards, websites and social media). Make sure all specimens are clearly dated and have the source marked on them. For materials collected from websites and social media, always remember to capture the URL of web pages and screen shots of images of product promotion on social media. Save them in a systematic manner for use as proof, as materials can be removed by companies. It would also be helpful to keep hard copy for analysis. Materials collected should be recent and be no more than 6 months old to ensure that results are current.

1.7.4 Monitoring labels

It will be most useful to build a **registry** of all products sold in the country that fall under the scope of the International Code or the national measure.

Procure one original of each label suspected of violating Articles 9.1 and 9.2 or the national measure. Look out for **nutrition and health claims**, which are no longer permitted under resolutions WHA 58.32 [2005] and 63.23 [2010], unless these are specifically provided for in national legislation. Having the original makes it easier to analyse the label without pressure, to discuss the analysis and scan or photograph parts of it (original labels can also be used in training and could even end up as evidence in court). Monitoring of labelling should not be carried out mechanically. Special attention must be paid to see how and why certain wording or illustrations might induce sales.

1.7.5 Division of labour

For tasks such as monitoring of nation-wide publications and broadcasts, ensure there is **no duplication of efforts**, to save time, effort and money.

The same is true of labelling. Marketing practices which are the same country-wide are best monitored by a small team at the central level.

1.8 Writing a national report

Once the monitoring results have been received, they need to be compiled and analysed. That must be followed by the preparation and publication of a national report. There are no set guidelines and the points listed below are suggested as a minimum. Additional items may be incorporated to provide originality and a national flavour.

- a. **General background data.** If the report is to be shared internationally, a brief background of the country will be useful. One page or less will do. National demographic reports or data contained in UNICEF's *State of the World's Children* report can be quoted.
- b. **Breastfeeding rates.** Give descriptive information about the numbers or percentages of women breastfeeding, the type of breastfeeding (exclusive, predominant, mixed), the duration of breastfeeding and the age when complementary foods are introduced.
- c. **Status of the International Code and the 2016 Guidance.** Give the title and date of any law, policy or other measure that implements all or part of the International Code. Provide a comparison between the national measure and the International Code, pointing out specific differences between the documents. For example, it could be reported that in Country X, the law only applies to infant formula whereas the International Code applies to many other products. Most countries voted for the International Code and thus have a commitment to uphold minimum standards. National reports should stress that. If there is a national law but it is weaker than the International Code, the report should be used to point out why the law must be made stronger or that industry should stop certain promotional practices.

Existing laws may or may not cover promotion of complementary foods. Describe whether the marketing of complementary foods is in accordance with the 2016 Guidance and whether action is needed to give effect to it.

- d. **Details of the project.** Describe the hospitals visited, state whether private or public and size. Include in the report the total number of hospitals or other facilities visited as compared to the number existing in the country. Do not give a list or disclose names. Give similar information about the type of shops visited and what media was surveyed. Describe the team that did the monitoring (names of individual monitors are best withheld), when, and over what period of time.

Confidentiality

Monitors should assure those they speak to that their identities will be kept confidential as it is necessary to protect individuals who provide information. The names of health facilities and institutions can also be kept confidential. If this is the case, please be sure to indicate this on the form.

- e. **Baby Friendly Hospital Initiative (BFHI).** In 2018, an updated implementation guidance on BFHI reorganised and reworded the **Ten Steps to Successful Breastfeeding** in the care of mothers and infants. The requirement to comply with the International Code was incorporated into Step 1 on facility breastfeeding policy. Under the 2016 Guidance, BFHI facilities must avoid conflicts of interest by not accepting funds, gifts or other incentives from companies that market foods for infants and young children. It is therefore pertinent to have information on the number of hospitals with maternity facilities that are “baby friendly” and whether Code compliance is well entrenched or is still an issue.

- f. **Market information.** Include the answers to questions such as: Which companies manufacture or import products within the scope of the International Code in the country? What products do they market? What is the approximate market share of each company? What is the approximate cost in national expenditure for products in the following categories: infant formula, follow-up formula, growing-up milks, foods marketed for infants under 6 months? Statistics on imports for some of these categories can be found in official government records, trade publications or market research reports. Useful information can also be procured from annual reports of the public listed baby food companies both at the international and national levels.
- g. **Infant and young feeding in difficult circumstances.** The International Code is universal and applies in all circumstances. Communities that have been struck by emergency situations like war or natural disasters may suddenly be flooded by unsolicited supplies of breastmilk substitutes and other products, contrary to international guidelines. Communities faced with high prevalence of HIV/AIDs or any type of disease or epidemic may encounter similar problems. Promotional activities may take on different dimensions as companies try to reposition themselves in destabilised markets. Sometimes, it is non-governmental organisations or others involved in the humanitarian response, even governments, that are directly violating the International Code rather than companies. These facts, along with appropriate recommendations, should be reflected in the report to give context to the findings of the monitoring exercise.
- h. **Monitoring results.** Devote the main part of the monitoring report to describing the types of Code violations found. State clearly whether the practice is a violation of the national measure, the International Code or the 2016 Guidance. Violations involving infant formula, follow-up formula, growing up milks or complementary foods are best reported in separate sections, since **different considerations apply**. Pictures speak a thousand words, so it is necessary to display photographs of some of the worst violations found. As this is not a statistical report, the approach is qualitative rather than quantitative.

The report should focus on violations uncovered, but there is no need to discuss each and every violation in detail. It would suffice to describe the themes and illustrate the nature of the violations with a few pictorial examples. A table can, however, be compiled to classify violations by company to reveal which companies are systematic violators, the frequency of their violations and how. **Naming and shaming** through this method is effective to compel better corporate behaviour. Where national measures carry sanctions, some of the materials can be forwarded to the relevant authorities to initiate prosecution.

Another part of the report can describe practices that do not violate the International Code but are harmful to breastfeeding. This information will be derived from Form 5 (Section II). Marketing tactics for products such as milk for older children, food supplements for mothers (such as milk for mums) or breast pumps would come under this section.

A full section may be devoted to company benefits for health workers and their professional associations, such as sponsorship. Databases and worksheets used to collate results, whether computerised or manual, should be kept confidential to protect sources.

These documents and other evidence of Code violations should be kept for a period of time in case of dispute and verification is required. In most countries, the statutory time bar for legal action is 6 years.

- i. **Recommendations for change.** Address them to industry, government departments, health facilities and other organisations. Keep them brief, logical and based on the findings in the report. Where possible, push for official investigation and prosecution.
- j. **What to do with the finished national report?** Monitoring will be more effective if it receives publicity. Arrange to release the report with appropriate **press coverage**. Notify relevant authorities and companies. Demand for action and change.
- k. **What to do if companies request meetings?** Companies may ask for a meeting with the government or the monitoring team over the report. Such meetings may be constructive but could also be confrontational. Do not allow these meetings to lead to any compromise likely to be detrimental to breastfeeding. Opinions may be offered, but intimidation or bullying should not be allowed. Ask for the agenda beforehand to allow for preparation. Never go to such meetings alone. Bring a team to ensure careful notes/minutes of the meeting can be taken and make them transparently available. Do not agree to confidential behind-closed-doors discussions. Always ask for statements in writing and allow time for internal consultation and discussion before a decision is taken. This is particularly important if the report is being challenged.

1.9 Funding

If monitoring provisions exist in a country's national measure, then the government authority responsible should factor the costs of monitoring activities into its operational budget each year. If no such provisions exist, funds may need to be raised externally. UN agencies such as UNICEF or WHO or other development aid organisations are possible funding sources.

Monitoring need not be costly and where **voluntarism** can be tapped, it should be mobilised. Experience shows that the **best monitoring is carried out by volunteers**. If this resource is not available, check to see if man-power can be tapped from **existing staff of government agencies or NGOs** who could be assigned monitoring tasks as a project or as part of their job. If monitoring can be undertaken by a mixed team of volunteers, consumers and paid staff, this will cut costs.

A complaint mechanism should also be set up, to allow members of the public to lodge complaints with a specified office, so as to facilitate a constant flow of information at little cost.

When applying for funding for a project, it would be necessary to factor in the time cost for 10 to 15 monitors working over a period of say 1 to 3 months part time. Apart from the post of the national coordinator for the duration of the project, monitoring is not a full-time job and can mostly be done on an *ad-hoc* basis over a period of time, so compensation can be scaled down accordingly. There will be a need to factor in travel and subsistence allowance for monitors for out-station monitoring work. Do not forget to factor in some costs for setting up meetings for **planning, analysis, preparation, publication and publicity** of the monitoring report. Although some of these can be handled by the national coordinator, it is important to set up a committee to oversee each stage of the monitoring process. A committee allows for cross-fertilisation of knowledge, skills and ideas and there is strength in unity.

Warning:
**Do not accept company funding, as the monitoring result
 would lose credibility.**

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Chapter 2



Determining what is a violation

Products and practices to look for during monitoring

This Chapter explains how major provisions of the International Code of Marketing of Breastmilk Substitutes (the Code) and relevant subsequent WHA resolutions (collectively referred to as the 'International Code') apply to promotion of baby feeding products.

Monitors from countries that have national measures can use this part of the Kit as a guide to interpret national provisions which are modelled on the International Code.

Monitoring marketing practices against the 2016 Guidance on ending the inappropriate promotion of foods for infants and young children (the 2016 Guidance) is dealt with in Chapter 3.

2.1 Scope of the International Code

The scope provision is important because for every potential Code violation, it must first be determined whether it involves a product that is covered by the scope of the International Code.

In monitoring the International Code, it should be remembered that:

- the Code does not prevent the sale of products. It merely restricts their promotion.
- we are dealing with public health recommendations and marketing controls, not with obliging individual mothers to breastfeed.

Monitoring the International Code helps to ensure that parents can decide about infant and young child feeding **free from commercial influence** and that children who are not breastfed are **protected** through appropriate information and labelling.

Article 2: Scope

“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.” (emphasis added)

Resolutions that clarify the scope of the International Code

'6 months'

In March 2001, after 7 years of study and debate, a group of experts recommended “exclusive breastfeeding for 6 months, with introduction of complementary foods and continued breastfeeding thereafter.” WHO endorsed this recommendation with resolution WHA 54.2 [2001]. This means that all food products marketed or represented for use before a baby is half a year old are “breastmilk substitutes” under the scope of the International Code. Resolution WHA 54.2 was reiterated in resolution WHA 58.32 [2005].

Following attempts by industry-related forces to roll back the age for commencement of complementary feeding in developed countries, WHO issued a statement in 2011 to reaffirm its recommendation for mothers worldwide to **exclusively breastfeed infants for the child's first six months** to achieve optimal growth, development and health.

See www.who.int/mediacentre/news/statements/2011/breastfeeding_20110115/en (accessed on 5 May 2019)

Beyond 6 months

Both resolutions WHA 54.2 [2001] and 58.32 [2005] spell out that after the first 6 months, infants and young children should be given nutritious complementary foods and **continue breastfeeding up to the age of two years or beyond**. It becomes clear from these WHA resolutions that any milk product, food and beverage (such as follow-up formula, growing-up milks, as well as bottle-fed complementary foods) that are marketed or represented to be suitable as partial or total replacement for breastmilk during the period of “six months to two years or beyond” are covered by the scope of the International Code. The 2016 Guidance confirms that breastmilk substitutes include any milks that are specifically marketed for the feeding of infants and young children up to the age of 3 years including **follow-up formula and growing-up milk**.

When complementary foods become breastmilk substitutes

Complementary foods are not *per se* breastmilk substitutes. However, when they are marketed in ways which interfere with the exclusive and sustained breastfeeding, complementary foods are covered by the scope of the International Code. (For examples, refer to Paragraph 2.2(b) (iv)).

See also Chapter 3 on the 2016 Guidance.

2.2 Products

The discussion on scope of the International Code in Chapter 1 Paragraph 1.5 is further elaborated here with practical examples.

Based on Article 2 of the Code, read together with relevant subsequent WHA resolutions and the 2016 Guidance, all of the following products are within the scope of the International Code:

a. Infant formula

This includes any preparation that can be fed to infants from birth as their sole source of nutrition until such time when other foods become nutritionally necessary. Infant formula comes in powdered or liquid form, and is packaged in tins, boxes, sachets, ready-to-feed bottles or capsules. A variety of infant formula products are listed below:

- casein formula
- whey formula
- low-iron formula
- formula with iron
- formula for premature or low-birth-weight babies
- hypoallergenic formula
- anti-regurgitation formula and thickeners for formula
- soy-based, lactose-free formula
- some very specialised formulas for infants with rare disorders (these prescription milks are not available in shops and never promoted because their market is very small)
- therapeutic milks for malnourished infants (these products are used in food aid programmes and are not currently promoted)

Infant formula is often identified with a figure “1” on its label.

b. Other milk products, foods and beverages that are marketed or otherwise represented as suitable for use as a partial or total replacement of breastmilk. This includes the following:-

- i. **Follow-up formula (sometimes called ‘Follow-on milk’)**. This is a type of formula that is usually recommended for babies older than 6 months, but is sometimes marketed for babies as young as 3 or 4 months. Follow-up formula can be recognised by its label. Often, the product name is the same or similar to a company’s infant formula product, with a figure “2” added on. For example Nestlé’s follow-up to Nan-1, is Nan- 2 and Danone’s Aptamil-1 comes before Aptamil-2. In most cases, the label will also have the words “follow-up formula” or “follow-on milk”.

There has been controversy about the inclusion of follow-up formulas in the scope of the International Code. In some countries, the label of every follow-up formula product carries the statement that it is not a breastmilk substitute, following text in the **Codex Alimentarius Standard for Follow-up Formula (CODEX STAN 156-1987)**. This Codex Standard (under review in 2019) does not override the provisions of the International Code. It also does not prevent products from falling under its scope when they are marketed or represented as suitable for use as a partial or total replacement of breastmilk during a period when breastfeeding should be continued and sustained.

See also discussion in b. ii

ii. Growing-up milk (sometimes called young child formula, toddler milk or formulated milk). This product is targeted at infants and young children from 1 year old (sometimes younger) to 3 years old. Often, the product name is similar to a company's formula product, with a figure "3" or "1+" added on. Companies usually claim that this product provides hard-to-get nutrients for young child development. For example, Danone's Cow & Gate growing-up milk claims to "top-up" the young child's diet for bone and brain development, in spite of an opinion from the **European Food Safety Authority** stating that growing-up milks add no additional benefit to young children on normal diets. [EFSA Journal 2013; 11 (10):3408]

Research shows that mothers are unable to differentiate between promotion of growing-up milks and that of formula products in the same range. These products are typically labelled as part of the same line using the same or similar brand names, labels, colours, and logos. They use this marketing tactic to aggressively promote the product. Indirectly, they are also promoting formula products in the same range.

If a national measure does not clearly set an upper age limit for scope, companies maintain growing-up milks are not covered by the International Code. The dispute on whether or not growing up milks are a breastmilk substitute or not and hence covered by the International Code is resolved by the 2016 Guidance. This Guidance clarifies that 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**).

iii. Bottle-fed complementary foods. While some complementary foods are not represented as suitable to be partial or total breastmilk replacements and thus fall outside the scope; companies do make complementary foods that can be fed by a feeding bottle. Regardless of age indication, any product that is recommended to be fed through a feeding bottle falls under the scope of the International Code, since bottle feeding undermines breastfeeding. To determine whether the product is a bottle-fed complementary food, ask the following questions:

- Is the product recommended to be fed by feeding bottle?
- Does the label show a feeding bottle?

iv. Any food or beverage that is marketed or represented as suitable to be fed to infants less than 6 months old. Since resolutions WHA 54.2 [2001] and 58.32 [2005] recommend "6 months" exclusive breastfeeding with safe and appropriate complementary foods and continued breastfeeding for up to 2 years or beyond, any food product represented as suitable for infants **below 6 months** necessarily replaces breastmilk. All such products are within the scope of the International Code.

Regardless of the age indication on labels, products that are recommended for use by infants when they reach a specific stage of development which normally occurs before 6 months should also be considered to be breastmilk substitutes.

The following questions will help to determine if a product is so represented.

- Does the label say as of 4 months or 5 months or earlier?
- Do the instructions indicate how to feed infants younger than 6 months or do they show an infant obviously younger than 6 months?
- Does the label or other materials include phrases such as “*from the start*”, “*first stage*” or suggest that a child is “*ready for his first food*” as he reached a certain development milestone which normally appears before a child reaches 6 months? For example, “*lifting his neck and head*”, “*putting his hand in his mouth*” or “*smiles back at you*” are stages infants arrive at well before 6 months.
- Does the label say “*as of the 6th month*”? Or does it say “*as of 6 months*?” This may seem like splitting hairs but it actually is an important question. “*As of the 6th month*” could mean the infant is 5 months and one day old while “*as of 6 months*” indicates that the child has completed 6 months and is ready to start complementary foods. So, as of “6 months” or “*after 6 months*” is acceptable labelling while “*as of the 6th month*” is not. The difference between these phrases to the consumer may mean one full month of expenditure and exposure to the product at a time when babies should be exclusively breastfed.

c. Feeding bottles & teats

This category of products is clearly included under the scope of the International Code. The focus on baby food companies allowed bottle and teat companies to escape notice even though their marketing practices normalise the culture of bottle feeding and consequently undermine breastfeeding.

The situation is made worse when national measures do not include feeding bottles and teats under their scope, prompting companies to ignore the prohibitions of the International Code.

Some **breast pump** companies have ventured into producing feeding bottles and teats as well. Very often, the bottles are represented as **breastmilk storage bottles** but are “equipped” with teats so they can be converted to feeding bottles.

These products are sometimes marketed as a package with breast pumps. Any form of promotion which includes feeding bottles and teats, even when they are only ancillary to the promotion of products that are not covered in the scope (e.g. breast pumps, formula-making machines, water purifiers and bottle sterilisers) is a violation.

2.3 Milks for older children, food supplements for mothers* and breast pumps.

In recent years, the promotion of milks for older children, food supplements for mothers (such as milks for mums and breastfeeding supplements) and breast pumps has become highly visible. These products fall outside the scope of the International Code but often bear the **master brand** of a line of products that is within the scope. This allows companies to use cross-promotional tactics to indirectly promote products covered by the scope of the International Code, thus undermining breastfeeding.

The promotion of milks for older children undermines **continued and sustained** breastfeeding while the promotion of food supplements for mothers misleads women into believing that they need such products to have a safe pregnancy and to breastfeed successfully, when in fact a **normal diet** would suffice. Breast pumps can be useful in some cases but are promoted in ways that induce mothers to use them unnecessarily. The fine mother and baby balance is disturbed as is the way in which babies regulate breastmilk production by suckling at the breast.

Form 5 (Section II) serves to scrutinise the promotion of these products. Complaints from relevant authorities and members of the public have curbed some of the worst excesses in promotional materials for the above products.

2.4 Violations

2.4.1 Mass Media

a. Advertisements. All advertisements via conventional media (TV, radio, newspapers, magazines, billboards, etc.) for baby feeding products are violations. Other than conventional ads, newspapers, journals and magazines frequently publish company “advertorials” that focus on certain product components. Even if no product names are mentioned, such advertorials are to be considered violations if they are presented in ways (through use of logos, slogans and even colour tones) that leave no doubt as to what products are being promoted.

b. The Internet, social media and phone apps. In this age of digital marketing, monitors cannot ignore promotion on the Internet, social media and phone apps. Information can go “viral” and be shared with hundreds and thousands of people within seconds, conveniently and at low cost. Companies use social media platforms such as Facebook, Instagram, YouTube, Twitter, and phone apps to get in touch with parents and health professionals. Built-in features such as hash-tagging, (re)tweeting, (re)posting, linking, sharing and liking social media content are transforming promotion, making it interactive, participatory and personal. Engaging consumers in ongoing virtual exchanges enables companies to tailor their product promotion according to information solicited through these interactions (e.g. developmental needs of the infants, lifestyle choices of parents, etc.)

Definition of “promotion”

Promotion is not defined in the Code.

Under the 2016 Guidance, promotion is defined broadly to mean “communication of messages that are designed to persuade or encourage the purchase or consumption of a product or raise awareness of a brand.”

The 2016 Guidance further explains -

“Promotional messages may be communicated through traditional mass communication channels, the Internet and other marketing media using a variety of methods. ...

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.”

* In this Chapter, “mothers” also includes pregnant women and family members.

Even though they may claim to provide nutrition advice, these interactions expose parents to company websites and marketing content which essentially are promotion tactics.

The Internet, social media and phone apps have created a sea-change in Code monitoring work. The sheer number of materials available digitally can be daunting but what used to involve a lot of leg work, time and expense can now be uncovered with quick online searches using key words and phrases. Materials hitherto unavailable to monitors are now accessible by surfing the Internet, joining a social media group or downloading a phone app.

Examples of digital marketing on various platforms include:

- **online shopping websites** that entices mothers with discounts, coupons, prizes, contests, cash rebates, etc. thus blurring the line between promotion and selling.
- **company** Facebook pages, Youtube channels, Instagram and Twitter that allow companies to communicate with users directly and freely, to improve brand loyalty and appreciation.
- **Free apps** that provide services such as care and nutrition advice for infants and charting infant development. These channels enable companies to contact parents to carry out direct-to-consumer advertising.
- **Sponsored reviews** whereby companies pay famous personalities and mums to write product reviews on social media sites and blogs, with the reviews appearing as grounded on personal experience. This is also known as ‘**influencer marketing**’ and allows companies to capitalise on the popularity of **mommy bloggers**, who have a large number of readers to promote their products.

Resolution WHA 54.2 [2001] identified new means of **electronic communication** as a threat, but neither the International Code nor subsequent resolutions have specifically addressed this uncharted territory. There is, however, no reason why the ban on promotion as provided in the International Code should not apply to promotion via the Internet, social media and phone apps.

While the boundless nature of promotion via these means of communication makes monitoring challenging, they are also powerful tools for tracking and capturing biased information and unlawful promotion.

c. Quick Response (QR) Code. When doing monitoring on conventional or electronic communication platforms, attention should be paid to Quick Response (QR) codes that are now common in consumer advertising. A QR code is a **machine-readable matrix barcode** consisting of an array of black and white squares, typically used for storing URLs or other information for reading by the camera on a smart phone. QR codes can technically be embedded on anything – but are usually found in large billboard advertisements, posters, magazines, web-pages, etc. QR codes are also seen on objects and paraphernalia like coffee mugs, T-shirts or on the packaging of products. Apart from the usual observation and analysis of materials, monitors can read or scan these codes instantly using a “QR reader” app downloaded on smart phones and tablet devices by pointing at the QR code. Once the QR code is read, it will directly go to the designated website.

WHA resolution 54.2 [2001]

Observation regarding social media

... 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

Although this is an additional responsibility during monitoring, QR codes are useful because monitors are able to access promotional materials on line to supplement the information they have obtained from direct observation. This is practical when it is not possible to take photographs, or when photographs provided are unclear and verification of text and other information is required. Where possible, monitors are encouraged to download **QR reader apps** onto their smart phones so that QR codes can be used to provide additional information during analysis of violations.

While QR codes can aid the monitoring process, the challenge lies in the fact that the destinations that the viewers are directed to are not visible just by looking at the QR code itself. Thus, one cannot immediately detect whether or not there is a violation just by looking at the QR code. Although it is quite common that these QR codes are embedded in advertisements of products associated with baby food companies, they could also appear on advertisements or products that appear to be unrelated to breastmilk substitutes. Monitors should, if possible, still scan and see where these QR codes lead to when they appear on advertisements or products relevant to infant and young child nutrition.

2.4.2 Point-Of-Sale

Points-of-sale include supermarkets, shops, pharmacies, hospital stores and any other outlets where products are sold, including virtual shops. When visiting a point-of-sale, monitors should collect evidence of the following practices:

- Posters, signs, LCD screens or notices attached to the product shelf (called **shelf talkers**).
- Special displays such as a stack of formula in the shop window or in a special rack set apart from other products. (Find out from the shopkeeper if the distributor requested for the display or if the idea originated with the shop).
- Product samples available to customers.
- Give-aways with the purchase of a product.
- Discount coupons, rebates and the like.
- Any other device or gimmick designed to encourage more sales of the product (refer to the list of promotional devices in Article 5.3 of the International Code).
- Contact with the public by marketing personnel.

2.4.3 Hospitals and Clinics

- a. Free supplies:** It is a violation for any company to give quantities of a product, free-of-charge or at a low price (less than the wholesale price or 80% of retail price) .

If monitors were to find free or low-cost supplies of other products, such as **milk for mothers**, or **pacifiers**, they should report these in Form 5 (Section II). Such information can be used in campaigns for stronger policies or laws.

Note: Free supplies, under limited circumstances, were originally permitted under the Code (Article 6.6), but are now prohibited pursuant to resolutions WHA 39.28 [1986], 45.34 [1992] and 47.5 [1994]. Following these resolutions, many countries now have laws or policies prohibiting free supplies absolutely.

- b. **Posters, calendars, clocks, growth charts, leaflets, cot/crib cards (card that identifies the newborn), or any other items decorating the walls or visible within a maternity, nursery or paediatric ward.** These materials violate the Code if they display a picture, logo or other reference to a product (Article 6.2). If the company name is the same as the product name, such as Snow Brand, HIPPO or France Béb , any item displaying that company name is also a violation.

Product references are not always obvious. Brand names seldom appear but it is not difficult to find logos and slogans that refer directly to products. In many company-sponsored booklets, product references appear either in the text or in illustrations, such as those depicting how to prepare formula for feeding. Sometimes, product references appear towards the end, in the inside back cover or on the back cover itself.

When monitors come across an item that does not bear reference to a baby feeding product, but does bear the name of a company, ask the following questions:

- i. Is it displayed in a maternity ward or in a place where it is likely to be seen by pregnant women or mothers of newborns?
- ii. Does it depict a baby, a breastfeeding mother, a nursery rhyme, storybook characters, animals or some other image or slogan associated with babies?

If the answer to either question is Yes, these items violate the intent of **Article 6**. Form 3 Question 3 can be used to report such facts, despite provisions of **Article 6.8** which allows equipment and materials that bear **company name or logo**.

Why? Companies have devised a way to get around the Code by donating items that display such images along with the company name.

They are a means of promotion for the company's line of baby feeding products. They forge an **association** between healthy, happy babies and the company name, and thus tend to promote the company, and thereby its line of products.

Why else would any company go to the expense of producing and distributing the posters and other materials? Another reason might be to obtain the goodwill of the health workers who appreciate attractive items for decorating their wards. These same health workers may well be the ones who recommend and give out formula samples.

Article 6.3:

Facilities of health care systems should not be used for . . . the distribution of material provided by a manufacturer or distributor other than that specified in Article 4.3.

Article 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.*

It should be noted here that the 2016 Guidance recommends, **without any qualification**, that companies that market foods for infant and young children should not donate equipment or services to health facilities, so as to avoid conflicts of interest (Recommendation 6). The same standard should be imposed on donation of equipment and services by baby feeding companies, as a matter of best practice. See Chapter 3.

- c. **Educational or informational posters, charts, leaflets and booklets dealing with infant and young child feeding.** Monitors may come across posters that demonstrate how to feed a baby and they will surely find booklets on infant and young child feeding and baby care. If the item refers in any way to a baby feeding product, it is a violation (**Article 4.3**). If no product is mentioned, find out whether:
- the item complies with **Article 4.2** which requires specific details and warnings in educational and information materials. There should be no pictures or text that idealise the use of breastmilk substitutes.
 - the item was donated at the request and with the **formal approval** of the **appropriate government authority** (or, if there is no such authority, of the facility itself)?

If the answer to either question is NO, then the company which donated the item to the health facility has violated the International Code. (Use Form 5 (Section I) to analyse). For information materials directed at health professionals, see Paragraph 2.4.4 (e) and (f).

- d. **Free give-aways** (pens, pencil holders, calendars, diaries, feeding implements, bibs, hats, toys, note pads, prescription pads, automobile window/bumper stickers, etc.). These violate **Articles 6.2 and 6.3**, whether or not they refer to a product, as long as they are distributed by a company. Record the information in Form 3, if the gift was given to a health worker and in Form 1, if it was given to a mother.
- e. **Product samples to the public.** Any sample of a baby feeding product given out within a health facility (or elsewhere) is a violation (**Article 5.2**). Coupons or other offers to receive a sample are also violations. Free samples of cereals, infant teas or juices (even if correctly labelled for babies older than 6 months) are not allowed within the health care system.
- Monitors should report free samples of other products if they are related to infants or breastfeeding, or given to pregnant women or mothers of newborns (such as milks for mothers), in Form 3, Question 1, under "other". This information can be use in campaigns for stronger laws or policies.
- f. **Gift packs.** Companies may not hand out gift packs to new mothers upon discharge that contain items prohibited by the International Code. (**Articles 5.2, 6.2 & 6.3**) Gift packs generally contain product samples, feeding bottles, toys and/or coupons for product samples.
- g. **Donations of equipment.** Companies may not donate equipment to health facilities if the item refers to a baby feeding product (**Article 6.8**). A company may, however, donate equipment bearing the company name or logo, subject to the considerations discussed under Paragraph b (i) & (ii) above.
- h. **Medical representatives, professional service reps, mother-craft nurses, etc.** Marketing personnel, no matter what they are called, should not have contact with pregnant women, mothers or their families (**Article 5.5**). Company reps are in health facilities for the purpose of product promotion or for gathering information from new mothers so as to contact them later. They also perform the same functions through the Internet, social media and phone apps. In recent years, there are also company-sponsored breastfeeding and child care workshops in health facilities so company reps are able to contact mothers under the guise of promoting breastfeeding. This information may be recorded in either Form 1 or Form 3.

2.4.4 Health workers

a. **Product samples (Article 7.4).** If monitors discover that samples of products within the scope of the International Code were given to health workers, determine the answers to the following questions:

- i. Was the product given for **professional evaluation**? Ask the recipient whether he or she receives regular samples of the same product and how often. Even if the container is marked “for professional evaluation only”, the facts will point to the donor’s intent.
- ii. Was the product given for **research at institutional level**? In that case, there should be a specific research protocol for which the health worker requested the product samples.

If the answer is NO to both questions, the sample is a Code violation. Report in Form 3.

b. **Gifts (Articles 7.3 & 7.5).** Report as a violation:

- i. Any personal gift to a health worker from a company, such as cash, meals, flowers, chocolates or utility items. All items given at professional meetings can be considered gifts, particularly those that display the company or product name. Such gifts are **inducements**, no matter how small, as they create **goodwill** and serve as indirect promotion.
- ii. Any item given in a health facility or doctors’ offices (so long as it is not factual and scientific information) that advertises a brand within the scope of the International Code, including use of **logos and slogans**, or any material displaying the company name or logo (**Article 6.2 & 6.3**).

c. **Contributions.** Contributions to health workers for **fellowships, study tours, research grants, attendance at professional conferences** or the like are permitted under **Article 7.5**, as long as they are disclosed to the institution to which the health worker is affiliated. However, do gather information about such contributions, as the information will be useful to determine whether there are conflicts of interest, in the light of WHA resolutions 49.15 and 58.32 (see box in next column).

Record such contributions separately under Question 6 in Form 3.

The 2016 Guidance recommends that health workers should avoid conflicts of interest by not allowing companies that market foods for infant and young children to sponsor meetings of health professionals and scientific meetings in health facilities. The same standard should be imposed on sponsorship by baby feeding companies, as a matter of best practice.

See Recommendation 6 of the 2016 Guidance in Chapter 3.

Resolution WHA 49.15 [1996]

Member States (are 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 Baby-Friendly Hospital Initiative.*

Resolution WHA 58.32 [2005]

Member States (are 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.*

Conflicts of Interest

'Conflict of interest' means a conflict between the **private interest** and the **official responsibilities** of a person in a **position of trust**. Health professionals have specialised knowledge and hold the trust of their patients. As patients are in no position to check whether health professionals are acting solely for their benefit or have been influenced by some personal interest, a **duty to avoid conflicts of interest** is implied. A conflict of interest exists even if no unethical or improper act results from it.

Conflicts of interest do not only apply to professionals. In the context of infant and young child feeding, a conflict of interest arises every time anyone (including a non-professional health worker or health educator) whose duty is to promote breastfeeding, accepts a gift from a manufacturer or distributor.

The term "conflict of interest" also covers any situation in which an individual or an organisation (whether private or public) is in a position to **exploit a professional or official capacity** in some way for their personal or organisational benefit.

A non-exhaustive list of actions that would give rise to conflicts of interest situations includes:

- acceptance of gifts, even of relatively small items, including meals.
- acceptance of payment for attendance at lectures and conferences, including online activities.
- acceptance of fellowship for continuing medical education.
- acceptance of fees for time while attending meetings.
- acceptance of funding for travel to meetings or fellowships to attend meetings.
- acceptance of samples.
- acceptance of grants for research projects.
- acceptance of payment for consulting relationships.
- acceptance of payment for ghost-writing services.
- sponsorship of events and programmes for institutions and the community.

There are three WHA resolutions on infant and young child nutrition which caution against conflicts of interest, namely

- WHA resolution 49.15 [1996].
- WHA resolution 58.32 [2005].
- WHA resolution 61.20 [2008].

The need to avoid conflicts of interest is expanded in 2005 to cover **programmes**. The word "programme" is not explained but using its ordinary dictionary meaning, would cover a planned series of events or ongoing services.

In the context of infant and young child feeding, these can include support for research, community outreach activities and multiple, ongoing and inter-dependent projects implemented within schools and colleges, medical or health educational facilities.

In 2008, the question of conflicts of interest was reiterated in the context of Code implementation and scaling up of efforts to monitor and reinforce national measures to protect breastfeeding.

Article 7.5 of the International Code has to be read in the light of these three resolutions.

See also Recommendation 6 of the 2016 Guidance in Chapter 3.

d. **Professional meetings and seminars:**

Any promotional materials at such gatherings of health workers like banners, posters or free give-aways that refer to a product should also be reported on Forms 3 and 5.

See discussion under Conflicts of Interest on the preceding page.

e. **Product information leaflets, flyers and other handouts to health professionals:**

Scientific and factual information about products is allowed for health professionals, under **Article 7.2**, but very often product promotion is passed off as scientific and factual information. In analysing these materials, ask the following questions:

- i. Does the material imply or create a belief that bottle-feeding is equivalent or superior to breastfeeding?
- ii. Does the material include the information specified in **Article 4.2**?

If the answer is **NO** to either question, the material violates **Article 7.2**.

- f. **Professional journals:** Advertising in journals directed at health professionals is not specifically prohibited. In some countries, this form of advertising is allowed. Elsewhere, **Article 5** of the Code operates to prohibit such advertisements. For product information that is published in professional journals, follow the same criteria as in (e) above.

Article 7.2:

*Information provided by companies 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**.*

2.4.5 Product labels

- a. **Article 9:** Most of the provisions of **Article 9** apply only to infant formula and not to the other products within the scope of the International Code. **Be careful when claiming label violations of the International Code.**

- b. Only **Article 9.1** applies to all products within the scope of the International Code. Analyse the labels of all products other than infant formula using **Article 9.1**. What is tantamount to “**discouraging breastfeeding**” is subjective, so monitors will need to explain why a particular statement on a label violates the International Code.

Article 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**.*

- c. Since different considerations apply to different products under the International Code, there are **different forms** devised for monitoring of labels:
- **Infant formula:** Use Form 4A to analyse labels of each brand and type of infant formula. Following the provisions of **Article 9.2**, labels of infant formulas must be in an appropriate language and include all the following points:
 - i. the words “Important Notice” or their equivalent;
 - ii. a statement of the superiority of breastfeeding;
 - iii. 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; and

- iv. instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation.

In addition, labels should **not** have:

- v. pictures of infants;
- vi. other **pictures or text which may idealise the use of infant formula** (apart from graphics for easy identification of the product as a breastmilk substitute and for illustrating methods of preparation); and
- vii. the terms “humanised”, “maternalised” or similar.

viii. **Claims** - monitors should check for claims on labels that state or suggest that the product or its ingredients confers special benefits, including the physiological role of a nutrient in growth, development or normal functions of the body. An example of a prohibited claim would be a statement which asserts that a particular product “*increases resistance to infection*”, “*enhances brain development*” or “*improves eyesight*”. All claims are prohibited unless specifically allowed by national or regional legislation. **Note: A statement that particular ingredients (DHA, bifidus, vitamins) are included in the product, is not a claim, unless the ingredients are said to confer special benefits.**

ix. **Intrinsic contamination** - In addition to the above requirements, monitors should look out for claims and warnings about intrinsic contamination of powdered infant formula pursuant to WHA resolution 58.32 [2005]. Warnings regarding intrinsic contamination of powdered infant formula are still rare but monitors should note whether changes have been made on labels in this regard. Observe whether the label contains the following statements:

- that powdered formula may be contaminated with microorganisms during the manufacturing process or may become contaminated during preparation;
- that it is necessary for formula to be prepared one feed at a time using water first boiled and then cooled to not less than 70 °C; and
- that any unused milk must be discarded immediately after every feed.

Observations regarding claims and warnings on intrinsic contamination can be recorded under the “additional details and comments” section of Form 4A.

- **Follow-up formula / Growing-up milks:** Use Form 4B for labels of follow-up or growing-up milks for babies over 6 months. The only Code requirements for this category are those in **Articles 9.1** and 9.4. It is important to ask the following questions:
 - i. Does the label include the necessary information about its use (**Article 9.1**)?
 - ii. Does the label discourage breastfeeding (**Article 9.1**)?
 - iii. Is the name of the product the **same or similar to the company’s infant formula**? Are the **design, colour and logo** on the label the **same or similar**?

WHA 58.32 [2005] asks Member States to:

1. ensure that **nutrition and health claims** for breastmilk substitutes are not permitted unless national/regional legislation allows;
2. be aware of the **risks of intrinsic contamination** of powdered infant formulas and to ensure this information be conveyed through label warnings.

- iv. What is the **age indication** on the product? If the age is less than 6 months, and it is a milk product, it can be considered an infant formula and should be analysed according to Form 4A.
 - v. Does the label comply with **Article 9.4**?
- d. **Other food products for infants who have not yet reached 6 months of age:** Use Form 4b to report if:
- i. there is no age indication on the label, or
 - ii. the label shows an infant obviously less than 6 months old, or recommends that the infant be given the product as soon as it reaches a certain developmental stage that normally appears before 6 months, or
 - iii. the label suggests use with a feeding bottle.

Additionally, check whether the label:

- i. includes the necessary information about its use (**Article 9.1**)?
- ii. discourages breastfeeding (**Article 9.1**) through statements like “*from the start*” or “*for all ages*”.

Form 6 can be used for further analysis of inappropriate promotion for these products. See also Chapter 4 pp. 41 and 42.

- e. **Unsuitable products.** Companies of milk products which are unsuitable for infant feeding (without being modified) such as whole milk powder, violate **Article 9.3** if they market the products for infant feeding and do not place a warning on the label that the unmodified product should not be the sole source of nourishment for an infant. Observations regarding such products can be recorded under the “details and comments” section of Form 4B.
- g. **Sweetened condensed milk:** The label of sweetened condensed milk must not state that the product is suitable for infant feeding or as a main ingredient in infant formula, and should not contain instructions on how to modify the product for infant feeding. As usual, observations regarding such products can be recorded under the “details and comments” section of Form 4B.
- g. **Feeding bottles and teats:** Only **Article 9.1** applies to labels of feeding bottles and teats. Collect examples of labels that **idealise bottle feeding**. Look out for images that show how a product resembles a mother’s breast or statements that the product provides a natural feeling or resembles breastfeeding. Monitors should explain why they believe the label idealises bottle feeding. Use Form 4C to analyse labels of feeding bottles and teats.

2.5 Company materials and practices

- a. Company materials:** Information and educational materials produced or sponsored by companies on infant and young child feeding, whether in **print audio, video, on line or via social media** should adhere to Code requirements.

The information that is required is listed in Form 5 (Section I).

Materials should not contain any **brand name or logo** nor should there be images or text that idealise the use of products covered under the scope of the International Code.

Watch out for materials that:

- i. imply that breastfeeding is problematic.
- ii. associate products with scientific development or as the preferred lifestyle choice.
- iii. contain **health and nutrition claims** that portray products as containing similar properties as breastmilk.
- iv. (even where brand names are not mentioned) look out for **logos** and **slogans**, that are identifiable with a particular brand.
- v. For product information to health professionals, check that they are restricted to scientific and factual matters only and do not imply or create a belief that bottle feeding is equivalent or superior to breastfeeding (**Article 7.2**).

- b. Company practices:** Form 5 (Section II) allows for practices which are not Code violations *per se* but which undermine breastfeeding to be recorded. This includes:

- i. Promotion of products not in the scope of the International Code or the 2016 Guidance but which undermines breastfeeding. See Chapter 3 to determine what products are covered under the 2016 Guidance and should be analysed under Form 6.
- ii. Company funded events, public-private partnerships or similar/related practices.
- iii. Promotion in the context of infant and young child feeding in exceptionally difficult circumstances.

Other practices to look out for include **continuing medical education, services** provided by companies to health professionals, **public-private partnerships** in health programmes as well as **sponsorship** of public events relating to infant and young child feeding.

For **emergency situations** and in communities faced with high prevalence of **HIV/AIDS** and other diseases, watch out for **influxes of supplies** of baby feeding products.

For more discussion on these situations, go to Chapter 4 pp. 44 and 45.



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

Complementary foods and their promotional practices

The Guidance on ending the inappropriate promotion of foods for infants and young children [A69/7 Add. 1] (‘the 2016 Guidance’) was developed as a response to concerns that promotion of commercial foods for infants and young children is undermining optimal infant and young child feeding. The focus of this Chapter is on **commercial complementary foods** as these products are suitable as a complement to breastmilk or formula and are often promoted in ways which undermine breastfeeding.

There are 7 recommendations in the 2016 Guidance, but monitoring of company practices will centre on recommendations relevant to marketing practices pertaining to foods for infants and young children, namely a) **inappropriate messaging**, b) **cross-promotion** of breastmilk substitutes, and c) activities giving rise to **conflicts of interest** in the health system.¹

Many violations involving foods for infants and young children will be captured by various forms in this Kit but Form 6 is specifically designed for analysis following the recommendations of the 2016 Guidance. Monitors from countries that have national measures that restrict marketing of complementary foods can use or modify this part of the Kit as a guide to interpret relevant national provisions. It is also suitable for countries which have no national measures, to regulate the marketing of complementary foods. The form can be modified accordingly.

3.1 Definition and scope: What are foods for infants and young children?

The 2016 Guidance applies to all commercially produced foods that are marketed as suitable for infants and young children from the age of 6 months to 36 months. Products are considered to be marketed as suitable for this age group if they:

- i. are labelled with the words “baby”, “infant”, “toddler” or “young child”;
- ii. recommend an age of introduction less than three years; use an image of a child appearing three years or younger or feeding with a bottle; or
- iii. are presented as suitable for children under the age of three years.

1. For additional information, refer to Guidance on ending the inappropriate promotion of foods for infants and young children implementation manual. World Health Organization 2017.

What is not included?

- **Milk products** such as fresh or dried animal milks, fermented milk products, yoghurt or non-dairy milk alternatives that are **not labelled or marketed specifically for infants and young children under 36 months**.
- **Vitamin and mineral food supplements and home-fortification products** such as micronutrient powders and small-quantity lipid-based nutrient supplements. Even though they should not be promoted commercially, they are fortification products and **not** foods *per se*. Hence, they are not covered by the 2016 Guidance.

3.2 Violations related to marketing practices

3.2.1 Inappropriate messaging

Although promotion of foods for infants and young children is not completely prohibited, inappropriate messages are. These messages may be conveyed in multiple forms, through advertisements, brochures, online information, package labels, and sometimes via sponsorship. Absence of required information or presence of inappropriate statements on any of these forms of messaging is considered a violation. Below are key points outlined in Recommendation 4 of the 2016 Guidance.

a. Irrespective of the form, messages should:

- i. include a statement on the **importance of continued breastfeeding for two years or beyond** and the importance of **not introducing complementary feeding before six months** of age;
- ii. include the appropriate age of introduction of solids (not less than six months);
- iii. be easily understood by parents and other caregivers, with all required label information being visible and legible.

b. Messages should not:

- i. include any image, text or other representation that might suggest use for infants under the age of six months (including references to **milestones** and **stages**);
- ii. 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;
- iii. recommend or promote bottle-feeding;
- iv. convey **endorsement** or anything that may be construed as such by a professional or other body, unless this has been approved by relevant national, regional or international regulatory authorities.

Inappropriate labelling and misleading messages include health and nutrition claims, promotion of bottle-feeding, and suggestions for use of the product before the age of six months (using pictures, images, and wording). To determine whether there is a violation, ask the following questions:

- Do all messages about the product support optimal infant and young child feeding? Are there any messages that should be there but are missing?
- Are there messages that undermine breastfeeding and optimal feeding?
- Is there an age indication on the product?
- If so, is it marketed as suitable for use under six months of age?
- Do you see ambiguous age indications such as “*stage 1*” or “*sitting up with support*” on the label that suggest the product may be fed to a baby before six months of age?

3.2.2 Cross-promotion of breastmilk substitutes

It has been demonstrated that promotional elements (e.g. labelling, branding and use of mascots) of a company’s complementary food products that appear similar to those of the company’s range of breastmilk substitute products can effectively promote the latter. Thus, the 2016 Guidance states that there should be no cross-promotion of breastmilk substitutes via the promotion of foods for infants and young children.

As outlined in Recommendation 5 of the 2016 Guidance, 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. This means that, other than the **company name and logo, different colour schemes, designs, names, slogans and mascots** should be used.

Companies that market breastmilk substitutes should refrain from engaging in 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**).

To determine whether there is cross-promotion, monitors need to pay attention to the labelling, branding, slogan, use of mascots, and overall packaging of complementary food products.

- i. Do they bear a **resemblance** in any way to those of the company’s breastmilk substitute products? Does one product remind you of another product by the same company?
- ii. If so, apart from the company name and logo, what are the **common or similar features** between them?

3.2.3 Conflicts of Interest under the 2016 Guidance

The definition of conflict of interest can be found in Chapter 2, p. 26 of this Kit.

Company activities such as donating or distributing equipment or services to health facilities and giving gifts or incentives to health workers can create a **sense of obligation** or a need to reciprocate by the beneficiary health institution or health worker. Studies have shown that gifts or incentives to health workers by companies can influence the **judgment** or **attitudes** of health professionals, thus creating conflicts of interest. The primary responsibility of health facilities and health workers is to protect optimal infant and young child feeding. They should not be used by companies to conduct activities that may influence parents' and caregivers' decisions on how to feed their infants and young children, which can lead to conflicts of interest.

- a. Companies that market foods for infants and young children should not create conflict of interest in health facilities or health care systems. This includes:
 - i. providing 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 brand names;
 - ii. donating or distributing equipment or services to health facilities;
 - iii. giving gifts or incentives to health care staff;
 - iv. using health facilities to host events, contests or campaigns;
 - v. giving gifts or coupons to parents, caregivers and families;
 - vi. directly or indirectly providing education to parents and other caregivers on infant and young child feeding in health facilities;
 - vii. providing information for health workers other than that which is scientific and factual; and
 - viii. sponsoring meetings of health professionals and scientific meetings.
- b. Likewise, health workers, health systems, health professional associations and non-governmental organisations should not accept or allow any of the above activities to take place; and should ensure information provided by companies that market foods for infants and young children is scientific and factual.

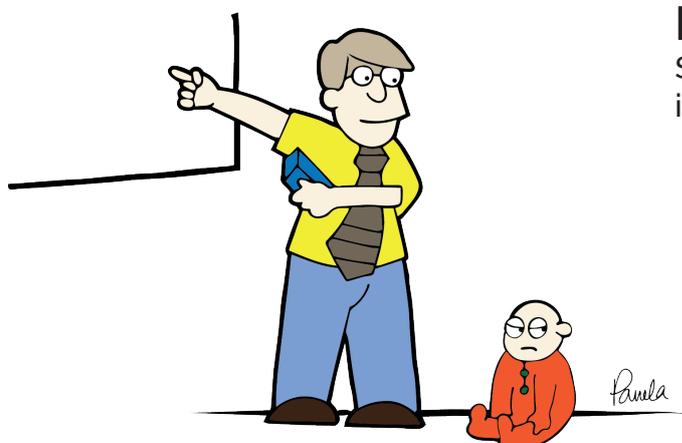
Below are some of the questions monitors can ask to determine whether practices that lead to conflicts of interest exist in the health systems, which are violations of the 2016 Guidance.

- i. Are free complementary food products available or being offered to parents or caretakers?
- ii. Are there items like stickers, calendars, or prescription pads that refer to a particular brand or company that manufactures complementary food?
- iii. Are there logos or mascots that refer to a specific brand or company on any health facility equipment?
- iv. Where and how does the doctor or health facility get their supply of complementary food?

- v. Are there posters, charts, and leaflets dealing with infant and young child feeding? If so, are they sponsored by companies?
 - vi. Are there individuals who approach parents or caretakers about infant and young child feeding? If so, do they have any affiliation with any company?
 - vii. Are there events or activities held at the health facility or clinic that are sponsored by companies that manufacture foods for infants and young children?
- c. It should be noted that the 2016 Guidance does not prohibit government or NGO programmes from distributing food to infants and young children. However, such distributions should make a meaningful contribution to the diets of children and not just induce families to consume more commercial food products. Government approval and operation of such programmes can ensure oversight on distribution. Where government approval is not possible, organisations with high-level oversight on child health (UN organisations or large NGOs) must determine which products are appropriate for distribution. Individual clinicians or health clinics should not have the authority to decide.

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Chapter 4



Monitoring tips

Some basic guidelines and practical information

4.1 Monitoring in practice

There are six types of form to be used to collect information: **Interview with Mothers, Promotion in Shops, Hospitals and Clinics, Labels, Company Materials & Practices and Promotion of Foods for Infants & Young Children.**

In addition, there is also a Quick & Easy Form for busy people who still wish to convey information on Code violations or practices which discourage breastfeeding (see pp. 46 and 64).

These forms are designed to monitor corporate compliance with the International Code of Marketing of Breastmilk Substitutes (the Code) and relevant subsequent WHA resolutions (collectively referred in this Chapter as the 'International Code') and the Guidance on ending the inappropriate promotion of foods for infants and young children [A69/7 Add. 1] ('the 2016 Guidance') Those undertaking monitoring based on national measures can modify the forms to suit local contexts.

4.2 Basic guidelines for all forms

It is important to reference all forms to ensure proper documentation.

Naming the Forms

The top right of each form has an identification box. The system is simple. See right:

Country	Monitor	#
— — —	— —	5 — — —

↑
3 letters for the country code

↑
2 letters for the monitor

↑
3 digits to record the number of forms filled out by the same monitor

The national coordinator will assign country and monitor initials. Care should be taken to ensure that each monitor is assigned a different set of initials to avoid confusion.

When recording information, provide as much details as possible. Names of **companies, brands, places and dates are very important**. If necessary, attach additional sheets of paper. The more details monitors are able to provide, the easier it will be to analyse and to verify information.

The forms in this Kit are designed in such a way that monitors can record answers using pre-selected multiple choice answers in many places. This helps to standardise reporting and analysis. It also makes the work of monitors easier and ensures that the same Code terminology is used throughout. Results obtained can also be easily fed into a database, if one has been devised to assist in processing information.

Where practicable, there is also a space in the forms for monitors to record their subjective observations, to promote authenticity.

Whenever possible, collect specimen of brochures, gifts, equipment, product samples, videos, labels, etc. that are produced by companies. If monitors cannot get an original, they should try to take a photograph, make a photocopy, or describe the specimen in detail. Monitors should also describe any logo, slogan or other relevant text or image that appears on the specimen. For example: a pencil holder with the company name and the words: “*Best for your baby*” or “*Ideal for growth and development*”. Make sure all specimen submitted are marked with the same reference number as the forms.

A similar approach must be taken for violations that are obtained digitally. The URL of relevant websites must be captured and the date of access recorded. Where possible, download offending images and capture screen shots of violations on social media platforms and phone apps for use as evidence.

Where face to face interviews are necessary, it is **not** advisable for monitors to take these forms with them and fill them out as they ask questions. Rather, they should study the forms to see what information is needed, take careful notes at the interview, and use these notes to assist in filling the forms later. If there are no answers to certain questions in the form, those can be left blank or marked as ‘**not applicable (n/a)**’.

In some parts of the forms, the spaces for answers may not be large enough. Additional information can go on the reverse side of the forms. Extra sheets of paper marked with the same identification number and heading that appear in the question could also be attached.

Form 1 - Interview with mothers*

This form asks for interviews with mothers of infants **under 6 months** to ensure that information is current. It is designed to collect data from new mothers regarding information and education materials they received, gifts or product samples they were given or sent, and possible contacts with company representatives.

Whenever a monitor describes a gift or item that the mother received from a company, determine whether or not the item displays the **brand name** or **logo** or just the company name or logo. This information is important for verification purposes. Also ask whether mothers are engaged with or exposed to companies through the **Internet, social media, and phone apps**.

It is good to interview mothers either just before they are about to go home from hospital, soon after they have been discharged, since mothers are often exposed to Code-violating practices during their stay in hospital or when they are on maternity leave.

* In this Chapter, “mothers” also includes pregnant women and family members.

Form 2 - Promotion in shops

With this form, monitors will be recording information on promotion tactics that companies carry out in shops, markets, or pharmacies to increase sales of their products. Practices they need to look for include:

- direct contact with mothers and other consumers.
- literature intended for mothers or shop workers.
- special displays of baby feeding products.
- special sales.

It will be useful for monitors to start by just studying the shelves where products are displayed. Observe what mothers pick up and begin your interview with shop workers with questions like: “*What brands of formula (bottles, teats, etc.) sell best and why do you think people like these brands best?*” Do not record the answers; just use these questions to develop some rapport with shop workers.

It is important for monitors to verify what they are told. If possible, they should speak with the shop worker, manager or owner. Monitors may get different answers and it will be up to them to find out which is most accurate by observing the surrounding circumstances. It is especially useful for monitors to take photographs of **displays**, **banners** and **posters** advertising products in the shop. This will provide **proof** of how these products are promoted at the point-of-sale.

Monitors may be suspected for working for competitors or be thought to be investigating the shop. They should reassure people in the shop that they are not there to evaluate the shop but to do a survey on infant and young child feeding practices and what influences parents when they do their shopping. Usually, this takes away their main worry and the visit will be tolerated. It can become very interesting if monitors are able to get an inside story on marketing techniques. For example, special schemes to obtain **better shelf space** and **incentives** to push a particular brand.

Form 2 can also be used to record violations by online shops such as offers and promotions on virtual shelves.

Form 3 - Hospitals, clinics & health workers

This form seeks to obtain information on:

- how a facility obtains its baby feeding products.
- materials that are provided to mothers and health workers.
- whether mothers receive samples or gifts supplied by manufacturers/distributors.
- whether company posters and other materials are displayed or distributed.
- the types of promotion or financial support the facility and health care workers receive from companies.

This is the longest form and most difficult. It requires the most details and work. For monitors to complete Form 3, they will most likely have to talk to different people but not all questions can be answered. It is alright if some questions are left blank. To ensure that information obtained is current, record only practices and events that take place within the last 6 months.

Inside hospitals, it might be worthwhile to visit all departments that deal with pregnant women and mothers with newborns. Depending on the size of a facility, these can include **maternity**

wards, nurseries, milk kitchens, paediatric wards, malnutrition wards, re-hydration units and offices of paediatricians, obstetricians, nurses, and administrators. Asking the same questions of individuals who work in different areas or even at different times during the day will increase the chances of finding accurate information and details.

The questions on this form need not be asked in the exact order in which they are written. In other words, it is best for monitors to look through the form and familiarise themselves with the questions and the types of answers they are looking for. Then as they speak with health workers, they can bring up questions that health workers would most likely be able to answer and in a manner that is most comfortable for both the interviewer and interviewee. This will make people feel more at ease and will increase the chances of getting accurate responses.

Gaining access to information in hospitals/clinics may depend on the policies of the facility, national law and custom. Access may be easy in some facilities and difficult in others. Occasionally, monitors may need to ask permission before entering a facility. Keep in mind that some facilities may be afraid of what the monitor is going to do with the information obtained and therefore may not be cooperative. It will be helpful if they are assured that the monitor is not there to evaluate the facility's practices but rather to conduct a survey on factors affecting breastfeeding.

Unless monitors are told otherwise, they may want to simply walk into the hospital, introduce themselves and begin speaking with the staff. As many health workers are interested in breastfeeding issues, they may be welcomed.

Many monitors are nurses, doctors or nutritionists themselves or have colleagues who are, and this will of course greatly facilitate their task. Be prepared for the fact that many hospital officials and health workers have direct contact with companies and sometimes consider company reps as friends or depend on them for financial support. These people may be unhappy or uncooperative if they feel the monitors are threatening this relationship. If this happens, monitors should seek out others in the facility who may be more helpful.

If a health worker appears sympathetic but uncomfortable giving information, he or she may be happier to talk away from the hospital – leave a card with your name and phone number. Protect the confidentiality of health workers who give sensitive information.

Do **not** give interviewees a copy of the forms. It might influence the way they answer your questions.

Monitors should avoid 'preaching' about breastfeeding; this will lead to answers people think they want to hear rather than give clues about what is really happening.

It is very important for monitors to **verify everything**. In order to ensure the information they are collecting is accurate, they should try to double-check everything that they are told or have observed.

At times, monitors may receive conflicting answers depending on who they are speaking with. When this occurs they should investigate deeper and observe the surrounding circumstances to determine which answer is correct.

When asking about **free supplies**, monitors should speak to different staff of different departments. This is important as companies often deny they are giving supplies and might issue **invoices** for the supplies they are giving on the understanding that no payment is due from the health facility. So, it is their word against the monitor's and the more corroborative evidence there is, the better.

Whenever possible, monitors should ask for sample copies of company literature or gifts and attach such specimen to the form. Easiest might be for monitors to use their smart phones to take photographs of **posters, calendars, clocks, supplies, gifts, labels, displays, etc.**

Mothers often receive a gift pack when they go home with their new baby. Nowadays these may no longer include formula but hold diapers, lotions, soap, etc. Monitors should check these packs for **company literature on infant and young child feeding, subscriptions to mother clubs, vouchers, coupons and other enticements** to promote the sale of products under the scope of the International Code.

Look out for gifts that bear logos or slogans that are identifiable with products under the scope as companies are now careful not to include items that refer specifically to a brand name.

While these tips are here to guide monitors in the field, the reality is that there are many ways to find the answers and details needed. Monitors should do what feels most natural for them while keeping two things foremost in mind: (a) the importance of gaining access to this information; and (b) the need for accuracy in recording it.

Form 3 can also be used to record **sponsorship, incentives** and **services** provided or offered to health workers, both inside and outside health facilities.

Forms 4A, 4B & 4C - Labels

Form 4 is for product labels. Which form monitors use depends on the **type of product** they are looking at.

Use **Form 4A** for regular infant formula, soy formula and special formulas (such as formulas for pre-terms, for low-birth-weight babies, hypoallergenic (H.A.) formula, anti-regurgitation or anti-reflux (A.R.) formula, etc).

Use **Form 4B** for follow-on formula, growing-up milks, infant teas and juices and complementary foods such as cereals or purées marketed for babies **under 6 months**.

Use **Form 4C** for feeding bottles and teats.

Labels are well thought out marketing tools. They are the first and sometimes the only link between the company and the consumer. The design and the wording of labels are aimed at catching attention and convincing as many consumers as possible to buy the product. Therefore, monitors need to work in a team to have a different and fresh perspective on how promotional messages come across on labels. They need to look for the “*Breast is Best*” message, **age indication** and take notes of **logos, slogans and idealising text and images**.

If there are large or glossy pictures of feeding bottles, whatever age the product is recommended for, monitors should record them as violations as these images normalise bottle feeding. Bear in mind that the small graphics of bottles in the preparation instructions are not violations of the International Code although some national laws demand that those bottle instructions be replaced by **cup feeding** instructions.

When analysing labels, the answers to the questions on the forms are not always obvious. For example, monitors may not be sure whether or not a certain passage of text or an image on the label “idealises bottle feeding.” Whenever they are unsure, include the text on the form. Grey areas can subsequently be reviewed by the national coordinator or a committee.

In the course of monitoring, the same labels will be seen over and over again. Monitors should be reminded that they need **not** fill out a form for the label of each product just because it is sold in a different place. The labels within the same country are usually uniform and this is a qualitative, not a quantitative survey. There should be no unnecessary duplication. See also Chapter 1 pp. 27 -29.

Form 5- Company materials & practices

Form 5 can be used for deeper analysis of violations that are captured in Forms 1, 2 and 3. This may result in double recording. To avoid confusion during analysis, cite below the identification box in Form 5 the reference number of the forms where the violation was first recorded. This will allow for cross-referencing.

Remember: Form 5 can also be used as a stand alone form when a particular practice is observed outside the settings envisaged in Forms 1, 2 and 3.

Form 5 is divided into Sections I & II.

a. **Section I** is for analysis of company-produced materials. The most common materials to analyse under this section are advertisements and company materials aimed at the general public. Examples include:

- direct mail
- magazines
- newspapers
- leaflets
- TV & radio ads or programmes
- billboards
- posters
- websites
- social media
- phone apps
- displays at public events

Monitoring publications can be done over a period of time and these materials can be easily sourced from newsstands and libraries. Monitoring promotion on television and radio may require recording to capture the content of the promotion but the advent of **Youtube** has made it possible for many such promotions to be downloaded online.

Monitoring promotion on **social media** and **phone apps** is more challenging as the platforms are more personalised and come in many forms and variations. Mothers and health workers who are aware of the International Code can be useful sources of information in this regard and they can be recruited to help out wherever possible.

Many people would be willing to do so for the sake of breastfeeding protection.

Getting the most out of Form 5

Remember that if the analysis of company materials and practices is done too literally and too strictly, certain important elements could be missed.

For example, a company material displays product information in attractive images and graphics. Although it includes text on the superiority of breastfeeding and other information required by the International Code, that text is in such small fonts that it is difficult to read.

In such cases, although the letter of the International Code is complied with, an observation should be made about the delivery or presentation of information.

Compliance and violations should be interpreted according to the spirit and aim of the International Code, principally the protection of breastfeeding. Monitors are encouraged to note their subjective observations in Form 5 (Section I) (Q. 10).

When analysing a company material, the monitor should provide as much detail as possible under Form 5 (Section I) Question 10. For example:

Example 1: Philippines, 28 January 2019: A two-minute ad for Lactolac infant milk was broadcast on WABC radio in Manila at 8 PM. Lactolac, made by the Babycare Company, was described in the ad as “the closest thing to breastmilk.”

The manager of WABC radio, interviewed on 29 January, revealed that Lactolac paid his station US\$2,500 to run the ad 10 times during the last week of November.

Example 2: China, 28 January, 2019: An Internet banner ad for Suckle Baby feeding bottle popped up when signing onto yahoo email account at 8am. The banner ad appeared on top of the yahoo email website (URL: mail.yahoo.com).

It featured an image of a very healthy and happy looking Caucasian baby being bottle-fed by the mother, with the text “the same bond you can have with your baby as breastfeeding”. Once you clicked on the banner, it led to an online shop selling infant formulas, follow-up formula, growing-up milks, feeding bottles and teats. The URL address is: www.babyshopasia.net.

The above examples are, of course, fictional. But they provide an idea of the kind of detail which is necessary for a good report on a violation. Examples of a bad report would be:

Example 3: In late January, one of the radio stations in Manila advertised baby milk with some nice music in the background.

Example 4: About a week ago when I logged into my email, there was advertising of feeding bottles. I think they were trying to get you to buy baby formula and feeding bottles.

Without further details, the reports in Examples 3 & 4 are not at all useful.

It is very important for monitors to obtain examples, copies or photos of any mass media advertising. Take pictures or scan the advertisements in magazines or newspapers or cut out the original. Identify the source and date. Do also transcribe the offending phrases and describe promotional images as clearly as possible: e.g. Nestlé blue bear illustrating cereal use at 4 months. Once again, it is important that monitors are asked to attach a copy of the material they are analysing to the form.

For advertising on the Internet, the same principles apply. As website content is frequently updated, it is necessary for monitors to capture a screen shot of the web-page containing violations together with the URL of the website. Additionally, record routes that led to promotional pages, e.g. Google searches on infant nutrition, shopping at online stores, social media activities, maternity and infant care chatrooms, etc. Always record URL addresses and click further to see where they eventually lead to. Also record the date they are accessed. For phone apps, record the process of discovering the app. Always save a screen shot of the app, and take note of the services or activities offered that lead to or contain product promotion.

Form 5 (Section I) can also be used to analyse materials intended for health professionals, such as leaflets and periodicals. These materials can be found in doctors’ waiting rooms or through personal contacts with health professionals.

b. **Section II** on other products and tactics: At the end of Form 5 (Section I), Section II provides space to record products and practices which undermine breastfeeding even though they may not be directly covered by provisions under the International Code or by subsequent WHA resolutions. It is important that we know about new products and new tactics to keep abreast of present and future trends and other situations which impact on infant and young child feeding.

i. **Promotion of other products that undermine breastfeeding:** The promotion of products such as milks for older children, food supplements for mothers and breast pumps undermine breastfeeding when presented in ways that lead mothers to believe that these products are necessary for healthy growth of their children and successful breastfeeding. Also, companies use cross-promotion tactics (e.g. similar packaging and marketing gimmicks) to indirectly promote products under the same master brand which are covered by the scope of the Code.

Although, these practices are not Code violations per se, they should be recorded to keep track of marketing trends. Such information will also be helpful in effecting policy changes. For example, observations made about the marketing practices involving milks for mothers and breast pumps can help a government agency or hospital administration decide whether to allow companies selling these products to have access to mothers in the facilities under their control.

ii. **Public-private partnership, company-funded events or similar/related practices:** As part of their marketing and public relations strategies, companies organise programmes and public events that allow them to be viewed and/or joined as **health partners** with UN agencies, national health authorities or professional associations. By doing so, companies appear as the **solution** to infant and young child feeding problems, a strategy they use to cover up misdemeanors on the Code front and to avoid regulation. For example, UN agencies and leading organisations have embarked on campaigns focusing on the importance of nutrition in the first 1000 days, from conception to 2 years of age. This period offers a unique opportunity to secure long term health and development of every individual. Both Danone and Nestlé sensed a marketing opportunity and launched their own first 1000 Days campaigns to educate parents about the importance of good nutrition during this period.

In many countries, partnerships between companies and health agencies/professional associations for infant and young child activities are gaining traction. In Indonesia, a breastfeeding programme for pregnant women and mothers involving government-funded community clinics and Nestlé requires these clinics to provide Nestlé with access to mothers, something the International Code prohibits. Company involvement in this type of partnerships usually entails financial support (e.g. **sponsorships, donations, or grants**) to under-resourced public health programmes and initiatives. Through this, support is gained from governments and professional associations. Very often, they are perceived by the public as endorsing companies and their products. Companies use this sort of partnership to get invited to the policy making table as **stakeholders**. There, they can ensure that laws and policies to regulate or control their marketing activities are kept to the minimum, thus weakening governmental and public efforts to hold them accountable.

In the **Global Strategy for Infant and Young Child Feeding** (endorsed by resolution WHA 55.25 [2002]), the role of companies is confined to **ensuring quality of products and compliance with the International Code as well as national measures**.

Their participation in public-private partnerships is therefore a major concern and should be properly scrutinised.

iii. Infant feeding in exceptionally difficult circumstances (HIV/AIDS and emergencies).

The International Code and relevant WHA resolutions apply in all situations including in the context of HIV/AIDS and emergencies.

- **HIV/AIDS:** At the time of writing, infant feeding guidelines in the context of HIV have established that national health authorities should decide on a strategy that will most likely give infants the highest chance of HIV-free survival. They should either support mothers known to be living with HIV to breastfeed (for at least 12 months and even continue breastfeeding for up to 24 months or longer) and be fully supported by antiretroviral therapy (ART); or, avoid all breastfeeding. With breastfeeding being made safer through the scaling up of the use of anti-retrovirals for HIV-positive mothers and their infants, the earlier misconception that the International Code should not be implemented in countries facing high HIV prevalence is no longer an issue. In fact, Code implementation ensures objective and current information is available for babies who are formula fed. It also prevents companies from offering donations of breastmilk substitutes and other products to affected communities either directly, through the health care system or through aid programmes. Although the International Code does not prevent governments from making breastmilk substitutes available to mothers living with HIV for free or at a subsidised price, it requires that products are procured through **normal channels** (resolution WHA 39.28 [1986]). Monitoring should be conducted to detect whether there is donation of supplies of breastmilk substitutes or reduced-price offers to any part of the health care system that is not Code compliant. Monitoring will also help to prevent **spillover** of formula products to the general population, where replacement feeding is the option chosen by the government for HIV-positive mothers.
- **Emergencies:** For countries in emergency situations, formula feeding is difficult, hazardous and can lead to increased infant mortality. The latest guidance on infant feeding in emergencies forbids donations of breastmilk substitutes, complementary foods, and feeding equipment in emergencies. However, it is not uncommon for companies to donate free supplies of products for **public relations purposes**. Indiscriminate distribution and use of products may bring more harm than good and will set the stage for companies to enter the market in the post-emergency period. Many organisations, in good faith, also make donations of baby feeding products. Find out if they are acting independently or in collaboration with companies. Monitoring should be conducted to detect company practices which **capitalise on or exploit emergency situations**. Other donors who are acting with good intentions can be appraised of the guidance on infant feeding in emergencies.

Apart from donations of free supplies, other forms of Code violations observed during these situations can also be reported in Form 5 (Section II).

Form 6 - Promotion of foods for infants and young children

Form 6 is a new form devised to capture violations under the 2016 Guidance. All commercially produced food or beverage products that are specifically marketed as suitable for feeding infants and young children from **six months up to 36 months of age** (other than breastmilk substitutes) can be recorded in this form.

The 2016 Guidance also bans **cross-promotion**. This means that the promotion of breastmilk substitutes via the promotion of foods for infants and young children is not allowed. It also means that the packaging design, labelling and materials used for promotion of complementary foods must be different from those used for breastmilk substitutes. See Chapter 3 for the full range of promotions that are considered “inappropriate” under the 2016 Guidance.

REMEMBER!

Unless national measures provide otherwise, only certain aspects of promotion of foods for infants and young children are violations. Promotion in health facilities or throughout health systems is not allowed. Messages that undermine exclusive breastfeeding in advertisements, promotion and sponsorship, information materials and labels are similarly prohibited.

4.3 Quick & Easy Form

Aside from using the detailed forms in Chapter 5, there is also a faster way to report Code violations (see p. 64). As the name suggests, this form is designed for reporting Code violations quickly and easily, without the need for thorough and detailed analysis. Questions are arranged in a friendly and simple format. The format makes sure that important information like **who**, **what**, **where**, **when** and **how** is captured. Information conveyed via this Quick & Easy Form will require further investigation and analysis by the national coordinator, but it is an effective way to get members of the public to lodge complaints.

This Quick & Easy Form may be modified to obtain the basic information required under national measures. The IBFAN website at <https://www.ibfan.org/> allows information regarding Code violations to be submitted in all UN languages (Arabic, Chinese, English, French, Russian and Spanish).

4.4 Babies need your help

There will never be enough monitors to investigate the practices of the baby feeding industry. Nor will there ever be enough money to pay for monitoring in every country. It is possible, however to compile a picture of what is happening worldwide. Members of the public should therefore be encouraged to act as watch-dogs and whistle-blowers whenever they come across a poster or information regarding free formula to clinics, a faulty label or an advertisement.

They should alert the regulatory authority if one exists, the national co-ordinator or send information (preferably using the Quick and Easy Form) to the IBFAN website at <https://www.ibfan.org/>.



Monitoring Forms

- Form 1** - Interview with Mothers
- Form 2** - Promotion in Shops
- Form 3** - Hospitals, Clinics & Health Workers
- Form 4A** - Labels of Infant Formulas
- Form 4B** - Labels of Follow-Up Formulas, Complementary Foods & Other Foods for Infants and Young Children
- Form 4C** - Labels of Feeding Bottles & Teats
- Form 5** - Company Materials & Practices
- Form 6** - Foods for Infants and Young Children

Quick & Easy Form

FORM 1

INTERVIEW WITH MOTHERS

Ref:

Country	Monitor	#
---	---	1---

General note: This form is intended for interviews with mothers who have children under 6 months of age. In this form, “mothers” also includes pregnant women and family members.

1. Age of the baby: *months* | 2. Does the baby consume any commercial food?
 YES NO (If NO, go to Question 5)

3. What brand of formula or other milk do you use and why?

<i>Brand</i>	<i>Why do you use this brand? ¹</i>
<i>a.</i>	
<i>b.</i>	
<i>c.</i>	

¹ Why do you use this brand? (Write down A, B or C corresponding to the answers)

- | | |
|--|---|
| A. Doctor’s recommendation | E. Own experience with previous child |
| B. Nurse’s recommendation | F. Advertisements |
| C. Nutritionist’s recommendation | G. Relative’s or friend’s recommendation |
| D. Another health worker’s advice | H. Other (write under “Why....?”) |

4. What brand of cereals, porridges, other foods or drinks do you use and why?

<i>Brand</i>	<i>Why do you use this brand? ¹</i>
<i>a.</i>	
<i>b.</i>	
<i>c.</i>	

¹ Why do you use this brand? (Write down A, B or C corresponding to the answers)

- | | |
|--|---|
| A. Doctor’s recommendation | E. Own experience with previous child |
| B. Nurse’s recommendation | F. Advertisements |
| C. Nutritionist’s recommendation | G. Relative’s or friend’s recommendation |
| D. Another health worker’s advice | H. Other (write under “Why....?”) |

5. Has a company contacted you? If yes, please give details in the table below.

Contact by company: Record only if it concerned a company that manufactures or distributes products within the scope. Include direct contacts by company rep. or through websites, social media, and phone apps.

<i>Company</i>	<i>Place of visit ¹</i>	<i>Purpose ²</i>	<i>Details (use separate page if necessary)</i>
<i>a.</i>			
<i>b.</i>			
<i>c.</i>			

¹ Place of visit:

- A.** Health facility **B.** Pharmacy **C.** Home **D.** Shop **E.** Internet **F.** Social Media **G.** Phone app
H. Other (write under ‘Place of visit’)

² Purpose

- A.** Give information about infant feeding **B.** Recommend use of a specific brand **C.** Recommend use of a bottle
D. Give sample **E.** Give present **F.** Other (write under ‘Purpose’)

6. Have you received any free sample of a product listed under Q.7? If yes, please give details below.

<i>Company</i>	<i>Brand</i>	<i>Type of product</i> ¹	<i>Where / How</i> ²	<i>Who gave it to you?</i> ³	<i>Sample attached?*</i>
6a.					
6a. Details					
6b.					
6b. Details					
6c.					
6c. Details					

7. Have you received any gifts? If yes, please give details in the table below.

Gifts: list any item that

- is given by a company that manufactures or distributes a product listed below and
- refers to a brand or logo of a product within the scope, OR
- bears the name or logo of a company or is related to babies.

Indicate in the 'details' column whether a company/brand name or logo appears on the gifts. Also list company materials that offer information about the feeding of infants and young children such as booklets, leaflets, stickers, etc. These materials often have toll-free telephone numbers or a website address to request information on infant and young child feeding.

<i>Company</i>	<i>Where/How</i> ²	<i>Who gave it to you?</i> ³	<i>Type of gift</i> ⁴	<i>Sample attached?*</i>
7a.				
7a. Details				
7b.				
7b. Details				
7c.				
7c. Details				

¹ Type of product:

- | | |
|--|--|
| A. Infant formula, including special formula | F. Juice/tea/mineral water |
| B. Follow-up formula | G. Bottle |
| C. Growing-up milk | H. Teat |
| D. Cereal | L. Other (write under 'type of product') |
| E. Fruit/vegetables/meat purée | |

² Where/How?

- | | |
|--------------------|---|
| A. Health facility | E. Mail |
| B. Pharmacy | F. In an emergency situation such as during a natural disaster or war or as a response to chronic illness or disease. (If your answer is F, please go to Form 5, Section II to provide additional details.) |
| C. Home | G. Other (write under 'Where/How') |
| D. Shop | |

³ Who gave it to you?

- A. Company rep.
 B. Health worker
 C. Pharmacist
 D. Shop personnel
 E. Other (write under 'Who')

⁴ Type of gift

- | | |
|-----------|---------------------------------------|
| A. Bottle | E. Decoration |
| B. Bib | F. Nappy and bottle bag |
| C. Nappy | G. Gift pack |
| D. Toy | H. Other (write under 'Type of Gift') |

* Where possible, send a specimen or photo with this form. Mark them with the same reference as you have written at the top right-hand corner of this form. Indicate also to which question a specimen or photo relates. (For example: MAL/JK/1001 – Q7 a.) Analyse specimen either under Form 5 (for product types A, B, C, G, H & I)¹ or Form 6 (for product types D, E, F)¹. To make cross-referencing easy, write the ref. number of this form under the identification box of Form 5 and 6).

Date : ____ / ____ / _____ (dd/mm/yyyy)

FORM 2

PROMOTION IN SHOPS

Ref:	Country	Monitor	#
	---	---	2---

General note: This form is intended to cover all retail outlets including pharmacies and online shops.

Name of shop: City/Town/Village/URL:

1. Have any companies sent promoters to the shop to advise consumers on baby foods/bottles/teats? If yes, give details in the box below. Use a separate form for each product.

Contact by marketing personnel: In relation to formula products, feeding bottles and teats, company reps. or promoters are forbidden from seeking direct or indirect contact with the consumer. Report all personal approaches/contacts with a view to selling or giving information. Record also all forms of contact by online shops via email, social media or phone apps. In relation to commercial complementary foods, promotion in shops is a violation ONLY if there is inappropriate messaging (eg. the product is represented as suitable for infants under the age of 6 months) or cross-promotion of formula products. These practices will require further analysis in Form 6.

Company	Type of product ¹	Brand name	Observations
<i>Details</i>			

2. Are any of the following promotional techniques used to promote sales of baby foods/bottles/teats in this shop? If yes, give details in the box below.

The International Code forbids point-of-sale advertising, giving samples, or any other promotional device to induce sales directly or indirectly to the consumer at the retail level. This would cover offers made online, via social media or phone apps. This question is not applicable for commercial complementary foods UNLESS there is inappropriate messaging (eg. the product is represented as suitable for infants under the age of 6 months) or cross-promotion of formula products. Further analysis is then required under Form 6.

Company	Type of product ¹	Brand name	Promotional techniques ²	Sample attached?*
<i>Details</i>				

¹ Type of product:

- | | |
|---|--|
| A. Infant formula including special formula | F. Juice/tea/mineral water |
| B. Follow-up formula | G. Bottle |
| C. Growing-up milk | H. Teat |
| D. Cereal | L. Other (write under 'type of product') |
| E. Fruit/vegetables/meat purée | |

² Promotional techniques:

- | | |
|--------------------------|---|
| A. Discount to customers | F. Posters on display |
| B. Special displays | G. Product information |
| C. Coupons | H. Special sales |
| D. Samples | I. Other (write under 'Promotional Techniques') |
| E. Gifts with purchase | |

* Where possible, include specimen or photos with this form. Mark them with the same reference as you have written at the top right-hand corner of this form. Indicate also which question a specimen or photo relates to. (For example: MAL/JK/2001-Question 2 a.) Analyse specimen either under Form 5 (for product types A, B, C, G, H & I)¹ or Form 6 (for product types D, E, F)¹. To make cross -referencing easy, write the reference number of this form under the identification box of Form 5 and 6).

Date : ____ / ____ / ____ (dd/mm/yyyy)

FORM 3

HOSPITALS, CLINICS & HEALTH WORKERS

Ref:

Country	Monitor	#
---	---	3 ---

Name of facility: Is this facility 'Baby Friendly' accredited? YES NO

1. How does the facility obtain its baby foods/bottles/teats? Give details below.

This question asks for information about products which the facility uses. Make sure that for each product listed, there is corresponding information on how the product is obtained. Record only what happened within the last 6 months.

Company	Brand name (Write NONE if no brand name)	Type of product ¹	How obtained ²
1a.			
1a. Details			
1b.			
1b. Details			
1c.			
1c. Details			

2. Do mothers receive free samples of baby foods/bottles/teats at this facility? If yes, please give details in the table below.

Free samples: List brands of products that are given to mothers. Also check if the samples are given with other company materials. Record only what happened within the last 6 months.

Company	Brand	Type of product ¹	Who gives free samples? ³	Sample attached?*
2a.				
2a. Details				
2b.				
2b. Details				
2c.				
2c. Details				

¹ Type of product:

- | | | |
|--|--------------------------------|--|
| A. Infant formula, including special formula | D. Cereal | G. Bottle |
| B. Follow-up formula | E. Fruit/vegetables/meat puree | H. Teat |
| C. Growing-up milk | F. Juice/tea/mineral water | I. Other (write under 'type of product') |

² How obtained?

- | | |
|---|---|
| A. Normal purchase | E. Unsolicited company donation |
| B. Linked to purchase of other products | F. Company donation requested by facility |
| C. With discount or special rate | G. Other donation (write under 'How') |
| D. Without collection (when a company issues an invoice without collecting payment from the facility) | |

³ Who gives free samples? A. Company rep. B. Facility personnel C. Other (write under 'Who')

* Where possible, include specimen or photos with this form. Mark them with the same reference as you have written at the top right-hand corner of this form. Indicate also which question a specimen or photo relates to. (For example: MAL/JK/3001-Question 2 a.) Analyse specimen either under Form 5 (for product types A, B, C, G, H & I)¹ or Form 6 (for product types D, E, F)¹. To make cross -referencing easy, write the reference number of this form under the identification box of Form 5 and 6).

3. Does the facility display any product, poster, pamphlet, calendar, clock, chart or other items produced by companies? If yes, please give details in the table below.

Product displays, poster, pamphlet, calendar, clock, charts, etc: List all items given by companies that i) refer to a brand or logo within the scope; or ii) which include the name or logo of the company; or iii) are somehow related to babies, and displayed in any part of the health care system.

Company	Company name seen? (YES / NO)		What is the item being displayed?	What brand name and/or logo are seen on the item? (Write 'NONE' if no brand)*		Where is item displayed?	Sample attached?*
	Name	Logo		Brand name	Brand logo		
3a.							
3a. Details							
3b.							
3b. Details							
3c.							
3c. Details							

* Please refer to Chapter 2 of this Kit for clarification regarding Article 6.8 of the Code.

4. Do company reps. visit mothers in this facility? If yes, please give details in the table below.

Contact with company reps.: List any instance in which company personnel involved with marketing has had direct contact with a mother. Record only what happened within the last 6 months.

Company	Purpose of visit	Brand and/or logo being promoted by company representative (Write 'NONE' if no brand and/or logo)	Do they provide these things to mothers? (YES/ NO)			Sample attached?*
			Product samples	Gifts	Leaflet / Brochure	
4a.						
4a. Details						
4b.						
4b. Details						
4c.						
4c. Details						

* Where possible, include specimen or photos with this form. Mark them with the same reference as you have written at the top right-hand corner of this form. Indicate also which question a specimen or photo relates to. (For example: MAL/JK/3001-Question 2 a.) Analyse specimen either under Form 5 (for product types A, B, C, G, H & I)¹ or Form 6 (for product types D, E, F)¹. To make cross -referencing easy, write the reference number of this form under the identification box of Form 5 and 6).

5. Do companies provide health workers with gifts or incentives? If yes, please give details in the table below.

Gifts to health workers:

Report:

- i) any gift that advertises a product. Companies often give clinical instruments, calendars, diaries, stationery such as pens, pencil holders, writing/prescription pads and other low-cost items that are likely to be seen by mothers. Note any logo or slogan associated to a product or a company. Under 'Description of gift', record any reference to babies, nutrition, growth or development. Look out for promotional features such as fuzzy animals or cartoon vegetables which are easily identifiable with the company and its products. For example: a pencil holder with the company name and the words 'Best for your baby' or an image of a cute teddy bear or any other product mascot.
- ii) any personal gift. Companies should not make personal gifts to health workers. These may include meals, flowers, cakes, cash or any kind of goods or services. Personal gifts, even small ones, are inducements meant to create goodwill or expectation of something in return.
- iii) information materials given to health workers that are not scientific and factual should also be recorded here.

Read Question 6. If the item or service is listed in Question 6, record it there rather than here.

Record only what happened within the last 6 months.

Company	Description of gift	What brand name and/or logo appears on gift? (Write 'NONE' if no brand name)	Does company name and/or logo appear on gift? (YES/NO)		Sample attached?*
			Name	Logo	
5a.					
5a. Details					
5b.					
5b. Details					
5b.					
5b. Details					

* Where possible, include specimen or photos with this form. Mark them with the same reference as you have written at the top right-hand corner of this form. Indicate also which question a specimen or photo relates to. (For example: MAL/JK/3001-Question 2 a.) Analyse specimen either under Form 5 (for product types A, B, C, G, H & I)¹ or Form 6 (for product types D, E, F)¹. To make cross-referencing easy, write the reference number of this form under the identification box of Form 5 and 6).

6. Have any companies given sponsorship or other services to the health facility or to health workers? If yes, please give details in the table below.

Sponsorship, service etc: Resolutions WHA 49.15 [1996] and 58.32 [2005] stress the need to ensure that financial support and other incentives for programmes and professionals working in infant and young child health do not create conflicts of interest. The 2016 Guidance goes further to forbid sponsorship and many other incentives and inducements in the health care system. See Chapters 2 and 3 of this Kit.

The following activities should be reported:

- Education services to whether inside or outside the workplace or online.
- Free equipment.
- Funding for travel or conferences.
- Cash grants or other forms of support for meetings, events, contests or campaigns.
- Subscriptions to magazines or journals.
- Escort/chauffeur and other services.

Anything you are not sure is an incentive or inducement should still be reported.

Find out as much information as possible about events of professional associations such as meetings and conferences and their relationships with companies. What exactly does a company sponsoring an event pay for? What do the companies give out? Do companies have booths related to baby foods/bottles and teats? Do they pay for the activities of professional associations?

Record only what happened within the last 6 months

<i>Sponsorship / Service, etc ¹</i>	<i>Company</i>	<i>Description*</i>
6a.		
6a. Details		
6b.		
6b. Details		
6b.		
6b. Details		

¹ Sponsorship/Service, etc:

- | | |
|---|---|
| <ul style="list-style-type: none"> A. Architectural planning/consultation B. Escort/chauffeur service C. Funding for research D. Funding for travel E. Cash grant F. Printing | <ul style="list-style-type: none"> G. Office supplies (e.g. pens, pads, flashlights, coffee cups) H. Fellowships and awards I. Sponsorship of conferences/training/events J. Educational videos promoting products K. Other (Write under Sponsorship/Services) |
|---|---|

* Where possible, include specimen or photos with this form. Mark them with the same reference as you have written at the top right-hand corner of this form. Indicate also which question a specimen or photo relates to. (For example: MAL/JK/3001-Question 2 a.) Analyse specimen either under Form 5 (for product types A, B, C, G, H & I)¹ or Form 6 (for product types D, E, F)¹. To make cross-referencing easy, write the reference number of this form under the identification box of Form 5 and 6).

FORM 4A

LABELS OF INFANT FORMULAS

Ref:	Country	Monitor	#
	---	---	4A ---

General note:

This form is intended for infant formula labels (including all special formulas)
 If the product is called follow-up formula but has a starting age of less than 6 months, analyse the label in this form, not 4B.
 Labels for other baby food products including follow-up formula should be analysed in Form 4B - NOT in this form.

Company:

Brand name:

Made in (Country):

Product type:

- Regular infant formula
- Soy-based formula
- Special formula
- Other (write here)

1. The Code requires certain information. Tick (✓) under 'Missing' if the information is not found. Tick (✓) under 'Present' if it is there. A tick (✓) under 'Missing' connotes a violation.

	Missing	Present
a. The words 'important notice' or similar	<input type="radio"/>	<input type="radio"/>
b. The statement that breastfeeding is best	<input type="radio"/>	<input type="radio"/>
c. A warning about the health hazards of inappropriate preparation	<input type="radio"/>	<input type="radio"/>
d. A statement that the product should be used only on the advice of a health worker	<input type="radio"/>	<input type="radio"/>
e. Instructions for preparation in a clear and easy-to-follow manner	<input type="radio"/>	<input type="radio"/>
f. The text from a) to e) in an appropriate (i.e. national) language	<input type="radio"/>	<input type="radio"/>
g. An easily readable expiry date (check lid or bottom of tin)	<input type="radio"/>	<input type="radio"/>
h. Advice on storage conditions	<input type="radio"/>	<input type="radio"/>
i. Batch number (often on bottom of tin or package)	<input type="radio"/>	<input type="radio"/>
j. The ingredients, composition, and product analysis	<input type="radio"/>	<input type="radio"/>

The Code does NOT allow idealising material on the labels of infant formula.

- k. Write down terms like 'maternalised', 'humanised', or similar, if any.

- l. Write down other text which discourages breastfeeding or idealises the use of infant formula such as health and nutrition claims, if any.

- m. Describe photos, drawings, or other representations of an infant, if any. (Please attach photo)

- n. Describe other pictures or drawings which may idealise the use of infant formula, if any. (Please attach photo)

Additional details and comments: (Please use this part to describe anything not covered by the questions such as warnings regarding intrinsic contamination of powdered infant formula). Use separate page if necessary.

* Where possible, send a specimen or photo with this form. Mark them with the same reference as you have written at the top right-hand corner of this form. Indicate also to which question a specimen or photo relates. (For example: MAL/JK/4A001 - 1n).

Date : ____ / ____ / _____ (dd/mm/yyyy)

FORM 4B

Ref:	Country	Monitor	#
	---	---	4B ---

LABELS OF FOLLOW-UP FORMULAS, GROWING-UP MILKS, COMPLEMENTARY FOODS & OTHER FOODS FOR INFANTS AND YOUNG CHILDREN

General note: Use this form to analyse the labels of

- any follow-up or growing-up milk marketed for babies 6 months or older but not over three years old.
- any food or drink for babies under 6 months old (except infant formula).
- any food or drink which shows a photo, drawing or other picture of an infant clearly less than 6 months old.
- any food or drink where no age is mentioned on the label but bottle feeding is recommended.

Date obtained: _____ / _____ / _____ (dd/mm/yyyy) Company: _____

Brand name: _____ Made in (country): _____

Type of product: (√) **Tick only one box**

- | | | | |
|--------------------------------|-----------------------|-----------------------|-----------------------|
| A. Follow-up formula | <input type="radio"/> | F. Infant meal | <input type="radio"/> |
| B. Growing-up milk | <input type="radio"/> | G. Infant juice | <input type="radio"/> |
| C. Milk cereal | <input type="radio"/> | H. Infant tea | <input type="radio"/> |
| D. Non-milk cereal | <input type="radio"/> | I. Water (for babies) | <input type="radio"/> |
| E. Fruit/vegetables/meat puree | <input type="radio"/> | J. Others | <input type="radio"/> |
| | | (write here) _____ | |

1. Does the label indicate recommended age for use? _____ YES NO

If YES, what is it? _____ months OR (other wordings) _____

2. Does the label:
(A YES tick (√) connotes a violation)

- a. suggest that a bottle be used with this product? _____ YES NO
- b. carry a photo, drawing or other representation of an infant? _____ YES NO
(if YES, please attach photo of offending label)
- c. resemble the company's infant formula labels? _____ YES NO
- d. indicate or suggest in any way that this product could be used for babies under six months? _____ YES NO
- e. have other text which discourages breastfeeding or idealises the use of the product, such as health and nutrition claims _____ YES NO
(if yes, please specify below)

Details and comments: (Please use this part to describe anything not covered by the questions)

.....
.....

* Where possible, send a specimen or photo with this form. Mark them with the same reference as you have written at the top right-hand corner of this form. Indicate also to which question a specimen or photo relates. (For example: MAL/JK/4B001 - Q2). For product types C - I, further analysis may be done under Form 6.

FORM 4C

LABELS OF FEEDING BOTTLES & TEATS

Date : ___ / ___ / _____ (dd/mm/yyyy)

Ref:	Country	Monitor	#
	---	---	4C ---

General note: Feeding bottles and teats are products within the scope of the International Code. Labels should provide the necessary information about the appropriate use of products and should not discourage breastfeeding.

Company:

Brand name:

Made in (Country):

Product type:

- Feeding Bottle
- Storage bottle (with teat or can add teat to convert into a feeding bottle)
- Teat
- Other (write here)

1. Does the label

(A YES tick (✓) connotes a violation)

- a. carry a photo, drawing or other representation of an infant or young child, or a parent bottle feeding a baby? (If YES, please attach photo of offending label) YES NO
- b. contain any other drawing, image or text which idealises the use of the product such as a health or functional claim? YES NO

If YES, describe

.....

.....

- c. promote breastmilk substitutes or discourage/undermine breastfeeding? ----- YES NO

If YES, describe

.....

.....

- d. have text which suggests similarity of the product to the breast or nipple? ----- YES NO

If YES, describe

.....

.....

Details and comments: (Please use this part to describe anything not covered by the questions)

.....

.....

* Where possible, send a specimen, scan or photo with this form. Mark them with the same reference as you have written at the top right-hand corner of this form. Indicate also to which question a specimen or photo relates. (For example: MAL/JK/4C001 – Q1a).

Date : ____ / ____ / _____ (dd/mm/yyyy)

FORM 5

COMPANY MATERIALS & PRACTICES

Ref:	Country	Monitor	#
	---	---	5---

Related form #, if any --- --- ---

General note: Section I is for analysis of materials (other than labels) relating to infant formula, follow-up formula, growing up milks, feeding bottles and teats and related products. These include:

- product promotion in all media, including professional journals.
- company materials such as leaflets and brochures on infant and young child feeding.

Use Forms 4A, B or C for analysis of labels for the above products. For materials relating to other foods for infants and young children, such as commercial complementary foods, use Form 6.

Section II is meant for any observations about:

- promotion of products such as milks for older children, supplements for mothers or breast pumps that indirectly promote formula products, feeding bottles or teats.
- public-private partnerships and company sponsored events or activities that undermine breastfeeding or that give rise to conflicts of interest.
- product promotion in the context of infant and young child feeding in exceptionally difficult circumstances such as HIV and emergencies.

For both Sections I & II, please include specimen or photos with this form, where possible. Mark them with the same reference as you have written at the top right-hand corner of this form. Indicate also which question a specimen or photo relates to. (For example: MAL/JK/5001- Q.2). If this is an analysis of a specimen submitted under another form, cite the reference number of that form under the identification box above.

SECTION I

COMPANY MATERIALS: PRODUCTS WITHIN THE SCOPE

Title of material (e.g. main heading or slogan on the material)

1. To what product does the material refer?

<i>Company</i>	<i>Type of product¹</i>	<i>Brand name (Write 'NONE' if no brand)</i>

¹ Type of product:

- | | |
|---|--|
| A. Infant formula including special formula | D. Bottle |
| B. Follow-up formula | E. Teat |
| C. Growing-up milk | F. Other (write under 'type of product') |

2. Type of material: (tick one)

- | | | |
|------------------------|-----------------------------|-----------------|
| A. Booklet | F. Video | J. Web page |
| B. Leaflet | G. YouTube | K. Social media |
| C. Print advertisement | H. Radio or TV announcement | L. Phone app |
| D. Display | I. Pen drive | M. Other |
| E. Poster | | |

3. Where was the material found/observed? (tick one)

- | | | |
|------------------------|--------------------|-----------------------|
| A. General hospital | E. Doctor's office | I. Scientific journal |
| B. Maternity | F. Health centre | J. Internet |
| C. Paediatric hospital | G. Pharmacy | K. Other |
| D. Clinic | H. Junk mail | |

4. Name of the place (e.g. hospital, shop, media such as publication, URL, type of social media or phone app), where/when and under what circumstance it was found/observed:

Date of publication of print material (if available):

Date of observation:

Is the place/media: Public Private

5. If the material reaches mothers* or their families, please select the relevant option below and describe further, if necessary. If not, go to Question 6.

- Via company rep. Via health worker Other

Details:

6. If the material is aimed at health professionals, please indicate whether it is restricted to scientific and factual matters only

- YES NO

If NO, write down any promotional messages i.e. information which is not scientific and factual. Use a separate page if necessary.

7. The Code requires certain information for materials dealing with feeding of infants.

Tick **'Missing'** if the information is not found. Tick **'Present'** if it is there.

A tick (✓) under 'Missing' connotes a violation

Missing Present

- | | | | |
|----|---|-----------------------|-----------------------|
| a. | A statement on the benefits and superiority of breastfeeding ----- | <input type="radio"/> | <input type="radio"/> |
| b. | A statement on the negative effect on breastfeeding of introducing partial bottle feeding ----- | <input type="radio"/> | <input type="radio"/> |
| c. | A statement on the difficulty of reversing the decision not to breastfeed ----- | <input type="radio"/> | <input type="radio"/> |
| d. | A statement on maternal nutrition, and the preparation for and maintenance of breastfeeding ----- | <input type="radio"/> | <input type="radio"/> |

8. Additional requirement for infant formula. If the product is not infant formula, go to Question 9.

Tick **'Missing'** if the information is not found. Tick **'Present'** if it is there.

A tick (✓) under 'Missing' connotes a violation.

- | | | | |
|----|---|-----------------------|-----------------------|
| a. | A statement on the proper use of infant formula ----- | <input type="radio"/> | <input type="radio"/> |
| b. | A statement on the social and financial implications of the use of infant formula ----- | <input type="radio"/> | <input type="radio"/> |
| c. | A statement on the health hazards of inappropriate foods or feeding methods ----- | <input type="radio"/> | <input type="radio"/> |
| d. | A statement on the health hazards of unnecessary or improper use of formula or other breastmilk substitutes ----- | <input type="radio"/> | <input type="radio"/> |

9. Contents of the material:

a. Write down any promotional messages or statements that i) imply that bottle-feeding is equivalent or superior to breastfeeding; or ii) undermine breastfeeding.

.....
.....

b. Describe any pictures or text that idealises the use of breastmilk substitutes, such as health and nutrition claims.

.....
.....

10. Additional details and comments. (Please use this part to describe anything not covered by the above questions. Use this space also to write the promotional text in its original language.)

.....
.....

* In this form, the term mothers include pregnant women.

SECTION II

OTHER PRODUCTS AND TACTICS THAT UNDERMINE BREASTFEEDING

Some marketing practices may not be in violation of the International Code but do undermine breastfeeding (e.g. milks for older children, food supplement for mothers* or breast pumps). Public-private partnerships, company sponsored events or activities that undermine breastfeeding or that give rise to conflicts of interest should also be recorded here.

Others, such as donations in the context of HIV/AIDS and emergencies, are outright violations. Describe such practices in this section and attach specimen if possible. There is no need to fill Section I above.

Select the company practice you are reporting by checking the appropriate box.

- Promotion of products not in the scope but which undermine breastfeeding. Answer Questions 1-5
- Public-private partnerships, company-funded events or activities. Go straight to Q. 6 & 7
- Promotion in the context of infant and young child feeding in exceptionally difficult circumstances. Go straight to Q. 8

1. Title of material, if any (e.g. main heading or slogan on the material):

2. What is the promotional technique used to promote sales of the product:

<i>Company</i>	<i>Type of product¹</i>	<i>Promotional technique²</i>	<i>Brand name (write 'NONE' if no brand)</i>
<i>Details</i>			

¹ Type of product:

- A. Milk for older children B. Food supplement for mothers* C. Breast pumps D. Other (write under 'type of product')

² Promotional technique:

- | | |
|---------------------------|---|
| A. Discounts to customers | F. Posters on display |
| B. Special displays | G. Product information |
| C. Coupons | H. Special sales |
| D. Samples | I. Other (write under 'Promotional Techniques') |
| E. Gifts with purchase | J. Cross-promotion/branding |

3. Name of the place (e.g. hospital, shop, media such as publication, URL, name of social media or phone app) where the promotion was found/observed:

Date of publication (if available):

Date of observation (websites, etc): Public Private

Is the place /media:

4. Write down any promotional tactics, messages or statements that:

a. undermine breastfeeding or imply that bottle-feeding is equivalent or superior to breastfeeding.

b. describe any pictures or text that idealise the use of breastmilk substitutes.

5. Additional details and comments (Please use this part to describe anything not covered by the questions above).

* In this form, the term mothers include pregnant women.

6. If there is a programme or a company-funded event related to infant and young child feeding in the local community, does it involve a partnership with a public entity/agency/NGO?

YES

NO

Public-private partnership/Company funded event. Companies sometimes form alliances and partnerships with governments, international agencies, professional associations and NGOs to run programmes. Not all public-private partnerships violate the International Code, but they are of concern because of conflicts of interest. See Chapters 2 and 4 of this Kit.

Companies also initiate community events involving infant and young child feeding to promote goodwill.

Record any programme relating to infant and young child feeding in the local community or events that involve a company dealing with baby foods, feeding bottles and teats.

If the answer to Question 6 is YES, provide details in the box below.

<i>Company</i>	<i>Public entity/agency/NGO involved, if any</i>	<i>Name of programme/event</i>	<i>Type of support (in cash or kind)</i>	<i>Brand (write 'NONE' if no brand involved)</i>
<p><i>Details: For e.g. describe nature of scheme that is being promoted through the partnership or event: (for e.g. a community-based nutrition programme for malnourished children 6-24 months, targeting rural areas)</i></p>				

7. Is there any public relations campaign related to the event (for e.g., a launch combined with a roadshow to publicise the campaign in the community on a specific date or over a period of time)? Attach publicity material, if any.

YES

NO

8. If the local community is facing difficulty in infant and young child feeding due to disease, pandemic or emergencies, and products under the scope are being donated, promoted and distributed in the community, does it involve a company?

YES

NO

Infant and young child feeding in exceptionally difficult circumstances. The International Code and relevant WHA resolutions are applicable in all situations. In times of disease, pandemic or emergencies, markets become destabilised and promotional activities may take on different dimensions, as companies try to reposition themselves. In particular, there may be unsolicited supplies of products under the scope that are distributed, contrary to international guidelines. See Chapter 4 of this Kit Reports of Code violations in these circumstances will enable the right responses to be taken by policy makers and aid agencies.

<i>Type of circumstance</i>	<i>Company</i>	<i>Brand name</i>	<i>Type of violation*</i>	<i>Sample/picture attached (yes/no)</i>
<p><i>Details: For e.g. describe when and how products are distributed to affected communities.</i></p>				

* Type of violation

A. Advertisement

B. Promotion in shop

C. Promotion in healthcare centre

D. Sample to mothers

E. Company contact with mothers

F. Donation of free or low priced products

G. Other, please explain (use another sheet of paper if necessary)

FORM 6

FOODS FOR INFANTS AND YOUNG CHILDREN

Date : ____ / ____ / _____ (dd/mm/yyyy)

Ref:	Country	Monitor	#
	---	---	5---

Related form #, if any ____ - ____ - ____

General note: This form focuses on certain promotional practices relating to foods for infants and young children. The benchmark is the 2016 WHO Guidance on ending the inappropriate promotion of foods for infants and young children (2016 WHO Guidance), which applies to commercially produced foods that are marketed as suitable for children between 6 to 36 months.

Examples include products that:

- are labelled with the words baby/infant/toddler/young child;
- recommend an age of introduction less than three years;
- use an image of a child appearing three years of age or younger or feeding with a bottle; or
- are in any other way presented as suitable for children under the age of three years.

3 main areas of promotion pertaining to foods for infants and young children are covered:

a) inappropriate messaging, b) cross-promotion of breastmilk substitutes, and c) activities giving rise to conflicts of interest throughout any part of the health system.

Apart from (b), this form is not aimed at capturing violations involving breastmilk substitutes.

1. Title of material (e.g. main heading or slogan on the material)

.....

2. When was the violation observed? (dd/mm/yyyy)

3. Where? (place, city and country)

4. What is the form of promotion used to encourage sales of the product:

<i>Company</i>	<i>Type of product¹</i>	<i>Form of promotion²</i>	<i>Brand name (write 'NONE' if no brand)</i>
<i>Details</i>			

¹. Type of product:

- | | |
|--------------------------------|---|
| A. Cereal | C. Juice/tea/mineral water |
| B. Fruit/vegetables/meat puree | D. Other (please check description on label): |
-

². Form of promotion:

- | | |
|---|--|
| A. Advertisement (TV, print, radio, internet, social media, etc.) | E. Information brochures |
| B. Promotion in retail outlets | F. Online promotion |
| C. Promotion at events | G. Package Labels |
| D. Promotion in health facilities | H. Other (please specify with detail): |
-

5. Select the type of violation you are reporting on by checking the appropriate box.

- Inappropriate messaging, go to Question 6 (a)
- Cross-promotion of breastmilk substitutes, go straight to Question 6 (b)
- Activities giving rise to conflicts of interest throughout any part of the health system. Go to Question 6 (c).

6. For questions below, tick (✓) whichever apply. A tick (✓) connotes a violation.

a) Inappropriate Messaging

Messages used to promote foods for infants and young children should support optimal infant and young child feeding and inappropriate messages should not be included. Such messages are conveyed in multiple forms. Note: Promotion of foods for infants and young children outside of the health system that fulfills the requirements below are NOT violations.

i. Messages should include: (Tick (✓) if missing)

- A. A statement on the importance of continued breastfeeding for up to two years or beyond.
- B. A statement on the importance of not introducing complementary feeding before six months of age.

ii. Messages should not: (Tick (✓) if present)

- A. Include any image, text or other representation that might suggest use for infants under six months of age (including references to milestones and stages).
- B. Include any image, text or other representation that undermines breastfeeding, makes a comparison to breastmilk, or suggests the product is nearly equivalent or superior to breastmilk.
- C. Recommend or promote bottle-feeding.
- D. Convey endorsement (or anything that may be construed as such) by a professional or other body, unless it has been specifically approved by relevant national, regional or international regulatory authorities.

b) Cross-promotion

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

Tick (✓) if any of the practices below are observed.

- A. The packaging design, labelling and materials used for the promotion of complementary foods is similar to those used for breastmilk substitutes (e.g. similar colour schemes, designs, names, slogans and mascots; with the exception of company name and logo).
- B. Breastmilk substitute companies engaging in direct or indirect promotion of complementary food products through relationships or marketing activities with parents or caregivers (e.g. baby clubs, social media groups, childcare classes and contests).

c) Conflicts of interest

Companies that market foods for infants and young children should not create conflicts of interest in any part of the health system through involvement in activities such as donating free products, distributing equipment and services, and hosting events. Health workers, health systems, health professional associations and nongovernmental organisations likewise should not accept or allow such activities to take place, to avoid conflicts of interest.

Tick (✓) if any of the practices below are observed in any part of the health system.

- A. Free products, samples or reduced-price foods for infants or young children to families, through health workers or health facilities (with the exception of supplies distributed through officially sanctioned health programmes).
- B. Donation or distribution of equipment or services to health facilities.
- C. Giving of gifts or incentives to health care staff.
- D. Companies using health facilities to host events, contests or campaigns.
- E. Giving of gifts or coupons to parents, caregivers and families.
- F. Companies directly or indirectly providing education to parents and caregivers on infant and young child feeding in health facilities.
- G. Providing information for health workers that is not scientific and factual.
- H. Meetings of health professionals and scientific meetings sponsored by companies.

Additional details:

QUICK & EASY FORM

IBFAN continuously compiles violations and welcomes your input

Have you noticed any company practices lately which violate the International Code or subsequent resolutions? Or which discourage breastfeeding? Seen any inappropriate promotion of complementary foods? If so, help us collect the information. An electronic form is also available online at <http://www.ibfan.org>

Name: Which IBFAN group, if any:
 Address:
 E-mail:

The above information is necessary to enable IBFAN to double check- the information you have given, if necessary. Your identity will be kept confidential.

* * * * *

Description of Code violation (please answer all questions)

1. Short description (include heading or slogan found on company materials)
2. **When** was the violation observed? (dd/mm/yyyy)
3. **Where?** (place, city and country)
4. **Who** is violating the Code and **how?**

<i>Company</i>	<i>Brand</i>	<i>Type of product¹</i>	<i>Type of violation²</i>

¹ Type of product

- | | |
|--|--|
| <p>A. Infant formula (including special formula)</p> <p>B. Follow-up formula</p> <p>C. Growing-up milk</p> <p>D. Complementary food¹
(Cereal, fruit/vegetables/meat puree, juice, tea, and mineral water)</p> | <p>E. Bottle</p> <p>F. Teat</p> <p>G. Other (specify the product) _____</p> |
|--|--|

² Type of violation

- | | |
|--|---|
| <p>A. Advertisement - tv/radio/in print/online/social media</p> <p>B. Promotion in health facility</p> <p>C. Company contact with mother -
in person/via internet/social media/phone app</p> <p>D. Donation of product to health facility</p> <p>E. Free sample</p> | <p>F. Gift to health worker</p> <p>G. Gift to mothers</p> <p>H. Inadequate labelling</p> <p>I. Promotion in shops</p> <p>J. Sponsorship</p> <p>K. Other _____</p> |
|--|---|

Is specimen or picture attached? Yes _____ No _____

Where possible, include actual specimen, photographs or scanned images of Code violations with your form

5. Additional observations/details (please use another sheet of paper if necessary)

1. For complementary food, check if:
 - the product is marketed or represented as suitable for below 6 months.
 - the product is promoted in healthcare facilities, regardless of age indication.
 - the labelling and packaging of the product look similar to the company's breastmilk substitute products (cross-promotion).
 (Any of the above constitutes a violation of the 2016 WHO Guidance on ending inappropriate promotion of foods for infants and young children)

GLOSSARY

This is a list of terms used in the forms. Refer to this list whenever you are unsure what is meant by a particular term.

Baby feeding company: A term used in this Kit to describe a manufacturer or a distributor of baby foods, feeding bottles and teats.

Baby feeding products: A collective term used in this Kit to describe baby foods, feeding bottles and teats that come under the scope of the International Code.

Complementary foods: Foods which are intended to complement an infant or young child's main source of nutrition (either breastmilk or formula). These can be cereals, juices, teas, fruit or vegetable purées in jars, etc.

Company: A manufacturer or distributor of any product within the scope of the International Code of Marketing of Breastmilk Substitutes.

Cross-promotion: The use of similar brand names, packaging designs, labels, text, images, colour schemes, symbols or slogans or other means for the purpose of promoting another product. For example, in many countries growing-up milks (GUMs) are not (yet) within the scope, but companies make packaging of infant formulas and/or follow-up formula look like GUMs, and through that they promote the other two products as well.

Follow-up formulas: Formulas intended to be used for older infants (usually as of 6 months, sometimes earlier). Such formulas often have a name resembling their companies' regular infant formula with the figure "2" added.

Foods for infants and young children: Commercially produced food or beverage products that are specifically marketed as suitable for feeding children up to 36 months of age.

Note: The Guidance on ending the inappropriate promotion of foods for infants and young children (the 2016 Guidance) applies to all commercially produced foods that are marketed as suitable for infants and young children from the age of *6 months to 36 months*.

Food supplements for mothers: Commercial products marketed in dose, liquid or powder forms to supplement the normal diet of pregnant and lactating women and which are concentrated sources of nutrients or other substances. Example: milks for mothers and breastfeeding supplements.

Growing-up milks: Milk products marketed for children 1-3 years. They are sometimes called toddler milks. Such products often have a name resembling their companies' regular infant and follow-up formula with the figure "3" added.

Health care system: 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. Under the International Code, health care system does not include pharmacies or other established sales outlets.

Infant formulas: Preparations that can be fed to infants from birth as their sole source of nutrition.

Logo: This can be an image, symbol or icon which identifies a particular **company** or **brand**. Many companies have a logo for the name of their **company**. For example, the Nestlé nest or the letter "A" for Abbott-Ross products.

Examples of company logos:



Some companies have mascots or benefit icons which distinguish particular **brands** or lines of **products**. For example, Nestlé cereals have a blue bear character in various cultural settings and the Bifidus 'B' promotional device within protective arms. Mead Johnson uses its 360° Mind Plus logo which focuses on the brain as the command centre for development to promote its formula products. These mascots and benefit icons are promotional symbols linked to products and are used to create brand awareness. They infringe the ban against promotion even when no product names are mentioned.



Marketing: Product promotion, distribution, selling, advertising, product public relations, and information services. (Article 3) (Note: selling and distribution are allowed, promotion is not.)

Materials: In this Kit, 'materials' refers to any promotional or information items provided by companies such as advertisements, brochures, booklets, cot cards, flyers, growth charts, prescription pads, stickers, videos, etc.

Products: Products within the scope of the International Code. In certain contexts, they include products covered by the 2016 Guidance.

Promotion: Marketing techniques to increase sales, such as advertising, sampling or any other activity to encourage or induce the purchase of a product.

Scope: The range of products which are covered by the International Code.

Special formulas: Formulas intended to be used from birth that are specially processed or formulated to satisfy well-recognised and particular dietary requirements. These include formulas designed for pre-term babies, low-birth-weight babies, babies with allergies, etc. These products are treated the same as infant formula under the International Code. For the purpose of monitoring, they also include the very specialised preparations that may be prescribed for the few babies suffering from galactosaemia, phenylketonuria or other rare metabolic disorders.

Specimen: A typical example of a violation. This may be a promotional material, a product label, a gift, a sample, a photograph or a scanned image and, ideally, should accompany a form upon submission of the violation.

2016 Guidance: The Guidance on ending the inappropriate promotion of foods for infants and young children (A69.7 Add.1 [2016])

International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions

A 10-point summary

- 1. Aim** To contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.
- 2. Scope** Applies to **breastmilk substitutes**^{* 1} or any food being marketed or otherwise represented as a partial or total replacement for breastmilk. This includes:
 - **Infant formula**
 - **Follow-up formula (sometimes referred to as ‘follow-on milk’)** *
 - **Growing-up milk** *
 - **Any other milk for children 0 < 36 months** *
 - **Any other food or liquid (such as cereal, jarred food, infant tea, juice and mineral water) that is represented as suitable to be fed to infants less than six months of age.** *

The International Code also applies to **feeding bottles and teats**.
- 3. Promotion** No advertising or promotion of above products to the public. No nutrition or health claims on products. ^{*^ 2}
- 4. Samples** No free samples to mothers, their families or health care workers.
- 5. Health care facilities** No promotion of products, i.e. no product displays, posters, calendars or distribution of promotional materials. No mothercraft nurses or similar corporation-paid personnel.
- 6. Health care workers** No gifts or samples to health care workers. Financial support and incentives should not create conflicts of interest. ^{^ 3}
- 7. Supplies** No free or low-cost supplies of breastmilk substitutes to any part of the health care system. ^{^ 4}
- 8. Information** Information and education materials must explain the benefits of breastfeeding, the health hazards associated with bottle-feeding and the costs of using infant formula. Product information must be factual and scientific. Governments to avoid conflicts of interest so materials under infant and young child programmes should not be sponsored by manufacturers and distributors. ^{^ 5}
- 9. Labels** Product labels must clearly state the superiority of breastfeeding, the need for the advice of a health care worker and a warning about health hazards. No pictures of infants, other pictures, or text idealising the use of infant formula. Labels must contain the warning that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately. ^{^ 5} Labels on complementary foods should not cross-promote breastmilk substitutes, should not promote bottle-feeding, and should state the importance of continued breastfeeding. ^{^ 6}
- 10. Quality** Unsuitable products, such as sweetened condensed milk, should not be promoted for babies. All products should be of a high quality (Codex Alimentarius Standards) and take account of the climatic and storage conditions of the country where they are used.

Note: For the full text of Code and resolutions, see: www.who.int/nutrition/netcode/resolutions/en/

(*) denotes products and definitions which are clarified by the WHO Guidance on ending the inappropriate promotion of foods for infants and young children Guidance A69/7 Add.1 which was welcomed by WHA Resolution 69.9 [2016].

(^) denotes that Code provisions have been clarified and extended by subsequent World Health Assembly Resolutions which are summarised in Annex 2.

¹ WHA49.15 [1996], WHA54.2 [2001] & WHA63.23 [2010]

² WHA58.32 [2005] & WHA63.23 [2010]

³ WHA49.15 [1996] & WHA58.32 [2005]

⁴ WHA47.5 [1994] v. WHA58.32 [2005]

⁵ WHA58.32 [2005]

⁶A69/7 Add.1

Annex 2: Relevant World Health Assembly resolutions (summary)

Year	Number	Resolutions
1981	WHA 34.22	<ul style="list-style-type: none"> Stresses that adoption and adherence to the Code is a minimum requirement. Member States are urged to implement the Code into national legislation, regulations and other suitable measures.
1982	WHA35.26	<ul style="list-style-type: none"> Recognises that commercial promotion of breastmilk substitutes contributes to an increase in artificial feeding and calls for renewed attention to implement and monitor the Code at national and international levels.
1984	WHA37.30	<ul style="list-style-type: none"> Requests that the Director General work with Member States to implement and monitor the Code and to examine the promotion and use of foods unsuitable for infant and young child feeding.
1986	WHA39.28	<ul style="list-style-type: none"> Urges Member States to ensure that the small amounts of breastmilk substitutes needed for a minority of infants are made available through normal procurement channels and not through free or subsidised supplies. Directs attention of Member States to the following: 1. Any food or drink given before complementary feeding is nutritionally required may interfere with breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period; 2. The practice of providing infants with follow up milks is "not necessary".
1988	WHA41.11	<ul style="list-style-type: none"> Requests the Director General to provide legal and technical assistance to Member States in drafting or implementing the Code into national measures.
1990	WHA43.3	<ul style="list-style-type: none"> Highlights the WHO/UNICEF statement on "protection, promoting and supporting breastfeeding: the special role of maternity services" which led to the Baby-Friendly Hospital Initiative in 1992. Urges Member States to ensure that the principles and aim of the Code are given full expression in national health and nutrition policy and action.
1994	WHA47.5	<ul style="list-style-type: none"> Reiterates earlier calls in 1986, 1990 and 1992 to end "free or low cost supplies" and extends the ban to all parts of the health care system. Provides guidelines on donation of breastmilk substitutes in emergencies.
1996	WHA49.15	<ul style="list-style-type: none"> Calls on Member States to ensure that: 1. complementary foods are not marketed for or used to undermine exclusive and sustained breastfeeding; 2. financial support to health professionals does not create conflicts of interests; 3. Code monitoring is carried out in an independent, transparent manner free from commercial interest.
2001	WHA 54.2	<ul style="list-style-type: none"> Sets global recommendation of "6 months" exclusive breastfeeding, with safe and appropriate complementary foods and continued breastfeeding for up to two years or beyond.
2002	WHA55.25	<ul style="list-style-type: none"> Endorses the Global Strategy on Infant and Young Child Feeding which confines the baby food manufacturers and distributors' role to: 1. ensuring quality of their products; 2. complying with the Code and subsequent WHA resolutions, as well as national measures. Recognises the role of optimal infant feeding to reduce the risk of obesity. • Alerts that micronutrient interventions should not undermine exclusive breastfeeding.
2005	WHA58.32	<ul style="list-style-type: none"> Asks Member States to: 1. ensure that nutrition and health claims for breastmilk substitutes are not permitted unless national/regional legislation allows; 2. be aware of the risks of intrinsic contamination of powdered infant formulas and to ensure this information be conveyed through label warnings; 3. 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.
2006	WHA59.11	<ul style="list-style-type: none"> Member States to make sure the response to the HIV pandemic does not include non-Code compliant donations of breastmilk substitutes or the promotion thereof.
2006	WHA59.21	<ul style="list-style-type: none"> Commemorates the 25th anniversary of the adoption of the Code; welcomes the 2005 Innocenti Declaration and asks WHO to mobilise technical support for Code implementation and monitoring.
2008	WHA61.20	<ul style="list-style-type: none"> Urges Member States to: 1. scale up efforts to monitor and enforce national measures and to avoid conflicts of interest; 2. investigate the safe use of donor milk through human milk banks for vulnerable infants, mindful of national laws, cultural and religious beliefs.
2010	WHA63.23	<ul style="list-style-type: none"> Urges Member States to: 1. strengthen implementation of the Code and resolutions, the Global Strategy on Infant and Young Child Feeding, the Baby-Friendly Hospital Initiative, the Operational Guidance for Emergency Relief Staff; 2. end all forms of inappropriate promotion of foods for infants and young children and that nutrition and health claims should not be permitted on these foods. Urges corporations to comply fully with responsibilities under the Code and resolutions.
2012	WHA65.6	<ul style="list-style-type: none"> Urges Member States to put into practice the comprehensive implementation plan on maternal, infant and young child nutrition, including: 1. developing or strengthening legislative, regulatory or other measures to control the marketing of breastmilk substitutes; 2. establishing adequate mechanisms to safeguard against potential conflicts of interest in nutrition action. Requests the Director General to: 1. provide clarification and guidance on the inappropriate promotion of foods for infants and young children as mentioned in WHA63.23; 2. develop processes and tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes.
2014	WHA67(9)	<p>This decision which has the same normative weight as a resolution focused on indicators to monitor the Maternal, Infant and Young Child Nutrition (MIYCN) Plan which includes increasing the rate of exclusive breastfeeding to at least 50% by 2025 as a global target. The indicator for regulation of marketing is the number of countries with legislation or regulations fully implementing the Code and Resolutions.</p>
2016	WHA69.9	<p>This Resolution welcomes the WHO Guidance on ending the inappropriate promotion of foods for infants and young children. It calls upon</p> <ol style="list-style-type: none"> Member States to take all necessary measures to implement the Guidance Manufacturers and distributors of foods for infants and young children to adhere to the Guidance. The Guidance clarified 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. The Guidance also recommends that there should be no cross-promotion to promote breastmilk substitutes via the promotion of foods for infants and young children.
2018	WHA71.9	<p>This Resolution urges Member States to: 1. reinvigorate the Baby-friendly Hospital Initiative and the full integration of the revised 10 Steps to Successful Breastfeeding which incorporates Code compliance in Step 1; 2. take all necessary measures to implement recommendations to end the inappropriate promotion of foods for infants and young children.</p>



About IBFAN

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 baby 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 manufacturers and distributors into more ethical behaviour. IBFAN also helps to promote and support breastfeeding in other ways.



About ICDC

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

- ICDC collects, analyses and evaluates national laws and draft laws.
- ICDC also conducts courses on Code implementation and Code monitoring and maintains a database on Code violations worldwide.
- From 1991 to 2018, ICDC trained over 2000 government officials from 148 countries in drafting sound legislation to protect breastfeeding.
- ICDC publishes a global monitoring report, *Breaking the Rules, Stretching the Rules* and a *State of the Code by Country* chart every three years.

