COUNTRY IMPLEMENTATION OF THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES:

STATUS REPORT 2011

World Health Organization

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Contents

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Abbreviations

BMS	Breast-milk substitute
Code	International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly Resolutions
CRC	Convention on the Rights of the Child
DoH	Department of Health
International Code	International Code of Marketing of Breast-milk Substitutes
IRR	Implementing rules and regulations
MoH	Ministry of Health
NGO	Nongovernmental organization
PAHO	Pan American Health Organization
UNICEF	United Nations Children's Fund
WBTi	World Breastfeeding Trends Initiative
WHA	World Health Assembly
WHO	World Health Organization

Executive summary

Globally, breastfeeding has the potential to prevent about 800 000 deaths among children under five each year if all children 0–23 months were optimally breastfed. Early initiation of breastfeeding could prevent about one fifth of neonatal deaths, but less than half of infants are put to the breast within one hour of birth. WHO recommends that all infants should be exclusively breastfed for the first six months of life, but actual practice is low (38%). Only about half of children aged 20–23 months are breastfed despite the recommendation that breastfeeding continue for up to 2 years or beyond.

The implementation and enforcement of the standards and recommendations contained in the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly Resolutions (the Code) are critical for ensuring an environment that supports proper infant and young child feeding and contributing to the attainment of Millennium Development Goal 4 (reduce child mortality by two thirds).

This report summarizes the progress countries have made in implementing the Code. It is based on data received from WHO Member States between 2008 and 2010 and on information for 2011 from UNICEF.

Thirty years after its endorsement, only 37 out of 199 countries reporting (19%) have passed laws reflecting all of the recommendations of the Code. Sixty-nine countries (35%) fully prohibit advertising of breast-milk substitutes; 62 (31%) completely prohibit free samples or low-cost supplies; 64 (32%) completely prohibit gifts of any kind from relevant manufacturers to health workers; and 83 (42%) require a message about the superiority of breastfeeding on breast-milk substitute labels. Only 45 countries (23%) report having a functioning implementation and monitoring system.

Key areas where further efforts are needed which were raised by Member States include: 1) gaps in existing national legislation; 2) clarity on processes necessary for the adaptation of the Code; 3) difficulty in gaining regulatory approval of draft measures; 4) weak implementation; 5) poor monitoring systems; and 5) reported violations by the industry.

To ensure the successful implementation of the Code, the following are considered critical by government officials or national authorities: 1) political commitment and advocacy; 2) a critical mass of advocates; 3) legislation; and 4) knowledge about the Code and its implications.

Actions at both international and national levels are needed to ensure full implementation of the Code. Member States need additional support from international agencies. Human rights treaty monitoring bodies must step-up reviews of Code implementation as part of States' obligations under relevant human rights instruments. There is also a need to invest in efforts to disseminate information on Code implementation and create capacity for Code monitoring. At the national level, governments should pass legislation, set up functional monitoring and enforcement mechanisms, forge partnerships with civil society and set up documentation and reporting systems for violations.

The Code remains a catalyst for change and a core element in which countries should invest to curb child mortality through improved infant and young child nutrition.

1.

Introduction

On 21 May 1981, the World Health Assembly (WHA) adopted the International Code of Marketing of Breast-milk Substitutes (hereinafter referred to as the International Code) under Resolution Number 34.22, with 118 votes for, 1 against and 3 abstentions.

The International Code took into account a WHO/UNICEF report on infant and young child feeding which stressed the "*importance of an adequate basis on which women can have a true and objective choice*" (*1*). It also emphasized "the need for education and information about infant and young child feeding and for the establishment of measures at government level to protect women against misinformation".[1]

The International Code also recognized that "inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in all countries and that improper practice in the marketing of breast-milk substitutes [BMS] and related products can contribute to this major public health problem". Subsequent WHA Resolutions have reaffirmed and stressed the importance of Member States promoting, protecting and supporting breastfeeding through the passage of meaningful legislation and/or regulations that would put the minimum standards recommended by the International Code in place.

After 20 years of International Code implementation, the WHO/UNICEF *Global strategy for infant and young child feeding* (*2*) clearly indicated that:

> *Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.*

Effective implementation and monitoring of the International Code is also supported by the United Nations Convention on the Rights of the Child (CRC), and its monitoring body, the Committee on the Rights of the Child, thus providing an additional normative and legal foundation. Article 24 of the CRC – the child's right to health and health care – requires countries to take appropriate measures to "*combat disease and malnutrition*" through, inter alia, the "*provision of adequate nutritious foods*", and to "*ensure that all segments of society, in particular parents and children, are informed (…) and supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding (…)*". In addition, in its review of national implementation of the CRC and subsequent dialogue with governments, the Committee on the Rights of the Child consistently calls upon countries to ensure full protection, promotion and support to breastfeeding, and to give effect to the International Code and subsequent relevant WHA resolutions. This has been reiterated in General Comment No. 15, The right of the child to the enjoyment of the highest attainable standard of health (Article 24) (*3*).[2]

Globally, breastfeeding has the potential to prevent 800 000 under-five deaths per year if all children 0–23 months were optimally breastfed; in countries where stunting is highly prevalent, promotion of breastfeeding and appropriate complementary feeding could prevent about 220 000 deaths among children under five years of age (*4*,*5*). Over 30 studies from around the world, in developing and developed countries alike, have shown that breastfeeding dramatically reduces the risk of dying (*6*). A WHO pooled analysis (*7*) indicates that breastfeeding could prevent over three fourths of deaths in early infancy, and 37% of deaths during the second year of life. A cohort study in Brazil revealed that non-breastfed children, compared to those exclusively breastfed, have 14 times the risk of dying from diarrhoea, 3.6 times the risk of dying from pneumonia, and 2.5 times the risk of dying from other infections (*8*). A pooled analysis of studies in Ghana, India and Peru showed that non-breastfed infants are 10 times more susceptible to dying, compared to

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[1] International Code of Marketing of Breast-milk Substitutes. Geneva, World Health Organization, 1981 (http://www.who.int/nutrition/publications/infantfeeding/9241541601/en/index.html, accessed 26 July 2013).

[2] States are required to introduce into national law, implement and enforce internationally agreed standards concerning children's right to health, including the International Code of Marketing of Breast-milk Substitutes (Paragraph 44, page 11).

predominantly or exclusively breastfed infants. The risk of death was 2.5 times higher comparing partially breastfed infants with those predominantly or exclusively breastfed (*9*). A study in Ghana revealed that infants who were exclusively breastfed during the first hour of life were 9 times less likely to die than those who were initiated to mixed formula and breast milk within 72 hours of birth (*10*). Even in the United States of America, where death from infection is relatively uncommon, there were 21% to 24% fewer deaths among children who were breastfed (*11*).

Cognitive development is enhanced and the risk of some chronic diseases reduced by breastfeeding. Numerous studies, including a randomized trial (*8*), show that being breastfed enhances intelligence quotient; the randomized trial showed breastfeeding promotion raised intelligence quotient by about 6 points. There are also long-term benefits of breastfeeding in the form of lower blood pressure and total cholesterol, and lower prevalence of overweight/obesity and type-2 diabetes (*7*).

With regard to mothers, high quality studies show that breastfeeding reduces ovarian cancer by 27% to 40% (*12–14*) and breast cancer by 40% to 80% (*15–18*). Exclusive breastfeeding has an effect on birth spacing that is as effective as contraceptives for the first 6 months after delivery (*19*). Breastfeeding, which releases oxytocin after delivery, also reduces uterine bleeding.

Despite the overwhelming short- and long-term benefits of breastfeeding for both the child and mother, a large gap still separates current practices from accepted recommendations (*20*). Although early initiation could prevent about one fifth of neonatal deaths, less than half of infants are put to the breast within one hour of birth. Although WHO recommends 6 months of exclusive breastfeeding, current prevalence of this practice is low (36%). Only about 50% of children 20–23 months old are breastfed despite the recommendation that all children be breastfed for up to 2 years or beyond.

The implementation and enforcement of the standards and recommendations contained in the International Code and subsequent WHA Resolutions (hereinafter referred to as the Code) by Member States are critical in ensuring proper infant and young child feeding practices are in place and contribute to the attainment of Millennium Development Goals 4 and 5.

WHO reports to the WHA on the status of Code implementation every other year. This report is based on information provided by Member States, usually in a paragraph summarizing the situation in the six WHO regions. WHA Resolution 65.6 from May 2012[1] requested WHO "to support Member States in the monitoring and evaluation of policies and programmes, including those of the *Global strategy for infant and young child feeding*, with the latest evidence on nutrition" and "to report, through the Executive Board, to the Sixty-seventh World Health Assembly on progress in the implementation of the comprehensive implementation plan, together with the report on implementation of the International Code of Marketing of Breast-milk Substitutes and related Health Assembly resolutions".

This is the first WHO publication documenting actions taken by countries; it is intended to support Member States to develop or strengthen legislative, regulatory and/or other effective measures to control the marketing of breast-milk substitutes, as requested by the WHA in May 2012.

[1] Sixty-fifth World Health Assembly. Resolution 65.6, 26 May 2012 (http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_R6-en.pdf, accessed 26 July 2013).

2.

Data on country implementation of the International Code

The adoption of the International Code by the WHA in May 1981 through resolution WHA34.22 marked an historical step in efforts to protect breastfeeding and contribute to the establishment and support of appropriate infant and young child feeding practices.

Since the International Code was endorsed as a recommendation under resolution WHA34.22, it is not legally binding upon WHO Member States. However, Member States are expected to adhere to the aim and spirit of the International Code, and under Article 11.1 are requested to "*take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulation or other suitable measures…*" In addition, as previously mentioned, implementation and monitoring of the Code is further supported by legal obligations under the CRC.[1]

After 30 years since its passage, Member States and other countries and areas from all the WHO regions have been working at different levels to translate the global recommendations into effective local measures, to be able to put the comprehensive set of standards and policies into practice. In line with Article 62 of the WHO Constitution, Member States are requested to update WHO on the status of implementation of the Code regularly and at the same time, in compliance with Article 11.7 of the International Code, WHO reports the status of implementation of the Code to the World Health Assembly.

This report presents a summary of the progress made by countries in the implementation of the Code, limited to the following set of information: a) legislative status; b) specific provisions: advertising of BMS to the general public, sale or promotions to the general public, free or low-cost supplies of BMS, materials or gifts to health workers and health facilities, labelling and monitoring; and c) issues of concern.

Several sources were used to review the status of Code implementation:

- WHO. *Summary code survey for the report to the World Health Assembly on the implementation of the International Code of Marketing of Breast-milk Substitutes*. Geneva, WHO, 2008.
- WHO. *Survey for the global nutrition policy review: module 3 on the International Code of Marketing of Breast-milk Substitutes*. Geneva, WHO, 2010.
- UNICEF. *National implementation of the International Code of Marketing of Breast-milk Substitutes*. New York, UNICEF, 2011.
- Pan American Health Organization [PAHO]. *30 Años del Código en América Latina* [30 years of the Code in Latin America]. Washington DC, PAHO, 2011.
- World Breastfeeding Trends Initiative [WBTi]. *Toolkit (2011) and website* (for reports where a ministry of health is indicated as a part of the monitoring process), http://www.worldbreastfeedingtrends.org/, accessed 12 May 2012.
- European Union Project on Promotion of Breastfeeding in Europe. *Protection, promotion and support of breastfeeding in Europe: a blueprint for action (revised)*. Luxembourg, European Commission, Directorate Public Health and Risk Assessment, 2008.

These references were used to generate the tables in this report, including those in **Annex I** and **Annex II**, based on data for the period up to April 2011. Several issues and concerns were noted during the review and processing of the data. The survey conducted by WHO clearly shows that there is a need to clarify some of the language used in the Code, and develop a definition of terms and/or a glossary to serve as a guide in filling out the questionnaire. In some cases, contradictions between references were observed, mainly in relation to the actual legislative status of existing measures in several countries and areas, as highlighted in **Annex I**.

[1] The CRC has been ratified by all but two United Nations Member States – Somalia and the United States – and thus enjoys near-universal ratification and recognition as the principal legally binding treaty on the protection and promotion of all aspects related to the overall well-being of children.

2.1 Legislative status

As mentioned above, Article 11.1 of the International Code states that "*Governments should take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulation or other suitable measures…*" **Table 1** shows actual progress as reported by countries and areas in their efforts to apply the Code.

Table 1 Legislative status by WHO Region

WHO Region	Full into law	Many into law	Few into law	Voluntary	Few voluntary	Drafted	Still studying	Action to end free supplies only	No action	No information	Total
African	13	6	5	9	1	6	3	0	2	2	47
Americas	8	5	4 (1)	9	2	1	0	0	5 (2)	1	35 (3)
Eastern Mediterranean	7	5	2	2	0	1	1	2	1	(1)	21 (1)
European	2	23	6	0	1	2	7	0	1	11	53
South-East Asia	4	2	0	3	1	0	0	0	0	1	11
Western Pacific	3	5 (1)	3	8	1	0	0	0	1	6	27 (1)
Total	37	46 (1)	20 (1)	31	6	10	11	2	10 (2)	21 (1)	194 (5)

Note: The figures in parentheses indicate additional countries or areas that are not WHO Member States.

UNICEF categorizes the legislative status of the implementation of the Code into 10 levels (*21*), which are used in this report:

1. *full into law*, which means they have enacted legislation or other legal measures on all provisions of the Code;
2. *many into law*, which means they have enacted legislation or other legal measures on many provisions of the Code;
3. *few into law*, which means they have enacted legislation or other legal measures on a few provisions of the Code;
4. *voluntary*, which means they have adopted all or most of the provisions of the Code through non-binding measures;
5. *few voluntary*, which means they have adopted some but not all provisions of the Code through non-binding measures;
6. *drafted*, which means that there is a final draft of a law or other measures, but it is still awaiting approval;
7. *still studying*, which means they are still studying how to implement the Code;
8. *action to end free supplies only*, which means they have taken some action to end free and low-cost supplies of BMS, but they have not implemented other provisions of the Code;
9. *no action*, which means they have not taken any steps towards the implementation of the Code; and
10. *no available information*, which means there is no information to determine the legislative status of the Code in the country.

As of April 2011, out of 199 countries reporting, 165 countries (83%) had translated the Code into a national measure, a major milestone in the efforts towards the protection of breastfeeding. Of these 165 countries, 105 (64%) have translated the Code into national legislation, but only 37 (22%) have been able to adapt in full the various recommendations of the Code. While there has been major progress in countries in adapting the Code, much still has to be done to support countries in ensuring that all its provisions are translated into national legislation.

2.2 Key provisions of national legal measures

As stated earlier, Article 62 of the WHO Constitution requests Member States to update WHO on the status of implementation of the Code regularly. At the same time, in compliance with Article 11.7 of the International Code, WHO reports the status of implementation of the Code to the World Health Assembly. WHO has disseminated to all Member States the *Nutrition policy review survey*, in which Module 3 is dedicated to key information and data on the status of implementation of the Code as well as the key provisions of the legal measures in place in each country. The data collected from surveys carried out in 2007 (published in 2008) and 2010 helped generate the tables that present the key provisions of national legal measures.

The scope of the International Code, as set out in Article 2,

> *applies to the marketing, and practices related thereto, of the following products: breast-milk 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 breast milk; feeding bottles and teats.*

It also applies to their quality and availability, and to information concerning their use. **Table 2** shows the age of infants to which the scope of national legal measures applies.

Table 2 Scope of the Code – age range of infants (months) by WHO Region

WHO region	Age (months)							No age limit	No answer/ No information	Total
	0–4	0–6	0–12	0–24	0–30	0–36	0–60			
African	0	2	2	4	1	4	2	1	31	47
Americas	0	0	2	6	0	1	0	0	26 (3)	35 (3)
Eastern Mediterranean	1	0	3	3	0	0	0	0	14 (1)	21 (1)
European	1	6	12	1	0	7	0	0	26	53
South-East Asia	0	1	2	3	0	0	0	0	5	11
Western Pacific	1	1	2 (1)	2	0	2	0	0	19	27 (1)
Total	3	10	23 (1)	19	1	14	2	1	121 (4)	194 (5)

Note: The figures in parentheses indicate additional countries or areas that are not WHO Member States.

Of 199 countries, 125 (63%) did not answer or did not clearly state the scope of the legal measure in terms of the age to which it applies. A total of 74 countries reported some age limit in the scope of their measures. Of these, 24 (32%) reported an age limit of 0–12 months, 19 (26%) reported an age limit of 0–24 months and 14 (19%) had an age limit of 0–36 months. The data show that country-level adaptation of the Code and subsequent development of local measures vary based on the interpretation and understanding of the recommendations of the Code.

2.2.1 Prohibition of advertising and sales promotions of BMS

Article 5.1 of the International Code states that "there should be no advertising or other form of promotion to the general public of products within the scope of the Code".[1] Article 5.3 further states that there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales.

Of 199 countries responding, only 80 (40%) provided information on advertising products within the scope of the Code (**Table 3**). In all, 69 countries (35%) fully prohibited advertising. A total of 119 countries (60%) did not answer or did not clearly state whether there was a prohibition.

Table 3 Prohibition of advertising of BMS by WHO Region (*22*)

WHO Region	Full	Partial	No	No answer/ No information	Total
African	16	0	0	31	47
Americas	12	0	1	22 (3)	35 (3)
Eastern Mediterranean	5	0	1	15 (1)	21 (1)
European	22	4	4	23	53
South-East Asia	6	0	0	5	11
Western Pacific	7 (1)	1	0	19	27 (1)
Total	68 (1)	5	6	115 (4)	194 (5)

Note: The figures in parentheses indicate additional countries or areas that are not WHO Member States.

Table 4 shows that 199 countries also provided information on the prohibition of sales promotions, of which 68 (34%) fully prohibited them. However, 119 (60%) did not answer or did not clearly state their stand on their prohibition.

Table 4 Prohibition of sale promotions by WHO Region (*22*)

WHO Region	Full	Partial	No	No answer/ No information	Total
African	16	0	0	31	47
Americas	12	0	1	22 (3)	35 (3)
Eastern Mediterranean	4	0	2	15 (1)	21 (1)
European	22	4	4	23	53
South-East Asia	6	0	0	5	11
Western Pacific	7 (1)	1	0	19	27 (1)
Total	67 (1)	5	7	115 (4)	194 (5)

Note: The figures in parentheses indicate additional countries or areas that are not WHO Member States.

[1] The scope of the International Code as set out by Article 2 states that "*the Code applies to the marketing, and practices related thereto, of the following products: breast-milk 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 breast milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use*".

2.2.2 Prohibition of free or low-cost supplies of BMS and materials/gifts to health workers and health facilities

Article 6.6 of the International Code states concerns the donation of free or low-cost supplies of BMS to the health care system. The article applies to both use of such products within a facility and to the distribution of such products for use outside of a facility. Free or low-cost supplies may only be given for distribution to those infants who must be fed with BMS, and may only be distributed by the institution itself. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement. Article 6.6. should be read in conjunction with WHA Resolution 47.5 which urges member States "to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and other products covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system".

Table 5 illustrates that out of 199 countries, 119 (60%) did not answer or did not clearly state their stand on the prohibition of free or low-cost supplies of BMS. Of the 80 that provided this information, 62 completely prohibited free samples or low-cost supplies. Only 10 countries (5%) reported that they did not prohibit free or low-cost supplies of BMS.

Table 5 Prohibition of free/low-cost supplies of BMS by WHO Region (*22*)

WHO Region	Full/Yes	Partial	No	No answer/ No information	Total
African	15	1	0	31	47
Americas	12	0	1	22 (3)	35 (3)
Eastern Mediterranean	5	1	1	14 (1)	21 (1)
European	15	6	8	24	53
South-East Asia	6	0	0	5	11
Western Pacific	8 (1)	0	0	19	27 (1)
Total	61 (1)	8	10	115 (4)	194 (5)

Note: The figures in parentheses indicate additional countries or areas that are not WHO Member States.

According to Article 7.3 of the International Code, neither financial nor material inducements to promote products within the scope of the Code should be offered by manufacturers or distributors to health workers or members of their families, nor should they be accepted by health workers or members of their families.

Table 6 shows that 64 countries (32%) reported completely prohibiting gifts to health workers, in full compliance with the Code, but 12 countries (6%) said they did not. Out of 199 countries, 120 did not answer or did not clearly state whether they prohibited materials or gifts to health workers and health facilities.

Table 6 Prohibition of materials/gifts to health workers and health facilities by WHO Region (*22*)

WHO Region	Full/Yes	No	Partial	No answer/ No information	Total
African	16	0	0	31	47
Americas	12	1	0	22 (3)	35 (3)
Eastern Mediterranean	6	1	0	14 (1)	21 (1)
European	15	10	3	25	53
South-East Asia	6	0	0	5	11
Western Pacific	8 (1)	0	0	19	27 (1)
Total	63 (1)	12	3	116 (4)	194 (5)

Note: The figures in parentheses indicate additional countries or areas that are not WHO Member States.

2.2.3 Labelling

According to Article 9.2(b) manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, easily readable and understandable message either printed on it or on a tightly-sealed label attached, in an appropriate language, which includes a statement of the superiority of breastfeeding.

Table 7 shows that 83 countries (42%) reported requiring a message on the superiority of breastfeeding on BMS labels, while one country (1%) reported that there is no requirement. Of the total of 199 countries, 115 did not answer or did not clearly state whether having a message on the superiority of breastfeeding on the label was required.

Table 7 Labelling: message on superiority of breastfeeding by WHO Region (*22*)

WHO Region	Yes	No	No answer/ No information	Total
African	15	0	32	47
Americas	12	1	22 (3)	35 (3)
Eastern Mediterranean	8	0	13 (1)	21 (1)
European	31	0	22	53
South-East Asia	6	0	5	11
Western Pacific	10 (1)	0	17	27 (1)
Total	82 (1)	1	111 (4)	194 (5)

Note: The figures in parentheses indicate additional countries or areas that are not WHO Member States.

As shown in **Table 8**, 79 countries (40%) reported that there should be a recommended age for the designated product on the label, in full compliance with the recommendations of the Code, while 4 countries (2%) reported none. Out of 199 countries, 116 did not answer or did not clearly state whether or not they require a recommended age on the label of BMS.

Table 8 Labelling: recommended age for designated product by WHO Region (*22*)

WHO Region	Yes	No	No answer/ No information	Total
African	16	0	31	47
Americas	12	0	23 (3)	35 (3)
Eastern Mediterranean	7	1	13 (1)	21 (1)
European	30	1	22	53
South-East Asia	5	1	5	11
Western Pacific	8 (1)	1	18	27 (1)
Total	78 (1)	4	112 (4)	194 (5)

Note: The figures in parentheses indicate additional countries or areas that are not WHO Member States.

2.2.4 Functioning implementation and monitoring system

Article 11 of the International Code includes a requirement for governments to take necessary measures to give effect to the provisions of the Code within their legal and social infrastructure, including the adoption of national legislation, regulations or other appropriate measures. The responsibility for monitoring the implementation of the Code rests with governments, both individually and in collaboration with other parties (e.g. WHO, nongovernmental organizations [NGOs], professional groups). Criteria for monitoring mechanisms to ensure efficacy include:

- independence and transparency
- freedom from commercial influence
- empowerment to investigate code violations
- empowerment to impose legal sanctions.

Responses related to implementation and monitoring mechanisms are summarized in **Table 9**.

Table 9 Functioning implementation and monitoring system by WHO Region (*22*)

WHO Region	Full/Yes	Partial	No	No answer/No information	Total
African	10	1	4	32	47
Americas	6	0	7	22 (3)	35 (3)
Eastern Mediterranean	5	0	2	14 (1)	21 (1)
European	13	9	8	23	53
South-East Asia	3	0	3	5	11
Western Pacific	7	0	3	17	27 (1)
Total	44 (1)	10	27	113 (4)	194 (5)

Note: The figures in parentheses indicate additional countries or areas that are not WHO Member States.

Only 45 countries (23%) reported having a functioning implementation and monitoring system. Twenty-seven countries (14%) reported having no such system in place. Out of 199 countries, 117 did not answer or did not clearly state whether they had a functioning implementation and monitoring system.

2.3 Specific issues and concerns

Table 10 presents the specific issues and concerns raised by countries in relation to the implementation of the Code. The issues clustered into the sub-groups shown in the table.

Table 10 Specific issues and concerns by WHO Region (*22,23,24*)

WHO Region	Total with report	Laws and regulations and information dissemination	Problems with provisions	Training	Code monitors	Industry	Regulatory mechanisms
African	13	10	3	6	5	3	1
Americas	14	12	–	–	1	9	–
Eastern Mediterranean	5	5	–	1	1	–	–
European	3	3	–	–	–	–	–
South-East Asia	9	9	–	3	3	1	–
Western Pacific	9	9	–	2	4	1	–
Total	53	48	3	12	14	14	1

2.3.1 Laws, regulations and information dissemination

Of the 53 countries reporting issues and concerns, 48 mentioned the law, regulations and their dissemination. Key concerns are related to the identification of gaps in existing national legislation, which does not contain all the recommendations of the Code. Issues raised are also related to the processes and procedures necessary for the adaptation of the Code into national measures. Countries expressed difficulty in having their draft measures passed and approved for implementation.

The need to review the actual implementation of the Code and identify areas that should be strengthened and updated were also identified.

Generally, all countries reported poor information dissemination among health care providers as well as district officials, and a few countries added that information dissemination is insufficient

even at the level of professional groups, policy planners, law enforcers and other stakeholders. There was a call for the development of clear guidelines for service providers, as well as the design of a more effective advocacy strategy among concerned agencies.

Countries voiced the need to ensure a wider target audience, with the general public included, in a systematic education programme.

2.3.2 Provisions and regulatory mechanisms

Countries reported weak implementation or implementation gaps related to low technical capacity, as well as the difficulties that ministries of health (MoHs) may have in the enforcement of measures.

At the same time, countries reported delays and difficulties in the setting up of national oversight committees or monitoring bodies that would support MoHs. They also noted that there is a need to obtain the support of all line ministries.

Countries reported limitations in the reach/coverage of measures. Poor or weak enforcement was mentioned by several countries, and there is a clear call to identify ways to enforce or strengthen enforcement.

2.3.3 Training

Countries called for the setting-up of common procedures for training, providing training to health workers and, when possible, also to other stakeholders.

2.3.4 Code monitors

Weak or poor monitoring systems as well as irregular monitoring activities have been identified by countries as key issues that need to be addressed. Countries identified inadequate mechanisms for reporting violations at national, state and district levels. The causes were linked to lack of appropriate funding as well as the capacity of assigned staff to conduct monitoring activities.

The majority of countries reported that NGOs have a role in advocacy, monitoring and educating legislators.

2.3.5 Industry

Reported consistent, repeated, systematic violations by the industry are common concerns of countries. Very aggressive direct marketing or indirect advertisements to mothers exist. In some instances countries reported that the industry resisted all provisions of regulations, and this resistance is sometimes expressed as pressure on government to limit implementation or upgrading/updating of the law.

3.

The Code: key elements for successful implementation

As stated earlier, Member States and other countries and areas have made major progress in their efforts to translate the Code into national measures. At the same time, some key issues and concerns were raised that will need to be addressed. For successful implementation, the Code needs international and national support and commitment.

During the review of the data collected through various sources (see **Section 2**), key elements were identified, both at the international and national levels, to ensure successful implementation of the Code:

International level

At the international level, monitoring and tracking efforts need to be systematized. The data collected by WHO in 2008 and 2010 have provided great insights on the actual status of implementation of the Code, but at the same time have shown countries' limitations and difficulties in identifying, collecting and reporting key information.

In line with the *Global strategy for infant and young child feeding* (*2*), international organizations need to ensure that:

- infant and young child feeding is placed at the top of the global public health agenda;
- consistent technical support is given to Member States on the implementation of the Code;
- the Code is "given full consideration in trade policies and negotiations";
- updated research is carried out on marketing practices and the status of implementation of the Code.

National level

For many countries, there are important gaps in knowledge with regard to various aspects of Code implementation. A country analysis on the status of implementation of the Code is recommended, to help guide a constructive process towards the following:

- **Political commitment and advocacy** are key elements where there is no law or rules and regulations to push for enactment and implementation, enforcement and monitoring, and where the law, rules and regulations or implementation is too weak to push for amendment and/or improved implementation, enforcement, monitoring and oversight;
- **Creating a critical mass of Code advocates and supporters** is crucial for ensuring an enabling and supportive environment for Code implementation, enforcement and monitoring. Awareness and sensitization efforts on the importance of the Code as a tool and mechanism for the protection, promotion and support to breastfeeding must be aimed at a wide audience, and be tailored to the specific responsibilities and mandates of relevant stakeholders. Efforts should be made to systematically apply existing tools for capacity building in Code implementation and monitoring processes. Such tools include training on formulation of national Code legislation organized by the International Baby Food Action Network (IBFAN), and the comprehensive e-course on the Code, developed by WHO and UNICEF (*25*).
- **Member States need to translate the Code and subsequent relevant WHA resolutions into legislation and/or other suitable legal measures**. The legislation needs to be clear, with appropriate rules and regulations complete with guidelines and/or a manual of operations, including what and how to monitor, and sanctions in terms of processes and application.
- **Knowledge and understanding of the legal measures and the Code** by health care providers (including private practitioners), relevant officials, enforcers, Code monitors and planners, including at district and other local levels, is key for the implementation, enforcement and monitoring of law. For policy-makers, this knowledge and understanding are critical to enacting a law where there is none and amending or providing oversight where the law or its implementation is weak. The public, particularly women, mothers, and private practitioners, should appreciate the law and follow it, as well as promote breastfeeding.

- **Functional monitoring and enforcement mechanisms** strengthen implementation, enforcement, monitoring and sanctions because weak laws and implementation and lack of or weak sanctions and monitoring result in systematic violations and aggressive marketing by the industry.
- **Partnerships with civil society and nongovernmental organizations** help governments in advocating for the enactment, implementation, enforcement and monitoring of the Code, as well as providing practical breastfeeding support at the community level.
- **Documentation and reporting of Code violations** for effective tracking, compilation and systematization of information and evidence is needed for future action and advocacy.

4.

Why is it important to implement/monitor the implementation of the Code?

Evidence shows that advertising directly to the consumer and other marketing techniques influence mothers and families in their decisions on how to feed their infants and young children. For example, distribution of "educational materials" on breastfeeding produced by manufacturers of infant formula had a negative impact on exclusive breastfeeding (*26*,*27*). These "educational materials" were most likely to influence those at higher risk of stopping breastfeeding, including the mothers of first-born children and those with less formal education. The distribution of samples also had an adverse impact on breastfeeding (*28*).

Evidence shows that nearly all mothers are able to breastfeed and will do so if they have accurate information and support. However, direct industry influence through advertisements, information packs and sales representatives, and indirect influence through the public health system, inundate mothers with incorrect and biased information.

The implementation of the Code is critical towards reducing or eliminating all form of promotion of BMS, including direct and indirect promotion to pregnant women and mothers of infants and young children.

At the same time, the Code can help governments to ensure that the health system is free from commercial influences, through the elimination of free sample distribution in health care facilities, as well as other gifts and inducements to health workers.

The Code is instrumental in helping governments reduce risks associated with the use and distribution of infant formula in situations where there is need for them, for example for orphans after an emergency. At the same time, the implementation of the Code increases awareness by Member States and communities of the intrinsic and extrinsic risks of contamination of BMS.[1]

The successful implementation of the Code requires a clear and functioning monitoring mechanism for accurate assessment and tracking of the extent of implementation across countries and regions specifically for the following:

- determine progress and gains in the implementation of the Code
- validate strategies that are effective and appropriate for specific country contexts
- identify common issues, problems and challenges ahead
- identify factors that facilitate or hinder the implementation of the Code.

Monitoring provides a wealth of valuable information for benchmarking practices that have been successfully carried out and institutionalized in specific countries and which can be replicated by others. It facilitates sharing of experiences and lessons and thus supports the efforts of governments and other stakeholders in the implementation of the Code.

There is a need to inform all stakeholders, both government and non-government entities, to keep them updated with important issues related to the implementation of the Code. In this way, interest and vigilance about the Code can be sustained. Information about the progress and achievements made by different countries provides inspiration for others to emulate. It also encourages and strengthens the commitment of governments to pursue efforts to mainstream the implementation of the Code.

Monitoring also sends a clear and strong signal to all stakeholders and the industry that the international community and governments are serious about and committed to fully implement the spirit and letter of the Code. Monitoring tracks the actions and strategies of companies and advertisers in countries and provides lessons on how to best handle different situations. The results of monitoring also provide important inputs for further developing and refining a global strategy for more effective implementation of the Code.

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[1] Contamination can occur intrinsically or from extrinsic sources. Intrinsic contamination occurs at some stage during manufacture (e.g. from the manufacturing environment, or from raw ingredients). Extrinsic contamination is possible from the person preparing the formula and the environment the formula is prepared in.

Monitoring informs policy and facilitates the following:

- determining policy gaps and weaknesses in communication strategy
- identifying needs of Members States for information and capacity building
- estimating resource requirements for the full implementation of the Code.

5.

How to strengthen implementation of the Code

Thirty years after its endorsement by the WHA as Resolution 34.22, the International Code and subsequent WHA resolutions remain key instruments for the protection of breastfeeding globally. Since 1981, major progress has been documented in relation to the actions taken by Member States on implementation at the country level through national legislation and other measures.

This report presents major milestones in the implementation of the Code globally, but more needs to be done, both at the international and national levels.

The following are key practical suggestions aimed at providing a concrete direction to the global effort to protect breastfeeding, and improve infant and young child nutrition. They are based in the responses provided by 73 Member States to the WHO 2010 survey on Code implementation.

International

1. UNICEF and WHO:

   - to establish sustainable support mechanisms for Member States in their efforts to translate the Code into national legal measures.
   - to develop a database on national legal measures, based on an agreed standard classification for levels of compliance with all the articles of the Code.
   - to build the capacity of their staff to support countries in the implementation and monitoring of the Code, and provide support for capacity-building activities at the country level.
   - to provide support to the United Nations human rights mechanisms in reviewing governments' efforts towards effective Code implementation and monitoring.

2. United Nations human rights mechanisms:

Relevant United Nations treaty monitoring bodies (i.e. the Committee on the Rights of the Child and the Committee on Economic, Social and Cultural Rights) to pay sustained attention to Code implementation and monitoring in countries, and to issue explicit concluding observations and recommendations.

The United Nations Human Rights Council to review governments' efforts towards Code implementation and monitoring through its Universal Periodic Review process.

3. International accreditation bodies:

to incorporate key provisions of the Code as requirements for international accreditation of their health facilities and health care systems (e.g. International Standards Organization certification).

4. Donors:

to support Civil Society organizations in the independent monitoring, reporting, and dissemination of information and reports on the status of compliance to the Code, and on national measures and actions taken by manufacturers and distributors, health professionals and other concerned groups.

to support the translation wherever possible into relevant local languages of all national Code, rules and regulations, research and reports.

5. Civil Society:

to conduct sustained advocacy and lobbying in countries where there is still no acceptable Code, targeting policy-makers and planners, including at local government levels.

National

1. Governments to:

   - request WHO country offices to contribute to ensuring thorough and substantive reports on Code implementation, especially in areas where information is lacking.
   - develop a critical mass of Code advocates to promote and disseminate information on the importance and key provisions of the Code.

- strengthen and strictly monitor violations and impose the corresponding sanctions to such violations;
- actively disseminate information concerning actions taken and sanctions imposed on Code violators for public awareness building;
- facilitate the mobilization of civil society organizations to support the monitoring and documentation of violations of the Code and assist in efforts for strong evidence-based advocacy; and
- involve national human rights institutions in Code monitoring and evaluation activities.

2. Government and other national partners to:

- provide in-depth training to health care providers, relevant officials, enforcers, Code monitors and planners down to local level for implementation and monitoring.
- provide direct sustained education and information using multimedia channels to the general public down to community level, including in schools, colleges and universities.
- incorporate the essential provisions of the Code into school curricula, particularly at the tertiary level for health professions. The quality of education and training on breastfeeding should be reviewed and upgraded, specifically on the law and its application and monitoring. This would require translating materials into the appropriate languages and adapting them to local cultures and practices. Through sustained public awareness, the general public may be enjoined to actively participate in community monitoring, including through the use of appropriate technology (such as email, mobile phone messaging and social networking).
- undertake effective tracking and documentation of violations for administrative action, legislative measures and judicial sanctions. The actions taken by industry players must be monitored and checked, especially where there are systematic violations of the Code, such as cases of aggressive resistance to compliance.
- link the Code and its implementation to overall public health concerns to ensure reinforcement and synergy.

Member States and other countries and areas have shown that the Code is still a dynamic and critical reference even after its 30 years of existence. It remains a catalyst for change and a core element in which countries need to invest in their efforts to curb child and maternal mortality through improved infant and young child nutrition.

Key gaps and limitations were identified by the countries themselves, as well as future directions and efforts. This review should help international agencies, as well as other groups and organizations, in identifying and prioritizing a key set of strategies and interventions that can support and contribute to the ongoing work being done at country level.

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Annexes

ANNEX I
Legislative status and historical evolution by country or area[1]

Table 1.1 Legislative status in countries and areas of the WHO African Region

No.	Country or area	Legislative status	Progress	Source
1	Algeria	Few provisions of the Code into law	No available information	UNICEF, 2011
2	Angola	Implementation of the Code still being studied	No available information	UNICEF, 2011
3	Benin	Full into law	No available information	UNICEF, 2011; WHO, 2008
4	Botswana	Full into law	No available information	UNICEF, 2011; WHO, 2008
5	Burkina Faso	Full into law	No available information	UNICEF, 2011
6	Burundi	Measures drafted still awaiting final approval	No available information	UNICEF, 2011
7	Cameroon	Full into law	National Code enacted in 2005	UNICEF, 2011; WBTi, 2011; WHO, 2008
8	Cape Verde	Full into law	No available information	UNICEF, 2011; WBTi, 2011; WHO, 2008
9	Central African Republic	No action	No available information	UNICEF, 2011
10	Chad	No action	No available information	UNICEF, 2011
11	Comoros	Voluntary and other national measures	No available information	WHO, 2008
12	Congo	Measures drafted still awaiting final approval	No available information	UNICEF, 2011
13	Côte d'Ivoire	Measures drafted still awaiting final approval	No available information	UNICEF, 2011
14	Democratic Republic of the Congo	Few provisions into law	No available information	UNICEF, 2011
15	Equatorial Guinea	No available information	–	–
16	Eritrea	Implementation of Code still being studied	No available information	UNICEF, 2011
17	Ethiopia	Few provision of Code into law	No available information	UNICEF, 2011; WHO, 2010
18	Gabon	Full into law	No available information	UNICEF, 2011
19	Gambia	Full into law	No available information	UNICEF, 2011; WHO, 2008
20	Ghana	Full into law	Breastfeeding promotion regulation 2000	UNICEF, 2011; WBTi, 2011; WHO, 2008 & 2010

[1] Sources for Annex 1 are shown in **Section 2**.

No.	Country or area	Legislative status	Progress	Source
21	Guinea	Few provisions of Code into law	No available information	UNICEF, 2011; WHO, 2008
22	Guinea-Bissau	Few provisions of Code into law	Decree passed in April 2005	UNICEF, 2011; WHO, 2008 & 2010
23	Kenya	Voluntary measures	Country reported voluntary measures as of 2007. Since 2008, a law was being drafted but is not yet enacted.	UNICEF, 2011; WHO, 2008 & 2010
24	Lesotho	Implementation of the Code still being studied	No available information	UNICEF, 2011
25	Liberia	Some provisions of the Code translated into voluntary measures	No available information	UNICEF, 2011; WHO, 2008
26	Madagascar	Full into law	No available information	UNICEF, 2011; WHO, 2008
27	Malawi	Many provisions of the Code into law	Public Health Act (34:01), no date available	UNICEF, 2011; WBTi, 2011
28	Mali	Many provisions of the Code into law	No available information	UNICEF, 2011
29	Mauritania	Voluntary and other national measures. Implementation of the Code still being studied	No available information	UNICEF, 2011; WHO, 2008
30	Mauritius	Voluntary and other national measures. Implementation of the Code still being studied	No available information	UNICEF, 2011; WHO, 2008 & 2010
31	Mozambique	Full into law	Law was passed 18 November 2005 (Diploma Ministerial No. 129/2007 de 3 de Outubro, Código de Comercialização dos Substitutos do Leite Materno)	UNICEF, 2011; WBTi, 2011; WHO, 2008 & 2010
32	Namibia	Measures drafted still awaiting final approval	No available information	UNICEF, 2011
33	Niger	Many provisions into law	Law was passed 27 July 1998 (Arrete No. 00215/msp/ portant reglementation)	UNICEF, 2011; WHO, 2008 & 2010
34	Nigeria	Many provisions into law	Country passed the Marketing of BMS Act 41 of 1990, then amended by Act 22 of 1999. Act was replaced by NAFDAC-Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, etc.) Regulations 2005	UNICEF, 2011; WHO, 2010

No.	Country or area	Legislative status	Progress	Source
35	Rwanda	Measures drafted still awaiting final approval	No available information	UNICEF, 2011
36	Sao Tome and Principe	Voluntary and other national measures	No available information	WHO, 2008
37	Senegal	Many provisions of Code translated into law	No available information	UNICEF, 2011
38	Seychelles	Voluntary and other national measures	No available information	WHO, 2008
39	Sierra Leone	Voluntary and other national measures. Drafted measures still awaiting approval	No available information	UNICEF, 2011; WHO, 2008
40	South Africa	Voluntary measures	No available information	UNICEF, 2011
41	Swaziland	Voluntary measures	No available information	UNICEF, 2011; WBTi, 2011
42	Togo	Not clear from survey response. Drafted measures for approval	Government adopted the Code in 2003.	UNICEF, 2011; WHO, 2010
43	Uganda	Full into law	Adopted the Code in the Food and Drugs Act of 1997 (Marketing of Infant and Young Child Foods) and a draft amendment in the Food Safety Act of 2005, but not yet enacted	WBTi, 2011
41	United Republic of Tanzania	Full into law	No available information	UNICEF, 2011; WHO, 2008
45	Zambia	Many provisions into law	Adopted a voluntary measure in 1982 which was revised in 1994. In 2006 the country passed the Food & Drugs, Marketing of Breast Milk Substitutes, Regulations	UNICEF, 2011; WBTi, 2011; WHO, 2008
46	Zimbabwe	Full into law	No available information	UNICEF, 2011; WHO, 2008

Table 1.2 Legislative status in countries and areas of the WHO Region of the Americas

No.	Country or area	Legislative status	Progress	Source
1	Antigua and Barbuda	No action	No available information	WHO, 2010
2	Argentina	Many provisions into law	Has been active in regulating the production of BMS since 1969. In 1997, MoH signed Resolution No. 54/97 approving implementation of the Code. This new resolution needed joint support of other ministries, which was provided with Resolutions No. 97 and 301 of 2007.	PAHO, 2011; UNICEF, 2011; WHO, 2008
3	Bahamas	No available information	–	UNICEF, 2011
4	Barbados	No action	No available information	WHO, 2010
5	Belize	Voluntary and other national measures	No available information	WHO, 2008
6	Bolivia (Pluri-national State of)	Many provisions into law	Law passed 15 August 2006. Working on a regulation to impose sanctions that for now are not yet part of the law.	PAHO, 2011; UNICEF, 2011; WBTi, 2011; WHO, 2010
7	Brazil	Full into law	Regulation for the Marketing of Infant Food (NCAL) approved in 1988. This was later amended into the Brazilian Regulation for Marketing of foods for infants (NBCAL) in October 1992. Due to the increased number of reports of alleged violations of the regulation, in 2000, the MoH established a technical working group to strengthen it. In 2001, a Ministerial Order was issued. On 4 January 2006 a law (Ley 11.265) was passed that aims at regulating the marketing of products for infants and young children.	PAHO, 2011; UNICEF, 2011; WBTi, 2011; WHO, 2008
8	British Virgin Islands	No action taken	No available information	WHO, 2010
9	Canada	Few provisions into law	No available information	UNICEF, 2011
10	Chile	Mainly voluntary measures. Few provisions into law.	Not all provisions of Code are law. Recently, the President vetoed a provision in a new nutrition law that aimed at prohibiting promotion of BMS.	PAHO, 2011; UNICEF, 2011; WHO, 2008 & 2010
11	Colombia	Many provisions into law	Before the WHA in 1980, a proposal to regulate marketing of BMS was made, with Ministerial Decree 1220, but it was not approved. In 1992, the proposed decree was amended into Decree 1397 and eventually approved.	PAHO, 2011; UNICEF, 2011; WBTi, 2011

No.	Country or area	Legislative status	Progress	Source
12	Costa Rica	Full into law	A technical working group was created in 1985 to work on implementation of the Code. Its proposal was rejected by the Legislative Assembly. Law 7430 of 1992, to foster and support breastfeeding, and Regulation N° 24576-S, 1995, were not approved immediately. It took the intervention of the First Lady to convince the legislative body to support and endorse the proposed law. It was eventually passed in September 1994 and gazetted in October 1994, as law No. 7430. Its regulations were published in September 1995.	UNICEF, 2011; WBTi, 2010; WHO, 2008 & 2010
13	Cuba	Few provisions into law	No available information	PAHO, 2011; UNICEF, 2011
14	Dominica	Few provisions into law. Voluntary measures	Breastfeeding policy adopted in 1993 and revised in 1999.	WHO, 2008 & 2010
15	Dominican Republic	Full into law	Law 8-95 passed 19 September 1995, and its regulations 20 January 1996.	PAHO, 2010; UNICEF, 2011; WBTi, 2011; WHO, 2008
16	Ecuador	Mainly voluntary measures (Code of conduct). Existing law for support of breastfeeding does not contain any article of the Code.	First regulation of marketing of BMS, limited to infants, approved in 1983. In 1993, manufacturers signed Code of Conduct, voluntary measure to self-regulate their own marketing activities. Law 101 of 1995, for the promotion, support and protection of breastfeeding, does not contain any article of the Code.	PAHO, 2011; UNICEF, 2011; WBTi, 2011; WHO, 2010
17	El Salvador	Measure drafted	Since 2002, a drafted law has been supported by civil society and international organizations, but still not approved.	PAHO, 2011; UNICEF, 2011; WHO, 2008 & 2010
18	Grenada	No action taken. Voluntary measures limited to guidelines.	No available information	WHO, 2010
19	Guatemala	Full into law, with other voluntary measures	Law No. 66-83 of 7 June 1983	UNICEF, 2011; WBTi, 2011; WHO, 2008 & 2010
20	Guyana	Some provisions voluntary	No available information	UNICEF, 2011
21	Haiti	Drafted measures awaiting final approval	No available information	UNICEF, 2011

No.	Country or area	Legislative status	Progress	Source
22	Honduras	Norm, regulation, voluntary measures	Norm (Agreement 4780) for promotion and protection of breastfeeding passed 8 November 2005. Instrument (it is not a law) does not contain any sanctions or legal procedure for prosecuting alleged violations.	PAHO, 2011; UNICEF, 2011; WHO, 2008 & 2010
23	Jamaica	Some provisions voluntary	No available information	UNICEF, 2011; WHO, 2008
24	Mexico	Many provisions into laws and regulations	In 1992, manufacturers of BMS and MoH entered into agreement to regulate promotion and distribution of BMS to health workers. Agreement was ratified in 1995 and 2000. Law on Health (amended 31 May 2009) clearly adopts some standards of the Code in relation to promotion to the general public.	PAHO, 2011; UNICEF, 2011; WBTi, 2011; WHO, 2008 & 2010
25	Montserrat	No action	No available information	WHO, 2010
26	Nicaragua	Many provisions into law	On 12 December 1981, first to pass Decree on promotion, support and protection of breastfeeding after WHA endorsement of the Code. Law No. 295 passed in 1999. MoH studying possibility of strengthening law.	PAHO, 2011; UNICEF, 2011; WBTi, 2010
27	Panama	Full into law	Law No. 50 was passed 23 November 1995.	PAHO, 2011; UNICEF, 2011; WHO, 2008
28	Paraguay	Few provisions into law	Law 1478 on marketing of BMS passed 8 October 1999.	PAHO, 2011; UNICEF, 2011; WHO, 2008
29	Peru	Full into law	Decree No. 020-82-SA approved in 1982, making it a leading country in adopting the Code. After several years and some reviews, proposals for its amendment were made, and a new Decree No. 007-2005-SA was created. Despite being approved, industry exerted major efforts calling for government to negotiate the decree and amend it again. Finally, decree 009-2006 SA was approved.	UNICEF, 2011; WBTi, 2011; WHO, 2008 & 2010
30	Puerto Rico	Few provisions into law. No law or regulations deal with marketing of BMS.	Law 79 passed in 2004.	PAHO, 2011
31	Saint Kitts and Nevis	Voluntary and other national measures	No available information	WHO, 2008
32	Saint Lucia	No action	No available information	WHO, 2010

No.	Country or area	Legislative status	Progress	Source
33	Saint Vincent and the Grenadines	Voluntary measures (guidelines)	No available information	WHO, 2010
34	Suriname	Voluntary and other national measures	No available information	WHO, 2008
35	Trinidad and Tobago	Voluntary and other national measures	No available information	UNICEF, 2011; WHO, 2008
36	United States of America	No action	No available information	UNICEF, 2011; WHO, 2010
37	Uruguay	Full into law	Decree 315 passed in 1994. In 2009, MoH issued Ministerial Ordinance containing one provision regarding role of MoH in relation to monitoring practices of manufacturers.	PAHO, 2011; UNICEF, 2011; WBTi, 2011; WHO, 2010
38	Venezuela (Bolivarian Republic of)	Full into law	Resolution No. 405 issued on 17 August 2004 requiring mandatory labelling for BMS. In same year, Resolution No. 444, calling for promotion, support and protection of breastfeeding was signed. Law for promotion, support and protection of breastfeeding passed in 2007.	PAHO, 2011; UNICEF, 2011

Table 1.3 Legislative status in countries and areas of the WHO Eastern Mediterranean Region

No.	Country or area	Legislation status	Progress	Source
1	Afghanistan	Full into law	No available information	UNICEF, 2011; WBTi, 2011; WHO, 2008
2	Bahrain	Full into law	No available information	UNICEF, 2011
3	Djibouti	Many provisions into law	No available information	UNICEF, 2011
4	Egypt	Many provisions into different laws and decrees	No information available	UNICEF, 2011; WBTi, 2011; WHO, 2008
5	Iran (Islamic Republic of)	Full into law with voluntary and other national measures	No information available	UNICEF, 2011; WHO, 2008
6	Iraq	Voluntary and other national measures. Measures drafted still awaiting approval.	No available information	UNICEF, 2011; WHO, 2008
7	Jordan	Many provisions into law	No available information	UNICEF, 2011; WHO, 2008
8	Kuwait	Voluntary measures	Set of standards only implemented in MoH facilities. Ongoing initiative to integrate the Code into Kuwait child rights law.	UNICEF, 2011; WBTi, 2011
9	Lebanon	Full into law	Law enacted 11 December 2008	UNICEF, 2011; WBTi, 2011
10	Libya	Action limited to end free supplies	No available information	UNICEF, 2011
11	Morocco	Drafted measures awaiting approval	No available information	UNICEF, 2011
12	Oman	Many provisions into law. Voluntary and other national measures.	Code of Marketing of BMS passed 16 March 1998.	UNICEF, 2011; WHO, 2008 & 2010
13	Pakistan	Full into law	Breastfeeding ordinance passed in 2002, but its rules and regulations only in 2009.	UNICEF, 2011; WBTi, 2011
14	Qatar	Few provisions into law	No available information	UNICEF, 2011
15	Saudi Arabia	Full into law	No available information	UNICEF, 2011
16	Somalia	No action	No available information	UNICEF, 2011
17	Sudan	Only actions limited to end free supplies. Voluntary and other national measures.	No available information	UNICEF, 2011; WHO, 2008
18	Syrian Arab Republic	Measures being studied	No available information	UNICEF, 2011
19	Tunisia	Many provisions into law	No available information	UNICEF, 2011
20	United Arab Emirates	Few provisions into law	No available information	UNICEF, 2011
21	West Bank and Gaza Strip	No available information	–	–
22	Yemen	Full into law	No available information	UNICEF, 2011

Table 1.4 Legislative status in countries and areas of the WHO European Region

No.	Country or area	Legislation status	Progress	Source
1	Albania	Full into law	No available information	UNICEF, 2011; WHO, 2008 & 2010
2	Andorra	No available information	–	UNICEF, 2011
3	Armenia	Few provisions into law	No available information	UNICEF, 2011; WHO, 2010
4	Austria	Many provisions into law	No available information	UNICEF, 2011; WHO, 2008 & 2010
5	Azerbaijan	Many provisions into law	No available information	UNICEF, 2011; WHO, 2008
6	Belarus	Measures being studied	No available information	UNICEF, 2011; WHO, 2008
7	Belgium	Many provisions into law	No available information	UNICEF, 2011; WHO, 2008 & 2010
8	Bosnia and Herzegovina	Drafted measures awaiting approval	No available information	UNICEF, 2011; WHO, 2008 & 2010
9	Bulgaria	No available information	–	WHO, 2008
10	Croatia	Measures being studied	No available information	UNICEF, 2011; WHO, 2008 & 2010
11	Cyprus	No available information	No available information	–
12	Czech Republic	Many provisions into law	No available information	UNICEF, 2011
13	Denmark	Many provisions into law	No available information	UNICEF, 2011
14	Estonia	Few provisions into law	No available information	UNICEF, 2011; WHO, 2008
15	Finland	Many provisions into law	No available information	UNICEF, 2011; WHO, 2008 & 2010
16	France	Many provisions into law	No available information	UNICEF, 2011
17	Georgia	Full into law	No available information	UNICEF, 2011; WHO, 2008
18	Germany	Many provisions into law	No available information	UNICEF, 2011; WHO, 2008
19	Greece	Many provisions into law	No available information	UNICEF, 2011; WHO, 2008 & 2010
20	Hungary	Many provisions into law	No available information	UNICEF, 2011; WHO, 2008 & 2010
21	Iceland	No available information	–	WHO, 2008
22	Ireland	Many provisions into law	No available information	UNICEF, 2011; WHO, 2010
23	Israel	Few provisions into law	No available information	UNICEF, 2011
24	Italy	Many provisions into law	No available information	UNICEF, 2011; WHO, 2008
25	Kazakhstan	No action	No available information	UNICEF, 2011; WHO, 2008
26	Kyrgyzstan	Many provisions into law	No available information	UNICEF, 2011
27	Latvia	Many provisions into law	No available information	UNICEF, 2011; WHO, 2010
28	Lithuania	Measures being studied	No available information	UNICEF, 2011; WHO, 2010
29	Luxembourg	Many provisions into law	No available information	UNICEF, 2011
30	Malta	Drafted measures awaiting approval	No available information	UNICEF, 2011; WHO, 2008 & 2010
31	Monaco	No available information	–	–

No.	Country or area	Legislation status	Progress	Source
32	Montenegro	No available information	–	–
33	Netherlands	Many provisions into law	No available information	UNICEF, 2011
34	Norway	Many provisions into law	No available information	UNICEF, 2011; WHO, 2008 & 2011
35	Poland	No available information	–	–
36	Portugal	Many provisions into law	No available information	UNICEF, 2011
37	Republic of Moldova	No available information	–	–
38	Romania	Measures being studied	No available information	UNICEF, 2011; WHO, 2010
39	Russian Federation	Measures being studied	No available information	UNICEF, 2011
40	San Marino	No available information	–	–
41	Serbia	No available information	–	–
42	Slovakia	Measures being studied	No available information	UNICEF, 2011; WHO, 2008 & 2010
43	Slovenia	Many provisions into law	No available information	UNICEF, 2011
44	Spain	Many provisions into law	No available information	UNICEF, 2011; WHO, 2008 & 2010
45	Sweden	Many provisions into law	No available information	UNICEF, 2011; WHO, 2008 & 2010
46	Switzerland	Some provisions voluntary	No available information	UNICEF, 2011
47	Tajikistan	Many provisions into law	No available information	WHO, 2010
48	The former Yugoslav Republic of Macedonia	Few provisions into law	No available information	WHO, 2008
49	Turkey	Few provisions into law	No available information	UNICEF, 2011
50	Turkmenistan	Few provisions into law	No available information	UNICEF, 2011; WHO, 2010
51	Ukraine	No available information	–	–
52	United Kingdom of Great Britain and Northern Ireland	Many provisions into law	No available information	UNICEF, 2011
53	Uzbekistan	Measures being studied	No available information	UNICEF, 2011; WHO, 2008 & 2010

Table 1.5 Legislative status in countries and areas of WHO South-East Asia Region

No.	Country or area	Legislation status	Progress	Source
1	Bangladesh	Many provisions into law	Ordinance on Breast-milk Substitutes (Regulation of Marketing) passed 12 May 1984. Ongoing effort to amend existing regulation.	UNICEF, 2011; WBTi, 2011; WHO, 2010
2	Bhutan	Some provisions voluntary	No available information	WBTi, 2011; UNICEF, 2011
3	Democratic People's Republic of Korea	No available information	–	–
4	India	Full into law	Infant Milk Substitutes, Feeding Bottles and Infant foods (Regulation of production, supply and distribution) Act passed in 1992 (IMS Act). It was amended in 2003.	UNICEF, 2011; WBTi, 2011; WHO, 2008 & 2010
5	Indonesia	Many provisions into law, with voluntary and other national measures	Decree of MoH No. 237 passed in 1997. Ongoing effort to pass new law that will adopt the Code.	UNICEF, 2011; WBTi, 2011; WHO, 2008
6	Maldives	Full into law	Regulation on Import, Production and sale of BMS passed in 2008.	UNICEF, 2011; WBTi, 2011; WHO, 2008 & 2010
7	Myanmar	Being studied	No available information	UNICEF, 2011; WHO, 2008
8	Nepal	Full into law	BMS Act 2049 passed in 1992.	UNICEF, 2011; WBTi, 2011; WHO, 2008 & 2010
9	Sri Lanka	Full into law	Regulation under Directive No. 107 of Consumer Protection Act passed 23 March 2004.	UNICEF, 2011; WBTi, 2011; WHO, 2008 & 2010
10	Thailand	Voluntary measures	No available information	UNICEF, 2011; WBTi, 2011; WHO, 2008 & 2010
11	Timor-Leste	Voluntary measures. Law drafted, awaiting approval.	No available information	WHO, 2010

Table 1.6 Legislative status in countries and areas in the WHO Western Pacific Region

No.	Country or area	Legislation status	Progress	Source
1	Australia	Voluntary measures	No available information	UNICEF, 2011; WHO, 2008
2	Brunei Darussalam	Voluntary and other national measures	No available information	WHO, 2008
3	Cambodia	Many provisions into law	Sub-decree passed 17 August 2009	UNICEF, 2011; WHO, 2008 & 2010
4	China	Many provisions into law	Regulations of Marketing of BMS passed 13 June 1995. Since 2009, MoH reported to be working on amendments of regulations.	UNICEF, 2011; WBTi, 2011; WHO, 2008 & 2010
5	Cook Islands	No available information	–	–
6	Fiji	Full into law	Marketing control for foods passed 2 October 2002	UNICEF, 2011; WHO, 2008 & 2010
7	French Polynesia	Same as France	–	–
8	Japan	Few provisions into law	No available information	UNICEF, 2011
9	Kiribati	Voluntary and other national measures	No available information	WHO, 2010
10	Lao People's Democratic Republic	Many provisions into law	Decision of MoH on Control of Marketing of Infant and Young Child Food Products approved 3 August 2007.	UNICEF, 2011; WHO, 2008 & 2010
11	Malaysia	Voluntary and other national measures		UNICEF, 2011; WHO, 2008 & 2010
12	Marshall Islands	Voluntary and other national measures	No available information	WHO, 2008
13	Micronesia (Federated States of)	No available information	–	–
14	Mongolia	Few provisions into law	National law approved by Parliament in July 2005. In 2008, MoH approved regulations necessary for implementation of law	UNICEF, 2011; WBTi, 2011; WHO, 2008 & 2010
15	Nauru	No available information	–	–
16	New Zealand	Voluntary and other national measures	No available information	UNICEF, 2011; WHO, 2008
17	Niue	No action	–	UNICEF, 2011
18	Palau	Full into law	No available information	UNICEF, 2011
19	Papua New Guinea	Many provisions into law	No available information	UNICEF 2011; WHO, 2008

No.	Country or area	Legislation status	Progress	Source
20	Philippines	Full into law	Executive Order 51 passed in 1986. First set of implementing IRR issued by Department of Health (DoH) in 1987. In 2004, DoH and partners agreed to review and revise IRR. New set of IRR issued in May 2006. Industry challenged the new IRR at Supreme Court. Case lasted more than 1 year, until the Supreme Court issued a final resolution on 7 October 2007, validating 56 of 59 of the provisions of the IRR.	UNICEF, 2011; WBTi, 2011; WHO, 2008 & 2010
21	Republic of Korea	Few provisions into law	Food Sanitation Act, Livestock Processing Act and Mother and Child Health Act passed 7 January 2009	WBTi, 2011; WHO, 2008 & 2010
22	Samoa	Voluntary and other national measures	No available information	WHO, 2008
23	Singapore	Some provisions voluntary	Sale of Infant Foods Ethics Committee Singapore Code of Ethics (SIFECS) initially developed on 1 January 1979, now on third edition.	UNICEF, 2011; WHO, 2008 & 2010
24	Solomon Islands	No available information	–	–
25	Tonga	No available information	–	–
26	Tuvalu	Voluntary and other national measures	Food Safety Act of 2006 covers BMS. Ongoing effort to develop comprehensive breastfeeding policy.	WHO, 2010
27	Vanuatu	No available information	–	–
28	Viet Nam	Many provisions into law	Government Decree No. 21/2006/ND-CP on Trading In and Use of Nutritious Products for Infants passed 27 February 2006. Circular No. 45 of MoH on administrative sanctions also passed. Ongoing effort to review and eventually revise Decree No. 21 and Cicrular No. 45.	UNICEF, 2011; WBTi, 2011; WHO, 2010

ANNEX II
Key provisions in legal measures by country[1]

Table 2.1 Key provisions of legislation/regulations in countries and areas in the WHO African Region

	LEGISLATION AND REGULATIONS								
	Scope of the Code	Promotion to the general public		Promotion to health workers and health facilities		Labelling			
Country or area	Age limit (months)	Advertising of BMS prohibited	Sales promotions prohibited	Free or low-cost supplies of BMS	Materials or gifts to health workers and/or health facilities	Recommended age for designated product	Message on superiority of breastfeeding	Functioning implementation and monitoring mechanism	Source
Algeria	–	–	–	–	–	–	–	–	–
Angola	–	–	–	–	–	–	–	–	–
Benin	0–12	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2008
Botswana	0–36	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2008
Burkina Faso	–	–	–	–	–	–	–	–	–
Burundi	–	–	–	–	–	–	–	–	–
Cameroon	0–30	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2008
Cape Verde	0–24	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2008
Central African Republic	–	–	–	–	–	–	–	–	–
Chad	–	–	–	–	–	–	–	–	–
Comoros	–	–	–	–	–	–	–	–	WHO, 2008
Congo	–	–	–	–	–	–	–	–	–
Cote d'Ivoire	–	–	–	–	–	–	–	–	–
Democratic Republic of the Congo	–	–	–	–	–	–	–	–	–
Equatorial Guinea	–	–	–	–	–	–	–	–	–

[1] Sources for Annex II are shown in **Section 2**.

Country or area	LEGISLATION AND REGULATIONS								Source
	Scope of the Code	Promotion to the general public		Promotion to health workers and health facilities		Labelling		Functioning implementation and monitoring mechanism	
	Age limit (months)	Advertising of BMS prohibited	Sales promotions prohibited	Free or low-cost supplies of BMS	Materials or gifts to health workers and/or health facilities	Recommended age for designated product	Message on superiority of breastfeeding		
Eritrea	–	–	–	–	–	–	–	–	–
Ethiopia	–	–	–	–	–	–	–	–	WHO, 2010
Gabon	–	–	–	–	–	–	–	–	–
Gambia	–	–	–	–	–	–	–	–	WHO, 2008
Ghana	No age limit	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2010
Guinea	–	–	–	–	–	–	–	–	WHO, 2008
Guinea-Bissau	0–36	Full	Full	Full	Full	Yes	Yes	No	WHO, 2010
Kenya	0–24	Full	Full	Full	Full	Yes	Yes	No	WHO, 2010
Lesotho	–	–	–	–	–	–	–	–	–
Liberia	–	–	–	–	–	–	–	–	WHO, 2008
Madagascar	0–6	Full	Full	Full	Full	Yes	Yes	Partial	WHO, 2008
Malawi	–	–	–	–	–	–	–	–	–
Mali	–	–	–	–	–	–	–	–	–
Mauritania	–	–	–	–	–	–	–	–	WHO, 2010
Mauritius	–	–	–	–	–	–	–	–	WHO, 2010
Mozambique	0–36	Full	Full	Partial	Full	Yes	Yes	No	WHO, 2010
Namibia	–	–	–	–	–	–	–	–	–
Niger	0–60	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2010
Nigeria	0–36	Full	Full	Full	Full	Yes	–	Full	WHO, 2010
Rwanda	–	–	–	–	–	–	–	–	–
Sao Tome and Principe	0–24	Full	Full	Full	Full	Yes	Yes	No	WHO, 2008
Senegal	–	–	–	–	–	–	–	–	–
Seychelles	–	–	–	–	–	–	–	–	WHO, 2008
Sierra Leone	–	–	–	–	–	–	–	–	WHO, 2008
South Africa	–	–	–	–	–	–	–	–	–

Country or area	LEGISLATION AND REGULATIONS								Source
	Scope of the Code	Promotion to the general public		Promotion to health workers and health facilities		Labelling		Functioning implementation and monitoring mechanism	
	Age limit (months)	Advertising of BMS prohibited	Sales promotions prohibited	Free or low-cost supplies of BMS	Materials or gifts to health workers and/or health facilities	Recommended age for designated product	Message on superiority of breastfeeding		
Swaziland	–	–	–	–	–	–	–	–	–
Togo	0–6	Full	Full	Full	Full	Yes	Yes	–	WHO, 2010
Uganda	–	–	–	–	–	–	–	–	–
United Republic of Tanzania	0–12	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2008
Zambia	0–24	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2008
Zimbabwe	0–60	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2008

Table 2.2 Key provisions of legislation/regulations in countries and areas in the WHO Region of the Americas

Country or area	LEGISLATION AND REGULATIONS								Source
	Scope of the Code	Promotion to the general public		Promotion to health workers and health facilities		Labelling		Functioning implementation and monitoring mechanism	
	Age limit (months)	Advertising of BMS prohibited	Sales promotions prohibited	Free or low-cost supplies of BMS	Materials or gifts to health workers and/or health facilities	Recommended age for designated product	Message on superiority of breastfeeding		
Antigua and Barbuda	–	–	–	–	–	–	–	–	WHO, 2010
Argentina	–	Full	Full	Full	Full	Yes	Yes	No	WHO, 2010
Bahamas	–	–	–	–	–	–	–	–	–
Barbados	–	–	–	–	–	–	–	–	WHO, 2010
Belize	–	–	–	–	–	–	–	–	–
Bolivia (Plurinational State of)	0–24	Full	Full	Full	Full	Yes	Yes	No	WHO, 2010
Brazil	0–36	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2010
British Virgin Islands	–	–	–	–	–	–	–	–	WHO, 2010
Canada	–	–	–	–	–	–	–	–	–
Chile	–	–	–	–	–	–	–	–	WHO, 2010
Colombia	–	–	–	–	–	–	–	–	–
Costa Rica	0–24	Full	Full	Full	Full	Yes	Yes	No	WHO, 2008 & 2010
Cuba	–	–	–	–	–	–	–	–	–
Dominica	–	Full	Full	Full	Full	Yes/No[a]	Yes	No	WHO, 2010
Dominican Republic	0–24	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2008
Ecuador	–	–	–	–	–	–	–	–	WHO, 2010
El Salvador	–	–	–	–	–	–	–	–	WHO, 2010
Grenada	–	–	–	–	–	–	–	–	WHO, 2010
Guatemala	–	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2010

[a] Recommended age indicated for some products, but not all.

Country or area	LEGISLATION AND REGULATIONS								Source
	Scope of the Code	Promotion to the general public		Promotion to health workers and health facilities		Labelling		Functioning implementation and monitoring mechanism	
	Age limit (months)	Advertising of BMS prohibited	Sales promotions prohibited	Free or low-cost supplies of BMS	Materials or gifts to health workers and/or health facilities	Recommended age for designated product	Message on superiority of breastfeeding		
Guyana	–	–	–	–	–	–	–	–	–
Haiti	–	–	–	–	–	–	–	–	–
Honduras	0–24	Full	Full	Full	Full	Yes	Yes	No	WHO, 2008 & 2010
Jamaica	–	–	–	–	–	–	–	–	WHO, 2008
Mexico	0–12	No	No	No	No	Yes	No	Full	WHO, 2008 & 2010
Montserrat	–	–	–	–	–	–	–	–	WHO, 2010
Nicaragua	–	–	–	–	–	–	–	–	–
Panama	0–12	Full	Full	Full	Full	Yes	Yes	No	WHO, 2008
Paraguay	0–24	Full	Full	Full	Full	Yes	Yes	No	WHO, 2008
Peru	0–24	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2010
Puerto Rico	–	–	–	–	–	–	–	–	–
Saint Kitts and Nevis	–	–	–	–	–	–	–	–	WHO, 2008
Saint Lucia	–	–	–	–	–	–	–	–	WHO, 2010
Saint Vincent and the Grenadines	–	–	–	–	–	–	–	–	WHO, 2010
Suriname	–	–	–	–	–	–	–	–	WHO, 2008
Trinidad and Tobago	–	–	–	–	–	–	–	––	WHO, 2008
United States of America	–	–	–	–	–	–	–	–	WHO, 2010
Uruguay	–	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2010
Venezuela (Bolivarian Republic of)	–	–	–	–	–	–	–	–	WHO, 2008

Table 2.3 Key provisions of legislation/regulations in countries and areas in the WHO Eastern Mediterranean Region

	LEGISLATION AND REGULATIONS								
	Scope of the Code	Promotion to the general public		Promotion to health workers and health facilities		Labelling			
Country or area	Age limit (months)	Advertising of BMS prohibited	Sales promotions prohibited	Free or low-cost supplies of BMS	Materials or gifts to health workers and/or health facilities	Recommended age for designated product	Message on superiority of breastfeeding	Functioning implementation and monitoring mechanism	Source
Afghanistan	0–24	No	No	No	No	Yes	Yes	No	WHO, 2008
Bahrain	0–12	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2010
Dijbouti	–	–	–	–	–	–	–	–	–
Egypt	0–24	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2008
Iran (Islamic Republic of)	0–24	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2008
Iraq	0–12	–	–	–	–	–	–	–	WHO, 2008
Jordan	–	Full	Full	Full	Full	Yes	Yes	–	WHO, 2008
Kuwait	–	–	–	–	–	–	–	–	–
Lebanon	–	–	–	–	–	–	–	–	–
Libya	–	–	–	–	–	–	–	–	–
Morocco	–	–	–	–	–	–	–	–	–
Oman	0–4	Full	No	Partial	Full	No	Yes	No	WHO, 2010
Pakistan	–	–	–	–	–	–	–	–	–
Qatar	–	–	–	–	–	–	–	–	–
Saudi Arabia	0–12	–	–	–	–	Yes	Yes	Full	WHO, 2008
Somalia	–	–	–	–	–	–	–	–	–
Sudan	–	–	–	Full	Full	Yes	Yes	Full	WHO, 2008
Syrian Arab Republic	–	–	–	–	–	–	–	–	–
Tunisia	–	–	–	–	–	–	–	–	–
United Arab Emirates	–	–	–	–	–	–	–	–	–
West Bank and Gaza Strip	–	–	–	–	–	–	–	–	–
Yemen	–	–	–	–	–	–	–	–	–

Table 2.4 Key provisions of legislation/regulations in countries and areas in the WHO European Region

Country or area	LEGISLATION AND REGULATIONS								Source
	Scope of the Code	Promotion to the general public		Promotion to health workers and health facilities		Labelling		Functioning implementation and monitoring mechanism	
	Age limit (months)	Advertising of BMS prohibited	Sales promotions prohibited	Free or low-cost supplies of BMS	Materials or gifts to health workers and/or health facilities	Recommended age for designated product	Message on superiority of breastfeeding		
Albania	0–36	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2010
Andorra	–	–	–	–	–	–	–	–	–
Armenia	0–6	Full	No	No	No	No	Yes	Full	WHO, 2010
Austria	0–36	Partial	Partial	Partial	Full	Yes	Yes	Partial	WHO, 2008
Azerbaijan	0–36	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2008
Belarus	0–12	Full	Full	No	No	Yes	Yes	Partial	WHO, 2008
Belgium	–	No	Full	Partial	No	Yes	Yes	No	WHO, 2010
Bosnia and Herzegovina	–	–	–	–	–	–	–	–	WHO, 2010
Bulgaria	0–12	Partial	Partial	Partial	No	Yes	Yes	Partial	WHO, 2008
Croatia	–	No	Partial	Partial	No	Yes	Yes	Partial	WHO, 2010
Cyprus	–	–	–	–	–	–	–	–	–
Czech Republic	–	–	–	–	–	–	–	–	–
Denmark	–	–	–	–	–	–	–	–	–
Estonia	0–36	Full	Full	No	No	Yes	Yes	Partial	WHO, 2008
Finland[a] (EU Directive 2008)	0–12	Full	Full	Partial	Full	Yes	Yes	Full	WHO, 2008 & 2010
France	–	–	–	–	–	–	–	–	–
Georgia	0–12	Full	No	Full	Full	Yes	Yes	Partial	WHO, 2008
Germany	0–4	Full	Full	No	Partial	Yes	Yes	Full	WHO, 2008
Greece	0–6	Partial	Full	Partial	No	Yes	Yes	Full	WHO, 2010
Hungary (EU Directive 2008)	0–12	Full	Full	No	No	Yes	Yes	No	WHO, 2010
Iceland (EU Directive 2008)	0–12	Partial	Full	No	Partial	Yes	Yes	Full	WHO, 2010

[a] EU Directive 2008 means that the country responded according to the guidelines for this Directive.

Country or area	LEGISLATION AND REGULATIONS								Source
	Scope of the Code	Promotion to the general public		Promotion to health workers and health facilities		Labelling		Functioning implementation and monitoring mechanism	
	Age limit (months)	Advertising of BMS prohibited	Sales promotions prohibited	Free or low-cost supplies of BMS	Materials or gifts to health workers and/or health facilities	Recommended age for designated product	Message on superiority of breastfeeding		
Ireland	–	–	–	–	–	–	–	–	–
Israel	–	–	–	–	–	–	–	–	–
Italy	0–12	Full	Full	Full	Full	Yes	Yes	No	WHO, 2008
Kazakhstan	0–12	Full	Partial	Full	Full	Yes	Yes	Partial	WHO, 2008
Kyrgyzstan	–	–	–	–	–	–	–	–	–
Latvia	–	Full	Full	Full	Partial	Yes	Yes	Partial	WHO, 2010
Lithuania	–	Full	Full	Full	Full	Yes	Yes	No	WHO, 2010
Luxembourg	–	–	–	–	–	–	–	–	–
Malta (EU Directive 2008)	0–6	Full	Full	Full	Full	Yes	Yes	No	WHO, 2010
Monaco	–	–	–	–	–	–	–	–	–
Montenegro	–	–	–	–	–	–	–	–	–
Netherlands	–	–	–	–	–	–	–	–	–
Norway	0–12	Full	Full	No	No	Yes	Yes	Full	WHO, 2010
Poland	0–36	No	No	Full	Full	Yes	Yes	Full	WHO, 2008 & 2010
Portugal	–	–	–	–	–	–	–	–	–
Republic of Moldova	0–24	Full	Full	Full	Full	Yes	Yes	No	WHO, 2008
Romania	0–12	–	–	–	–	Yes	Yes	No	WHO, 2010
Russian Federation	–	–	–	–	–	–	–	–	–
San Marino	–	–	–	–	–	–	–	–	–
Serbia	–	Full	Full	Full	–	Yes	Yes	–	WHO, 2008
Slovakia (EU Directive 2008)	0–6	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2010
Slovenia	–	–	–	–	–	–	–	–	–

Country or area	LEGISLATION AND REGULATIONS								Source
	Scope of the Code	Promotion to the general public		Promotion to health workers and health facilities		Labelling		Functioning implementation and monitoring mechanism	
	Age limit (months)	Advertising of BMS prohibited	Sales promotions prohibited	Free or low-cost supplies of BMS	Materials or gifts to health workers and/or health facilities	Recommended age for designated product	Message on superiority of breastfeeding		
Spain	0–12	Full	Full	No	Full	Yes	Yes	Partial	WHO, 2008
	0–36	Full	Full	Full	Full	Yes	Yes	Partial	WHO, 2010
Sweden	0–36	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2008
	0–6	Full	Full	No	No	Yes	Yes	Full	WHO, 2010
Switzerland	–	–	–	–	–	–	–	–	–
Tajikistan	0–6	No	No	Full	Full	Yes	Yes	No	WHO, 2010
The former Yugoslav Republic of Macedonia	0–12	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2008
Turkey	–	–	–	–	–	–	–	–	–
Turkmenistan	0–36	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2010
Ukraine	–	–	–	–	–	–	–	–	–
United Kingdom of Great Britain and Northern Ireland (EU Directive 2008)	–	–	–	–	–	–	–	–	–
Uzbekistan	–	–	–	–	–	–	–	–	WHO, 2010

Table 2.5 Key provisions of legislation/regulations in countries and areas of the WHO South-East Asia Region

	LEGISLATION AND REGULATIONS								
	Scope of the Code	Promotion to the general public		Promotion to health workers and health facilities		Labelling			
Country or area	Age limit (months)	Advertising of BMS prohibited	Sales promotions prohibited	Free or low-cost supplies of BMS	Materials or gifts to health workers and/or health facilities	Recommended age for designated product	Message on superiority of breastfeeding	Functioning implementation and monitoring mechanism	Source
Bangladesh	0–24	Full	Yes	Full	Full	Yes	Yes	No	WHO, 2010
Bhutan	–	–	–	–	–	–	–	–	–
Democratic People's Republic of Korea	–	–	–	–	–	–	–	–	–
India	0–24	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2010
Indonesia	0–24	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2008
Maldives	Other	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2008
	0–6	Full	Full	Full	Full	Yes	Yes	No	WHO, 2010
Myanmar	0–12	–	–	–	–	–	–	–	WHO, 2008
Nepal	–	Full	Full	Full	Full	No	Yes	No	WHO, 2010
Sri Lanka	0–12	Full	Full	Full	Full	Yes	Yes	Yes	WHO, 2010
Thailand	–	–	–	–	–	–	–	–	WHO, 2010
Timor-Leste	–	–	–	–	–	–	–	–	WHO, 2010

Table 2.6 Key provisions of legislation/regulations in countries and areas in the WHO Western Pacific Region

Country or area	LEGISLATION AND REGULATIONS								Source
	Scope of the Code	Promotion to the general public		Promotion to health workers and health facilities		Labelling		Functioning implementation and monitoring mechanism	
	Age limit (months)	Advertising of BMS prohibited	Sales promotions prohibited	Free or low-cost supplies of BMS	Materials or gifts to health workers and/or health facilities	Recommended age for designated product	Message on superiority of breastfeeding		
Australia	0–12	–	–	–	–	Yes	Yes	Full	WHO, 2008
Brunei Darussalam	–	–	–	–	–	–	–	–	WHO, 2008
Cambodia	0–24	Full	Full	Full	Full	Yes	Yes	–	WHO, 2008
	0–24	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2010
China	0–4	Full	Full	Full	Full	No	Yes	No	WHO, 2010
Cook Islands	–	–	–	–	–	–	–	–	–
Fiji	–	Full	Full	Full	Full	Yes	Yes	No	WHO, 2010
French Polynesia	0–12	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2010
Japan	–	–	–	–	–	–	–	–	–
Kiribati	–	–	–	–	–	–	–	–	WHO, 2010
Lao People's Democratic Republic	0–24	Full	Full	Full	Full	Yes	Yes	No	WHO, 2010
Malaysia	–	–	–	–	–	–	–	–	WHO, 2010
Marshall Islands	–	–	–	–	–	–	–	–	WHO, 2008
Micronesia (Federated States)	–	–	–	–	–	–	–	–	–
Mongolia	–	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2010
Nauru	–	–	–	–	–	–	–	–	–
New Zealand	0–36	–	–	–	–	Yes	Yes	Full	WHO, 2008
Niue	–	–	–	–	–	–	–	–	–
Palau	–	–	–	–	–	–	–	–	–
Papua New Guinea	–	–	–	–	–	–	–	–	WHO, 2008

Country or area	LEGISLATION AND REGULATIONS								Source
	Scope of the Code	Promotion to the general public		Promotion to health workers and health facilities		Labelling		Functioning implementation and monitoring mechanism	
	Age limit (months)	Advertising of BMS prohibited	Sales promotions prohibited	Free or low-cost supplies of BMS	Materials or gifts to health workers and/or health facilities	Recommended age for designated product	Message on superiority of breastfeeding		
Philippines	0–24	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2008
	0–36	Full	Full	Full	Full	Yes	Yes	Full	WHO, 2010
Republic of Korea	–	Full	–	Full	Full	–	Yes	Full	WHO, 2008
	0–6	Full	Full	Full	Full	–	Yes	Full	WHO, 2010
Samoa	–	–	–	–	–	–	–	–	WHO, 2008
Singapore	–	–	–	–	–	–	–	–	WHO, 2008 & 2010
Solomon Islands	–	–	–	–	–	–	–	–	–
Tonga	–	–	–	–	–	–	–	–	–
Tuvalu	–	–	–	–	–	–	–	–	WHO, 2010
Vanuatu	–	–	–	–	–	–	–	–	–
Viet Nam	0–12	Partial	Partial	Full	Full	Yes	Yes	Full	WHO, 2010

COUNTRY IMPLEMENTATION OF THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES: **STATUS REPORT 2011**

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