— STATUS REPORT 2020 —

Summary

Breastfeeding safeguards the health of mothers and young children

In low-, medium- and high-income countries alike, breastfeeding is important for the health of both mothers and infants. Mothers who breastfeed are at lower risk of breast and ovarian cancer, and diabetes. Breastfeeding provides antibodies and contributes to healthy growth, protecting infants and young children during their critical early development.

Not breastfeeding greatly increases child mortality. Infants who are not exclusively breastfed are 14 times more likely to die than those who are. Breastfeeding has been shown to protect against sudden infant death syndrome.

Breastfeeding contributes to early childhood development, leading to higher intelligence. It also reduces the risk of childhood obesity, type II diabetes and leukaemia.

The International Code protects breastfeeding from commercial interference

The International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions ("the Code") spell out key legal safeguards against industry practices that undermine breastfeeding (https://www.who.int/nutrition/netcode/resolutions/en/). The Code remains as relevant and important as when it was adopted in 1981, if not more so. The 2020 Status Report provides updated information on the status of legal measures to implement the Code in countries.
Methodology

WHO, UNICEF and IBFAN collected information from ministries of health and regional and country offices, as well as internet sources, on measures adopted since 2018. The legal measures for all countries were analysed based on an expanded, standardized checklist with an algorithm to facilitate a systematic and objective classification of countries according to their alignment with the Code. Seven areas of Code legislation were examined with the following weighting:

- Scope (20%)
- Monitoring and enforcement (10%)
- Informational/educational materials on IYCF (10%)
- Promotion to general public (20%)
- Promotion in health care facilities (10%)
- Engagement with health workers and systems (15%)
- Labelling (15%)

Details are included in the full report.

Countries around the world are strengthening Code legislation

In 2018-2020, 44 countries around the world strengthened their protections against inappropriate marketing of breast-milk substitutes. The European Union enacted restrictions on promotion to the general public and through the health care system, impacting this activity in 33 countries. Eleven other countries passed new Code-related legislation or filled gaps in existing legal measures.

As of April 2020, 136 (70%) of 194 WHO Member States had enacted legal measures with provisions to implement the Code (see map). Of these, 25 countries had measures substantially aligned with the Code, and a further 42 had measures that are moderately aligned.

Figure 1. National legal status of the Code, 2020
Legislation in many countries still has gaps

While many countries have Code measures in place, far too few have legal measures that are fully reflective of the Code and thus do not effectively stop harmful marketing of breast-milk substitutes. With regard to the scope of products covered in national legislation, only 31 countries have legal measures covering milk products targeted for use up to at least 36 months. While most countries prohibit the use of pictures on labels that may idealize the use of infant formula, far fewer prohibit the inclusion of nutrition and health claims on labels. Similarly, many countries have prohibitions on advertising or the use of promotional devices at points of sale, but only a few prohibit the distribution of information or educational materials from manufacturers or distributors. Similarly, strong provisions for monitoring and enforcement are lacking in many countries.

Figure 2. Number of countries with key Code provisions enumerated in legal measures, by provision

Protection of breastfeeding is especially important in health care

Health professionals have a vital role to play in educating families about appropriate infant and young child feeding. However, they are often targeted and influenced by manufacturers and distributors of breast-milk substitutes through promotion, relationships and incentives, which can result in the loss of their independence, integrity and public credibility. Seventy-nine countries now have an overall prohibition on the use of health facilities for promotion of breast-milk substitutes. Thirty have measures that call for a full prohibition of all gifts or incentives for health workers. Of the 136 countries with legal measures in place, less than half have prohibitions on the donation of free or low-cost supplies of products, donation of product samples, or product information other than what is scientific and factual. Only five countries completely prohibit the donation of equipment or services by manufacturers or distributors.
Figure 3. Number of countries with prohibitions on industry engagement with health workers and systems, by type of prohibition

Many manufacturers and distributors of baby food products offer financial support for international or national scientific meetings and meetings of health professional associations. Sponsorship of such meetings is a clear conflict of interest and allows manufacturers and distributors to gain preferential access to health professionals. To date, only 19 countries prohibit the sponsorship of scientific and health professional association meetings by manufacturers and distributors.

Recommendations

Every country needs to improve its implementation of the Code. Essential for this improvement is the presence of sustained, high-level political will and accountability. Specific recommendations for countries include:

1. Legislators and policy-makers should recognize their obligations to promote and protect breastfeeding, and to eliminate inappropriate marketing practices.

2. Countries should analyse and address weaknesses or gaps in their existing legislation and act accordingly.

3. Legislation must be supported by allocation of adequate budgets and human resources.

4. Governments should establish robust and sustainable monitoring and enforcement mechanisms.

5. Governments should apply deterrent sanctions in the case of violations of national Code legislation.

6. Health care workers should be educated on their responsibilities under the Code and national legislation to avoid conflicts of interest and fully protect, promote and support breastfeeding.

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