
On 21 May 1981, by resolution WHA34.22, the Thirty-fourth World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes in the form of a recommendation, in the sense of Article 23 of the WHO Constitution. Since then, in accordance with Article 11, paragraph 7, the Director-General of WHO has reported in even years on the status of the Code’s implementation. In addition, in keeping with the Assembly’s request made in resolution WHA34.22, the Director-General reported to the Thirty-sixth World Health Assembly in May 1983 on the status of compliance with the Code at country, regional and global levels. Information in each of the six reports to the Health Assembly has been cumulative. The intention in synthesizing all the information in the present document is to provide an overall picture of the steps that more than 150 countries and territories have taken during the last decade - individually, and in some cases collectively, through regional and interregional forums - to give effect to the principles and aim of the International Code.

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INTRODUCTION

1. A joint WHO/UNICEF Meeting on Infant and Young Child Feeding was held in Geneva from 9-12 October 1979 as part of the two organizations’ programmes aimed at promoting child health and nutrition. It was attended by representatives of governments, agencies of the United Nations system, nongovernmental organizations, the infant-food industry, and experts in related disciplines.

2. The discussions were organized around the following themes: the encouragement and support of breast-feeding; the promotion and support of appropriate and timely complementary feeding (weaning practices) with the use of local food resources; the strengthening of education, training and information on infant and young child feeding; the development of support for improved health and social status of women in relation to infant and young child health and feeding; and the appropriate marketing and distribution of breast-milk substitutes.

3. As a result of the discussion, a statement on infant and young child feeding, together with a series of recommendations, was prepared and adopted by consensus. The statement and recommendations were first sent by the Director-General to all governments in November 1979; they were also appended to the Director-General’s report1 to the Thirty-third World Health Assembly on follow-up activities undertaken by WHO after the October 1979 meeting in respect of the above discussion themes.

4. The Thirty-third World Health Assembly, in resolution WHA33.32,2 endorsed in their entirety the statement and recommendations made by the joint WHO/UNICEF Meeting; made particular mention of the recommendation that “there should be an international code of marketing of infant formula and other products used as breast-milk substitutes”; and requested the Director-General to prepare such a code “in close consultation with Member States and all other parties concerned including such scientific and other experts whose collaboration may be deemed appropriate”.

Process of development of the draft International Code of Marketing of Breast-milk Substitutes

5. Member States of WHO and groups and individuals who had been represented at the joint WHO/UNICEF Meeting were requested to comment on three successive drafts of the code. Meetings were held in February and March and again in August and September 1980 in an effort to foster a continuing dialogue on both the form and the content of the draft code and to maintain as a minimum basis the points agreed upon by consensus at the October 1979 meeting.

6. In the process of preparing the draft International Code, the work done by organizations and bodies of the United Nations system in the field of infant and young child nutrition was taken into consideration. This concerned, in particular, the work of the Joint FAO/WHO Food Standards Programme and its Codex Alimentarius Commission with regard to international standards for foods for infants and children and the development of suitable definitions for the purposes of the draft International Code. The Secretariat of the Programme, in turn, was actively involved in the consultations with the interested parties referred to above.

7. In January 1981 the sixty-seventh session of the Executive Board considered the draft code and in resolution EB67.R123 unanimously recommended to the Thirty-fourth World Health Assembly the adoption of the code in the form of a recommendation rather than as a

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1 WHA33/1980/REC/1, Annex 6.
3 Handbook of resolutions and decisions, op. cit., p.91.
regulation;¹ on 21 May 1981, by resolution WHA34.22,² the Health Assembly adopted the International Code³ by 118 votes in favour to 1 against, with 3 abstentions.

**Reporting on action giving effect to the International Code**

8. Article 11, paragraph 6, of the International Code provides that "in accordance with Article 62 of the Constitution ... Member States shall communicate annually to the Director-General information on action taken to give effect" to its principles and aim. Article 11, paragraph 7, states that the Director-General "shall report in even years to the World Health Assembly on the status" of its implementation.

9. The present document describes action taken since 1981 to translate the International Code into legislation, regulations or other suitable measures; to involve all concerned parties in its implementation; and to monitor compliance with it. Prior to the adoption of the Code, a number of governments had already adopted various legislative and other measures concerning the marketing and distribution of breast-milk substitutes; these, too, are described below.

10. All the information was previously presented to the Health Assembly - in 1982, 1983, 1984, 1986, 1988 and 1990 - in individual reports⁴ on the status of implementation and compliance with the International Code. Most of it has been provided by Member States themselves, whether in direct communications to the Director-General, via the regional offices and regional committees, or in statements made during Health Assemblies. The intention in synthesizing this information in the present document is to provide an overall picture of the steps that more than 150 countries and territories (see Annex 3 to the present document) have taken during the last decade - individually, and in some cases collectively, through regional and interregional forums - to give effect to the principles and aim of the Code.

11. The Thirty-third World Health Assembly, in 1980, in requesting the Director-General to prepare a draft International Code, emphasized that the marketing of breast-milk substitutes should be viewed within the framework of the problems of infant and young child feeding as a whole.⁵ Likewise, the Thirty-fourth World Health Assembly, in 1981, in adopting the International Code, stressed its significance as "only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding".⁶

12. It is fitting, therefore, to note that all Member States, as they have proceeded with the adoption of suitable measures to give effect to the principles and aim of the International Code, have continually done so as part of their wider efforts to address the health and nutritional problems of infants and young children, and the related aspects of the health and social status of women and families. The wide-ranging discussions which have

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¹ The legal implications of the adoption of the International Code as a recommendation were discussed in a report on the code by the Director-General to the Thirty-fourth World Health Assembly (document WHA34/1981/REC/1, Annex 3).

² Handbook of resolutions and decisions, op. cit., pp. 91-92, and Annex 1 to the present document.


⁴ Respectively, documents WHA35/1982/REC/1, Annex 5; A36/7; WHA37/1984/REC/1, Annex 5, part II; WHA39/1986/REC/1, Annex 6, part 1; EB81/1988/REC/1, Annex 10; and A43/4.

⁵ Resolution WHA33.32, paragraph 6(a)(a).

⁶ Resolution WHA34.22, final preambular paragraph.
taken place on the subject of infant and young child nutrition at Health Assemblies and regional committee meetings during the last decade, as well as the information provided by Member States which is summarized below, provide ample evidence of this broad and comprehensive approach to maternal and child nutrition, of which breast-feeding and the International Code are but two aspects.


African Region

13. In Algeria the Government is the sole importer and distributor of infant formula, which bears its own label in conformity with national breast-feeding promotion policy, and efforts are made to ensure that such products are made available only to those infants who require them. Import procedures applied include the issue of international invitations to tender, prescribing not only the quantities and methods of packaging and dispatch, but also the chemical composition of the product concerned, and requiring the manufacturer to provide information on the results of analyses carried out. Commercial advertising of breast-milk substitutes is forbidden and the State monopoly over foreign trade has eliminated the use of foreign trademarks.

14. The Government of Benin announced that it expected to integrate the International Code into its national food legislation by expanding the basic law in this respect. Meanwhile the advertising of breast-milk substitutes to the general public is not permitted.

15. In Botswana the promotion of breast-milk substitutes on radio or television has been prohibited. Manufacturers may meet with heads of health units, but no direct contact with mothers or health workers in peripherial centres is allowed, and the provision of samples is not permitted unless specifically requested by the Ministry of Health. Several changes made in the labelling requirements for containers were brought to the attention of manufacturers in November 1981, but pictures of mothers and infants were still used for advertising purposes. The Ministry of Health has issued a circular to all health and extension workers prohibiting the use of health facilities and health workers' services to promote breast-milk substitutes, with the result that promotional drives for such substitutes, coming from a neighbouring country, have ceased. Thus, certain aspects of the Code are already being implemented, although legislation relating to it has not yet been enacted. Apart from promotional material contained in publications that originate outside the country, there is no advertising of breast-milk substitutes. However, the Government reports that there is still not enough trained staff to enable its breast-feeding programme to implement the Code rapidly.

16. The Government of Burkina Faso has undertaken a number of measures to promote appropriate infant and young child feeding and the application of the International Code. A multidisciplinary body has been established to gather information concerning breast-milk substitutes and to combat their use, while the technical capabilities of the National Nutrition Laboratory have been expanded to improve assessment of food products intended for human consumption, breast-milk substitutes in particular. Educational materials produced for the general public include posters and five-minute film messages on breast-feeding for projection in all the country's cinemas; a basic handbook for use by community health workers in promoting sound infant and young child feeding practices is also being developed. Finally, a national interministerial committee has been charged with drawing up a national code of marketing of breast-milk substitutes on the basis of the provisions of the International Code.

17. In Cameroon the Ministry of Public Health has been instructed to take the necessary practical steps that may be required to implement the International Code. The Ministry is pursuing this objective as a preventive measure within the context of primary health care to enable the health authorities to deal with the influx of information likely to distort the question in the minds of both mothers and health professionals. On the basis of the
International Code a draft law concerning the marketing of breast-milk substitutes has been drafted.

18. A national workshop was held in November 1981 in the Central African Republic to discuss the adoption of measures for the encouragement of breast-feeding, appropriate maternal and child nutrition, and the creation of a National Nutrition Committee. The workshop adopted a number of recommendations for government action of direct relevance to the implementation of the International Code, including that breast-milk substitutes and feeding bottles be sold on prescription only; that artificial feeding be prescribed only by a doctor or other health workers; that advertising of breast-milk substitutes via the public media and in health care facilities be prohibited; and that the ministries of health, trade and finance take the necessary measures to ensure that the International Code is applied.

19. A workshop on infant and young child feeding was held in the Congo shortly after the adoption of the International Code. Based on an analysis of the national situation regarding the marketing of breast-milk substitutes, the report adopted by the participants included a recommendation concerning the local application of Articles 4, 5, 6, 7, 9 and 11 of the International Code. The Government intended to set up a coordinating body in this regard.

20. National health authorities in Côte d'Ivoire planned to meet in 1982 to study the International Code and discuss its adaptation to local circumstances. A draft code of marketing, provided by an infant-food manufacturer, was under consideration by paediatricians and other health officials, and was to be submitted at a later date for comments from a national association of women. At the Government's request, the advertising of breast-milk substitutes via the mass media has ceased.

21. A number of recommendations for national action made by a workshop on breast-feeding in Ethiopia in 1981 concerned the marketing and distribution of breast-milk substitutes. The Ministry of Public Health formally requested all governmental and nongovernmental agencies involved in trade in infant formula and feeding bottles to refrain from all forms of advertising. A report highlighted the proliferation of brands of infant formula, most of which failed to respect the labelling provisions laid down in Article 9 of the International Code. The Ministry of Health subsequently ordered all concerned governmental and nongovernmental organizations to control more strictly the quantity and quality of imported products, with the result that the number of different brands imported has gradually decreased from 27 to 8. The donation, through health institutions, of samples or supplies of breast-milk substitutes to mothers has been stopped, unless a child or mother is malnourished or otherwise at high risk.

22. In Gabon an interministerial committee was created to coordinate action to be taken in adapting the International Code to local circumstances. As a preliminary step to the adoption of overall measures, the Government has prohibited the advertising of breast-milk substitutes to the general public.

23. A market survey of breast-milk substitutes in the Gambia, including home visits to learn about the extent of their use by lactating mothers, has been carried out by the Medical and Health Department's nutrition unit. The Department has established a working group on the marketing of breast-milk substitutes, but there has been no follow-up in regard to legislation. However, according to the Government, there is as yet no apparent breach of the International Code.

24. The International Code and its application in Ghana in the light of local needs were discussed at a workshop held in 1982. In 1988 the Ghana Breast-feeding Promotion Association drew up a national plan for breast-feeding promotion, in collaboration with the Ministry of Health, WHO, UNICEF and other concerned organizations. A national code of marketing of breast-milk substitutes, which closely follows the International Code, was also drafted, although it has not yet been adopted as law. From time to time, alleged infringements of the International Code have been reported.
25. In Guinea the importation and distribution of infant formula is a government responsibility and products can be purchased on prescription only in state-operated pharmacies.

26. In 1981 the Government of Kenya adopted the Kenya Code for Marketing of Breast Milk Substitutes, which is described as "essentially an adoption" of the International Code. It applies to the quality, availability, and information related to breast-milk substitutes, feeding bottles and teats, and includes the message that mothers should be encouraged to feed their infants breast milk exclusively for the first 4-6 months of life, and that they should continue to breast-feed them for as long as possible following the introduction of complementary foods. The Code highlights the role of the Ministry of Health in monitoring its application, while at the same time referring to the responsibilities of manufacturers, nongovernmental organizations, professional groups, institutions and individuals concerned. In addition, in 1983 the Ministry of Health addressed a circular to all medical officers and to the country's main denominational health associations on the subject of appropriate infant feeding practices. The circular emphasized the importance of ensuring mothers' full and unrestricted access to their infants for on-demand feeding, prohibiting prelacteal or supplementary feeds in maternity facilities in all but exceptional cases, and discontinuing the use in health institutions of posters or samples of breast-milk substitutes of any kind provided by manufacturers.

27. Leseche drafted a code for the marketing of breast-milk substitutes following its participation in one of the consultations in 1980 on the draft International Code. National and regional workshops were held the following year to review the draft national code and to plan a breast-feeding promotion campaign. The code's scope has been broadened to provide for longer paid maternity leave for women who have children at intervals of more than three years, in order to promote child-spacing.

28. An interministerial committee in Liberia recommended that the promotion of breast-feeding be considered a major component of the draft national food and nutrition plan. The Ministry of Health and Social Welfare prepared draft national legislation in accordance with the guiding principles contained in the International Code. Existing teaching materials on the promotion of breast-feeding were reviewed and others developed, while an information campaign on breast-feeding was initiated in 1982 on radio and television. Advertising of breast-milk substitutes on these media has been restricted.

29. A draft national code of marketing of breast-milk substitutes was reviewed in Madagascar at a meeting organized by the Ministry of Health in 1980, but no legislation has yet been prepared. Directives concerning nutrition education and an infant-feeding guide, which emphasize the importance of breast-feeding, have been prepared and distributed to all health workers concerned. Only health workers are permitted to advise on the use of breast-milk substitutes when they are required, and the distribution of milk - for example, that provided by the Red Cross - is carried out only under their supervision.

30. WHO cooperated with the Government of Malawi in December 1982 by providing technical support during its week-long National Workshop on Infant and Young Child Feeding that included discussions on the development of national measures to give effect to the International Code. A second workshop was organized in Lilongwe in 1987 for the purpose of drafting a national code of marketing of breast-milk substitutes. Participants were also charged with reviewing existing national laws in relation to the provisions of the International Code, and preparing a mechanism for the national code's implementation.

31. In order to facilitate the drafting of legislation to give effect to the International Code in Mali, it was decided to establish an interministerial committee to study ways of adapting it to local conditions. The committee recommended carrying out an inquiry during 1983 into breast-feeding in both rural and urban areas. The results of the inquiry were

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expected to be the subject of national debate, and measures adapted to the conditions of the
country were to be taken by common consent.

32. A seminar was held in Mauritius in 1984 for the purpose of increasing public awareness
of the International Code and formulating recommendations to the Government concerning ways
and means of implementing it. The following month the Cabinet of Ministers announced that
the Government had agreed that legislation be introduced in Parliament to regulate the
marketing and sale of breast-milk substitutes. Furthermore, the Ministry of Health in early
1985 requested by circular all medical superintendents, health officers, nursing officers and
nurse-educators to take immediate action to promote
breast-feeding.

33. In Mozambique the Ministry of Health established a Working Group on Infant Feeding,
which was charged with studying the International Code with a view to adapting it for local
implementation, including the development of legislation. Advertising, whether through the
media or gifts in maternity wards, is prohibited. Three milk-based products (a breast-milk
substitutes, a weaning food and a whole dried milk) are imported and marketed in the
country. All three products carry labels designed in Mozambique in accordance with the
provisions of the International Code and are sold through the usual commercial channels.

34. In Nigeria a local code of ethics and professional standards for the marketing of
breast-milk substitutes, based on guidelines provided by the International Council of Infant
Food Industries, was approved in mid-1982 by the national Food and Drugs Advisory Council. A
ban on the advertising of breast-milk substitutes in both electronic and print media,
including via billboards, is now enforced. The Federal Ministry of Health is closely
monitoring the activities of manufacturers and distributors of breast-milk substitutes, who
may no longer provide "discharge packs" of their products for neonates on departure from
maternity wards and hospitals. According to the national code of ethics, donations of infant
formula may only be made on the basis of written requests by hospitals or health
professionals and must be restricted to infants who have to be fed on breast-milk
substitutes.

35. In Rwanda the adoption of national legislation based on the International Code was
discussed in 1982 during a workshop on infant and young child feeding that was organized by
the Ministry of Public Health. Recommendations for government action included translating
the International Code into the national language and training health workers concerning its
aim and methods of application, drafting legislation aimed at establishing a monopoly in the
trade of breast-milk substitutes, reviewing agreements with donor agencies to ensure that
powdered milk is distributed only to those in need, and importing breast-milk substitutes
solely from manufacturers abiding by the provisions of the International Code.

36. The advertising of breast-milk substitutes to the general public is not permitted in São
Tome and Príncipe.

37. The International Code was among the topics discussed at a national seminar on science
and technology held in Senegal in 1982. A committee was to have been set up to consider the
Code's relationship to industry, while the Ministry of Health, in collaboration with the
other ministries and government bodies concerned, was to examine ways in which it could be
implemented locally. National action foreseen included consultation with the infant-food
industry and nongovernmental organizations, particularly women's and consumer organizations.

38. The Ministry of Health in Sierra Leone has taken steps to halt advertising for foods for
infants that infringes on the provisions of the International Code and is at variance with
current teaching. The International Code was to have been published as a Government Notice,
which would make its provisions mandatory for importers and distributors of foods for
infants. The media are used for educating the public on infant feeding, and it was planned
to set up a committee, comprising eight professionals from the Ministry of Health and the Law
Officers Department, to monitor compliance with the International Code.
39. The National Nutrition Council (NNC), which is the interministerial body in Swaziland that is responsible for matters relating to infant and young child feeding, recommended that the International Code be adopted in its entirety in the form of binding legislation. The distribution of breast-milk substitutes in government institutions has been halted. The results of retail shop surveys conducted by the NNC have shown that artificial foods and feeding bottles do not always conform to the International Code. Following negotiations with a large breast-milk substitute manufacturer, the latter agreed to change the labelling of its products sold in the country so as to emphasize the superiority of breast-feeding. Because of a violation of the Code by another large manufacturer the importation of the product concerned was stopped. Companies have been prohibited from donating milk or teaching materials unless specifically authorized by the director of health services or the NNC.

40. The fact that in Togo breast-milk substitutes are purchased for retail sale solely by a government concern permits some measures of control over importation and distribution. A survey undertaken of products specifically intended for the nourishment of infants and young children in urban centres found that there was indiscriminate sale of such products, which were stored under conditions that were not always adequate. It was anticipated that the results of the survey would make it possible to determine the measures needed for introducing order into the conditions of storage and sale of products for nursing infants and young children.

41. Measures to implement the International Code in Uganda have included a seminar organized by the Uganda branch of the Inter-Parliamentary Union, WHO and UNICEF in 1983, with the aim of making parliamentarians, policy-makers, and the general public aware of the issues involved in child nutrition, and particularly of the importance of breast-feeding and good weaning practices. As a follow-up, an intersectoral workshop was scheduled for the following year to work out a national code of marketing and the regulations to enforce it. Some of the regulations were to come under the Bureau of Standards Act, others under the Dairy Act and the Advertising Act. A national survey to determine patterns of breast-feeding and weaning, planned for 1983, was to facilitate the development of an appropriate code and regulations.

42. The Government of the United Republic of Tanzania instructed the secretariat of the National Food Control Commission to draft a national code in respect of the manufacture and marketing of infant formula and other foods used for the feeding of infants and young children, following the adoption of the International Code. The Chairman of the Commission requested support from WHO for an appraisal of national needs for breast-milk substitutes and the form that national action might take to give effect to the International Code. The Tanzania Food and Nutrition Centre educates health workers and instructors in training institutions on the need to monitor implementation of the International Code and to examine mechanisms for formulating a national code, adopting it as law and monitoring its implementation. A five-year plan on infant and young child nutrition includes sensitization on Code monitoring for all health workers. Radio programmes and other media are used to educate the public about the importance of breast-feeding and the hazards of bottle-feeding and infant formulas.

43. During a national workshop on infant and young child feeding held in Zaire in 1981 the Government emphasized the implications of the International Code for national legislation. The draft text intended to amend 1959 regulations concerning the importation and marketing of tinned milks was under discussion at this meeting; section 38 requires that all milk or milk substitutes intended for human consumption mention the superiority of breast milk. While not directly prohibited, all promotion via the mass media must first obtain clearance from the National Planning Centre for Human Nutrition.

44. The Government of Zambia requires that labels on all infant formula tins bear the message "breast-feed your child", as well as a statement that "the best food for your child is mother's milk ... better than this or any other kind of artificial food". The Ministry of Health reports that the Zambian Code of Ethics for Marketing of Breast-milk Substitutes, which was drawn up by an interdisciplinary committee that included consumer representation, is being enforced by all concerned parties (industry, Government, health institutions, and retailers) on a voluntary basis. Any labelling violations, or those relating to product
quality, are dealt with in accordance with the Food and Drugs Act, under which they are punishable. Monitoring of the Code’s implementation is undertaken by various government bodies, in cooperation with food industry representatives, the National Council for Scientific Research, and interested nongovernmental organizations including the Zambia Breast-feeding Association, the Women’s League, and the Consumers Protection Association.

45. In late 1981 the Government of Zimbabwe published a booklet entitled *Baby Feeding: behind and towards a health model for Zimbabwe* which included portions of direct relevance to the International Code. An interministerial committee was established to study the International Code and to identify ways and means of implementing it nationally. Later the committee was expanded to include other relevant ministries and the private manufacturing sector. A draft national code on the marketing of breast-milk substitutes was submitted in 1983 to the Ministry of Legal Affairs for advice on how best it could be enacted. The Secretary for Health has reminded all health workers, by circular, of their responsibility for promoting breast-feeding and for avoiding any actions which would endorse or promote the use of any breast-milk substitute. Criteria for the provision of breast-milk substitutes have also been drawn up and circulated.

Region of the Americas

46. In Antigua the International Code has been distributed to senior health professionals, but has not been otherwise adopted. No promotional activities for breast-milk substitutes are permitted in maternity units, where rooming-in is the customary approach to promoting breast-feeding.

47. The International Code, which has been adopted in Argentina under title XVII of the national Food Code, is widely distributed in hospitals and welfare institutions to ensure that health personnel and others concerned are fully aware of their responsibilities under it and that they oversee the correct distribution and use of breast-milk substitutes. Periodic evaluation of the consumption of breast-milk substitutes is undertaken by the fiscal authorities. Product labels are required to include unbiased health messages based on internationally accepted standards.

48. The International Code has been distributed to health care institutions in Barbados, and part of it has been implemented. Hospitals do not allow the promotion of breast-milk substitutes, and rooming-in and limitations on the use of feeding bottles are part of the standard approach to breast-feeding promotion. A national survey in 1987 showed little, if any, change in breast-feeding patterns, which favour early cessation and introduction of solid foods. Among the activities in the national breast-feeding strategy is a seminar for health professionals.

49. The International Code has been distributed to health professionals and educators in Belize, where promotion of breast-milk substitutes is not allowed in hospitals. There are no standards regulating the marketing of substitutes; the basis of the national breast-feeding promotion campaign, for which the Ministry of Health and the Breast is Best League are responsible, is to encourage mothers to breast-feed their babies fully from birth to six months.

50. As part of its action to give effect to the International Code, the Ministry of Health in Brazil, through the national institute of food and nutrition, established a committee responsible for drawing up a national code of marketing of breast-milk substitutes. Representatives of paediatric and nutrition societies, consumers’ associations, the food industry, and governmental and other nongovernmental groups took part, and by March 1988 publication and implementation was agreed among the interested parties. The national code was formally adopted by the National Council of Health in December 1988 as “Norms for the marketing of foods for the nursing child”.

51. The International Code has been distributed to health personnel in the British Virgin Islands, although it has not been adopted as law. A national breast-feeding promotion committee exists, but meets only infrequently. The promotion of breast-milk substitutes or
distribution of samples of these products are not permitted in hospitals. Rooming-in, feeding on demand and limitations on bottle-feeding are the practices used to encourage breast-feeding. Education of health personnel and the general public, monitoring of the marketing of breast-milk substitutes and strengthening of health care practices are the basic components of the breast-feeding strategy being followed.

52. The Government of Bolivia reports that its national breast-feeding committee is working to introduce legislation to make more effective implementation of the International Code. A national code on this basis was drawn up by an interministerial committee, with the participation of health professional associations and the infant-food industry, and adopted and distributed to concerned parties in 1984; nevertheless promotion and distribution of breast-milk substitutes frequently takes place in clinics and hospitals. Education through the mass media and health worker training are among the main initiatives taken recently by two national breast-feeding associations, in collaboration with the Government.

53. In addition to the national information programme in Canada on breast-feeding, including alerting health workers to the existence of the International Code and its endorsement by the Government, the federal health authorities have been promoting the application of the international Code by discontinuing the distribution of samples of infant formula in hospitals under federal jurisdiction. The provinces of Quebec and Newfoundland and Labrador have adopted similar policies. The advertising of breast-milk substitutes to the general public through the printed media has been discontinued by voluntary agreement between magazine publishers and the infant-food industry. These efforts have been complemented by citizen action groups such as the Infant Feeding Action Coalition. The Minister of National Health and Welfare stresses dialogue and consultation with the infant-food industry, and brings contraventions of the Code to the attention of both individual manufacturers and the Canadian Infant Formula Association.

54. Revised Regulations covering quality aspects and labelling requirements in respect of "human milk substitutes" (infant formulas) were issued in 1983.1 In 1984 the Government of Canada added feeding bottle nipples (teats)2 to the list of hazardous products in Part II of the Schedule to the Hazardous Products Act.3 At the same time, it made regulations permitting the advertising, sale and importation of these products provided they do not contain more than 30 µg/kg total volatile N-nitrosamines, as determined by methylene chloride extraction. These Regulations were subsequently amended in 19854 to reduce the level to 10 µg/kg, as determined by dichloromethane extraction.

55. In 1982 the Ministry of Public Health of Chile published new Health Regulations5 governing foods, including a separate Chapter dealing with infant foods. There are specific provisions relating to quality, labelling, storage and use, as well as concerning the marking of the production date and expiry date on the container. The Regulations require the labels of all milk-based infant foods to bear the legend "This food is not a substitute for breast milk". The use in labelling or advertising of such terms as "humanized", "maternalized", or any other terms that might suggest to the consumer that the products can be used as substitutes for breast milk, is prohibited. There are also specific provisions dealing with infant formulas. It being specified that these are products that fulfill the nutritional requirements of suckling infants when breast-feeding is impossible or there is insufficient breast milk available.

2 Feeding bottles and teats are included within the scope of the International Code, under Article 2.
56. Despite the stringent standards\(^1\) regulating the labelling, packaging and marketing of breast-milk substitutes adopted as law in Colombia in 1980, the Government reports that the promotion of these products is still carried out in almost all maternitys and that free samples are requested and accepted in most hospitals and clinics.

57. In Costa Rica a national code of marketing of breast-milk substitutes, based on the International Code, has been drawn up by a technical group and approved by the Ministry of Health. A Decree\(^2\) of 22 March 1988 laid down that "maternalized" milks and their substitutes must be duly registered with the Department of Medicaments, Control, and Registration of the Ministry of Health. Such products may be supplied only in pharmaceutical establishments duly registered with the Department and may not be sold in any other type of establishment. Directors of pharmaceutical establishments are required to ensure that such products are properly stored. The National Commission on Breast-feeding is responsible inter alia for ensuring that the information disseminated by the various media on breast milk and breast-milk substitutes is not prejudicial to breast-feeding.

58. The regulation of the marketing of breast-milk substitutes in Cuba is part of national health policy. The International Code has been adopted and distributed to the Ministries of Public Health and Food Industry, and to the National Committee on Standardization (Health Division). The promotion of breast-milk substitutes is not permitted in the country. The main activities to promote breast-feeding during the last two years, which are coordinated with the Ministry of Education and related institutions, include education through the mass media, introduction of a breast-feeding module in the curriculum of medical and nursing schools, label modification on the only breast-milk substitute sold in the country and regulation for its purchase with a medical prescription, and testing of a national survey of breast-feeding prevalence. The Federation of Cuban Women and La Leche League organize activities similar to those undertaken by a national breast-feeding promotion committee.

59. A survey conducted in 1988 in Dominica showed that while 93% of infants are fed breast milk exclusively at one month of age, only 25% are at three months. The International Code has been distributed to senior health personnel, although it has not been formally adopted. Promotion of breast-milk substitutes is not permitted in hospitals; bottle-feeding is discouraged while rooming-in and feeding on demand are encouraged.

60. A regional consultation on the formulation of legislation concerning the appropriate marketing and distribution of breast-milk substitutes was held in December 1982 with the participation of health authorities from Dominica, Grenada, Saint Vincent and the Grenadines, and the Turks and Caicos Islands, and with the collaboration of the Pan American Health Organization's Caribbean Food and Nutrition Institute (CFNI).

61. Breast-feeding was established as a health programme in 1989 in the Dominican Republic, where the International Code has been adopted and distributed. The promotion of breast-milk substitutes nevertheless takes place if hospital directors give their approval; samples are still requested and accepted. In addition to existing paid maternity leave, a proposal was put forward in 1986 to allow working women an extra hour for breast-feeding. Breast-feeding promotion includes guidance, rooming-in, on-demand feeding, human milk-banking and postnatal follow-up. Breast-feeding workshops have been held for 80% of community health workers, and courses are being planned for physicians.

62. In Ecuador Regulations on the marketing of formulas for infants and young children under one year of age were published in the official gazette in 1983.\(^3\) The regulations provide that official approval has to be obtained from the health authorities before marketing and advertising can be undertaken. Labels, in Spanish, are required to state clearly that the


products do not replace mother's milk and have to be prepared exactly in accordance with instructions. The use of such terms as "humanized" and "maternalized" and of pictures implying that the product in question replaces mother's milk or is just as good are prohibited. Advertising of breast-milk substitutes can be directed only to paediatricians and only through the scientific literature; all forms of advertising to the general public are strictly forbidden.

63. Regulations in El Salvador for the marketing of breast-milk substitutes follow the International Code, although they have not been adopted as legislation. Breast-milk substitutes are sold under medical prescription, and there is no promotion in this regard in hospitals.

64. A national breast-feeding promotion strategy was developed in 1989 in Grenada, which includes an emphasis on institutionalizing rooming-in and discouraging bottle-feeding in maternities and improving nurses' training. The International Code has been distributed to nurses, although there are no formal standards to control the marketing of breast-milk substitutes. Their promotion in maternities is in any case not permitted.

65. In Guatemala a draft code of marketing of breast-milk substitutes submitted for approval to the presidency of the Republic by the National Commission on Breast-feeding came into force following its publication as an official decree in 1983. Among its main provisions, which are modelled on the International Code, are those concerning informational and educational materials for mothers, their donation, and the donation of equipment; marketing to the general public and mothers; health care systems and health workers; marketing personnel; and labelling. The code has been distributed to doctors and other health personnel, all ministries, and members of the national committee for the promotion of breast-feeding. Breast-milk substitutes are not promoted in hospitals; however, samples are still distributed to doctors.

66. The Council of Ministers in Haiti was due to approve, before the Thirty-sixth World Health Assembly in 1983, a draft regulation based on the provisions of the International Code.

67. The promotion of breast-milk substitutes continues in private clinics in Honduras, in contrast to government clinics where samples are not accepted. Recent data indicate that, while 99.7% of infants are breast-fed at birth, only 41% are being fed only breast milk at one month of age.

68. In Mexico Regulations published in January 1988 for the implementation of the General Law on health in the fields of the health control of activities, establishments, products and services include chapters on milk, milk products and derivatives, and substitutes and imitations, and on foods for infants and young children. Accordingly, the Secretariat for Health is required to establish appropriate measures for the promotion of breast-feeding, while medical care units in the health sector are required to refrain from promoting the use of breast-milk substitutes. The employment in such units of representatives of professional departments, maternity nurses, or similar staff paid by manufacturers of infant formulas is prohibited. The regulations lay down detailed provisions on the content of infant formulas in vitamins, minerals, choline, proteins, fats, and linoleic acid, while microbiological specifications are to be set out in an appropriate standard. Provisions are also laid down on the labelling of formulas (which apply in addition to those of the above-mentioned law). The requirements contained in these provisions include the following: the product is to be termed "infant formula" or "infant formula in powdered form", or referred to by other terms stating the true nature of the food; a legend must be carried stating the superiority of breast milk; and terms such as "humanized", "maternalized" or the like may not be employed. However, the Government reports that the promotion of breast-milk substitutes continues in hospitals and clinics, and that samples are distributed directly by promoters.

69. In Montserrat there are no regulations concerning the marketing of breast-milk substitutes; roaming-in, discouragement of bottle-feeding, and encouragement of breast-feeding in the maternity wards are among the main activities to promote breast-feeding. Promotion of breast-milk substitutes is restricted; infant-formula samples, however, are accepted.

70. The Law\(^1\) regulating the marketing of breast-milk substitutes in Nicaragua has been adopted and distributed; it prohibits the promotion of artificial feeding, including advertising of products via the mass media. The law requires that all labels bear the slogan "breast milk is best" in addition to precise, clear instructions regarding correct preparation and hygienic handling. The use, composition, price and distribution of breast-milk substitutes, considered as medical supplies, are monitored by an intersectoral committee on pharmaceutical products, while quality control of imported products, and of the stocks kept by wholesale and retail distributors, is carried out by the National Institute of Hygiene and Epidemiology. The reformulation and implementation of a plan to protect and promote breast-feeding began in 1988, including revival of national committees, holding of workshops and design of an infant-feeding survey.

71. The Government of Panama reports that many elements of the International Code are being implemented through the activities of the health sector. At the same time, a number of its provisions were to have been incorporated in a revision of the national health code. The International Code has been distributed to health education personnel and regulations concerning the marketing of breast-milk substitutes are under study. Promotion of artificial feeding is not permitted, nor may samples of infant formula be distributed.

72. In examining its food standards in relation to Codex Alimentarius standards, the Government of Paraguay used the International Code as a model for the marketing and distribution of breast-milk substitutes. Legislation was planned that would ban the distribution of samples of breast-milk substitutes for infants under six months of age in both the public and private sectors; ban promotion to the general public of infant formula, information being provided solely to health staff; and classify breast-milk substitutes as medicaments, their sale being regulated as such.

73. At the request of the Government of Peru, WHO provided technical support for the review and revision of the 1980 national code of ethics for infant formulas,\(^2\) in collaboration with the Peruvian Paediatric Association and representatives of the infant-food industry. The revision was approved by Supreme Decree No. 20-82-SA of 10 September 1982 prescribing regulations on standards for infant feeding.\(^3\) Rooming-in and breast-feeding education, for example as part of the diarrhoeal diseases control programme, are among the principal measures adopted to promote breast-feeding. The Government reported in 1989 that, despite regulations governing the marketing of breast-milk substitutes, the use of substitutes is promoted in hospitals and samples are distributed.

74. While the aim of the International Code is not explicitly reflected in national health policy in Saint Kitts and Nevis, it is in fact demonstrated in health workers' practices. Advertising or other forms of promotion to the general public of products within the scope of the Code have been infrequent and are not encouraged. To protect and promote breast-feeding, the health authorities have convened relevant workshops, conducted in-service training programmes and, with the help of the CFHI, have developed educational materials for use in health centres, hospitals, schools, doctors' offices, and public places. Donations of infant formula are occasionally received for allergic infants, and their distribution is supervised by health workers. Relevant national legislation is under review.


75. The breast-feeding strategy in Saint Lucia includes education, rooming-in and discouraging bottle-feeding in maternities, and monitoring of the marketing of breast-milk substitutes. The International Code has been distributed to senior health officers, but no regulations have been adopted in this regard.

76. Workshops on breast-feeding were organized in three regions of Suriname in 1982 to bring the International Code to the attention of interested parties and their organizations, including health workers from different levels of the health system, social workers, agricultural extension workers, and representatives of trade unions and women’s organizations. No specific legislative measures have been adopted concerning the marketing and distribution of products within the scope of the Code, which are all imported. Given overall import restrictions since 1983 due to the country’s financial position, however, the Government has indicated that measures are required to ensure a supply of these products for those who need them.

77. In Trinidad and Tobago an ad hoc committee of the Ministry of Health and the Environment, comprising representatives of major health professional, women’s and consumer organizations, collaborated with the government Bureau of Standards in adapting the International Code to local circumstances. All health workers were informed of the Code’s provisions relating to their activities, to enable them to assist in its effective application. While the Adverting Standards Authority advised all advertisers, media agencies and distributors of the Code’s relevance to them, the Food and Drugs Regulations were amended in 1984, notably by the insertion of a new regulation on the labelling of breast-milk substitutes. The Government reports that application of the International Code is monitored by distributors, nongovernmental organizations and consumer groups. Measures for its implementation have also been taken independently by manufacturers and distributors. Alleged breaches of the Code, which are always investigated, are reported to the Ministry of Health and to the concerned manufacturer or distributor. Samples of breast-milk substitutes are not permitted to be distributed in health facilities. There have been violations of this practice, but they are always promptly investigated and the distributor is advised about proper procedures. Donations of supplies of infant formula are made to the Central Stores and not to individual institutions, which then request what they need for infants who have to be fed on breast-milk substitutes. The CFNI has assisted in training health workers and in producing educational materials.

78. In the United States of America the Infant Formula Act of 1980 emphasized safety and nutritional standards for infant formula. It directed the Secretary of Health and Human Services to conduct a review of existing labelling requirements for such products in order to determine their effect on infant nutrition and the proper use of infant formula. The Secretary was also directed to conduct a review of issues concerning the export of infant formula which, if marketed domestically, would not meet the same requirements as are applicable in the United States. In November 1981 the Department formed two task forces to deal with infant formula issues: one which was asked to produce an assessment of scientific evidence relating to problems of infant feeding, including bottle feeding and infant health, and the effects of advertising, marketing and promotion of infant formula on breast-feeding and infant health; and another which studied "the possible applicability, or lack of it, of the [WHO] code’s provisions" in the country.

79. The Government formally transmitted the International Code to United States manufacturers of those products within its scope, along with the Government’s perspectives on the impact of the Code on those companies. Each of the three major companies has its own code of conduct where the marketing of infant formula is concerned, and all three have declared that they will abide by the International Code in the course of their business operations in developing nations, while continuing to review their practices in industrialized countries. The Government has reported that it has not taken legislative action.

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action regarding the provisions of the Code because many of its provisions already have been accepted on a voluntary basis; because it considers that some of its provisions are inappropriate to prevailing economic and social circumstances; and because of certain United States legal and constitutional provisions. The Government has concluded that action by it to enforce particular provisions of the Code is inappropriate in the context of domestic law and policy; it has no objection, however, to voluntary decisions by national companies to adhere to particular provisions of the Code.

80. The Government reports that, in keeping with a voluntary decision not to promote the use of infant formula directly to consumers, until recently none of the companies in question advertised infant formula in the mass media. Promotion of infant formula was done primarily in professional journals and by representatives of manufacturers dealing directly with physicians and other health care professionals. However, in mid-1989 one of the companies began to advertise its product directly to consumers. The American Academy of Pediatrics announced its opposition to such advertising and adopted a policy stating that the Academy would terminate the support it received from any company which promoted its product directly to the public.

81. The U.S. Food and Drug Administration (FDA) and the Consumer Product Safety Commission announced in December 1983 steps to reduce nitrosamines found in rubber baby-bottle nipples (tees) and pacifiers (dummies) to the lowest possible level. Data show that nitrosamines, which are formed during the manufacturing process, can migrate into milk or other food or through direct saliva contact and be ingested. The action level set by the FDA require manufacturers of nipples to achieve nitrosamine levels below 10 per thousand million.

82. With effect from January 1986, the FDA revised the infant formula nutrient requirements of the Infant Formula Act of 1980, based on the 1983 recommendations of the Committee on Nutrition of the American Academy of Pediatrics, and in the light of the Codex Alimentarius Commission's Recommended International Standard for Infant Formula. The FDA published new labelling requirements, effective on the same date, dealing with proper preparation and use and medical supervision. The FDA has also established the terms and conditions under which certain specialty infant formulas that are intended for use by infants with special medical or dietary needs are exempt from some of the requirements of the Infant Formula Act of 1980.

83. The FDA is proposing, as required by the Drug Enforcement, Education, and Control Act of 1986, to revise its infant formula regulations with respect to record retention, microbiological and nutrient testing, manufacturer's audits, and consumer complaints. The proposed revisions would result in new, more detailed record retention provisions for the infant-formula industry and would help ensure a safe, wholesome, and sanitary sole source of nutrition for infants.

84. In addition, the FDA is, in accordance with the 1986 Infant Formula amendment to the Federal Food, Drug, and Cosmetic Act, amending its recall regulations for infant formulas. These amendments: (1) specify recall procedures that shall be used by manufacturers in removing from the marketplace adulterated or misbranded infant formula that the agency has determined may present a risk to human health; (2) require a manufacturer recalling an infant formula that presents a risk to human health to request that each retail establishment at which such infant formula is sold or available for sale post a notice of such recall; and (3) establish infant formula distribution records retention requirements.

85. In Uruguay the International Code has been adopted and distributed to health institutions, private industry and professional associations. The marketing of breast-milk substitutes, which are available by medical prescription, is restricted to pharmacies. Substitutes may not be promoted in hospitals and samples may be accepted only by medical doctors.

86. Resolution No. 5 of 16 July 1982 of the the Ministry of Health and Social Welfare in Venezuela adopted requirements to be fulfilled by infant formulas. Accordingly, the superiority of breast milk must be stated on containers, wrappers, labels and accompanying leaflets, and in legends and advertisements for infant formula, as must the fact that the latter may be substituted for breast milk only under medical supervision. Words or illustrations that seek to influence mothers to use these products to the detriment of breast-feeding, or that promote their consumption in an ill-considered manner (de manera carenciosa) and in the absence of medical supervision, are prohibited. Advertising carried out by any communications medium for infant formula must be limited to educational campaigns and must be examined in advance by the Division of Food Hygiene of the Ministry of Health and Social Welfare. Informational material intended for medical and allied health personnel must be scientific in nature. Finally, the promotion of the sale and consumption of infant formula by means of bargain offers, posters, or distribution of samples, or in general any kind of gift, is prohibited. Samples may, however, be distributed to medical and allied health personnel.

The Caribbean Community

87. The International Code received regional endorsement at the Conference of Ministers Responsible for Health of the Caribbean Community (CARICOM), held in July 1981 in Belize. This meeting adopted two resolutions which inter alia urged national action in support of breast-feeding and implementation of the International Code. The CARICOM Secretariat has been mandated to request WHO/UNICEF cooperation to this end. WHO supported the participation of several representatives of regional medico-legal bodies, and provided an expert for a meeting in 1982 of CARICOM's Standing Committee on Medico-Legal Issues, which examined the International Code and recommended to Member countries ways and means of implementing it.

South-East Asia Region

88. Although the Breast-milk Substitutes (Regulation of Marketing) Ordinance was adopted in Bangladesh in 1984, it has not yet come into force for lack of enforcement criteria. WHO and UNICEF have offered to assist in developing these criteria. According to a market survey, the problem lies less with bona fide breast-milk substitutes than with the cheaper tinned full- and half-cream powdered milks, given that the vast majority of people cannot afford the former. The International Centre for Diarrhoeal Disease Research (Bangladesh) is at present attempting to devise a standardized formula in order to improve the quality and safety of artificial feeds prepared from tinned milk powders, in concert with efforts to improve maternal nutrition and promote breast-feeding. Preliminary results of a questionnaire sent to physicians in government and private hospitals indicates that manufacturers' representatives are engaged in aggressive promotion and visit doctors as often as once every two weeks. No information is as yet available about promotion to doctors in private practice.

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89. The Government of Bhutan reports that at least 98% of the mothers in its essentially rural population breast-feed their infants for at least 12 months, and most of these continue for up to three years. There is nevertheless a small, but growing, minority among the wealthier and young women in towns who bottle-feed, usually while continuing to breast-feed. Although there is as yet no legislative control of the marketing of breast-milk substitutes, the Government states that it broadly agrees with the principles and aim of the International Code. It continues to promote breast-feeding and intends to strengthen efforts where dangerous or unacceptable practices are becoming apparent.

90. The Government of India has held consultations with interested parties (health professionals, representatives of the infant-food industry, consumers’ organizations and others) leading to the preparation of its own code. Although based on the International Code, the Indian draft code seeks to strengthen the former instrument in the light of national needs. Thus the title, for example, has been altered; "breast-milk substitutes" is replaced by "infant foods" in order to avoid giving the impression that there could be any real substitute for breast milk. By order of 19 December 1983, the Government adopted the Indian National Code for Protection and Promotion of Breast-feeding as "one aspect of the measures government should undertake to protect and promote the healthy growth and development of infants and young children".

91. To encourage breast-feeding, the Government of India has suspended advertisements of all baby foods on All India Radio and Doordarshan (television). The Minister of State for women and child development has informed the Lok Sabha (lower house of federal parliament) that the states and Union territories have been advised to issue instructions to government health institutions prohibiting the acceptance of free samples of baby foods and feeding bottles from manufacturers or distributors. The Infant Milk Foods and Feeding Bottles (Regulation of Production, Supply and Distribution) Bill, 1986, which seeks to protect and promote breast-feeding, has been passed by the Rajya Sabha (upper house) and was proposed for introduction in the Lok Sabha in the 1989 session.

92. To help counter possible further declines in breast-feeding practice, the Government of Indonesia established an intersectoral committee in 1980 to formulate regulations concerning the marketing of breast-milk substitutes. WHO cooperated with the Government the following year by providing, at the latter's request, a nutrition and legal consultant to advise on ways and means of developing and integrating measures relating to the appropriate marketing and distribution of breast-milk substitutes into national health and legal structures. In 1985 the Government adopted Regulations¹ concerning the manufacture, importation, quality, labelling and marketing of breast-milk substitutes. Prohibitions include the appearance on labels of pictures of babies, pictures or legends tending to idealize the use of breast-milk substitutes, and any promotional activity or advertising of breast-milk substitutes except in the health and medical media. The Director-General of Drug and Food Control was to have laid down guidelines on the marketing practices that may be followed by manufacturers and distributors of breast-milk substitutes, while the Director-General of Medical Services was to have laid down guidelines for health and medical personnel responsible for monitoring the correct use of breast-milk substitutes.

93. Owing to their high cost and limited supply, there is relatively little use of commercially prepared breast-milk substitutes in the Maldives. However, the Ministry of Health is strongly discouraging, through health education, early signs that the use of breast-milk substitutes and bottles and teats have become a status symbol. Health workers and women's organizations are encouraging continued reliance on breast-feeding and home-made weaning foods for the healthy growth and development of children and are promoting the traditional feeding pattern that is embodied in the slogan "From breast to cup and spoon". International proprietary breast-milk substitutes do not provide instructions in the Dhivehi language; hence, in addition to any purely economic considerations, what infant formula is used in the country tends to be over-diluted.

94. In Mongolia "rooming-in" is being successfully introduced in both urban and rural maternity homes and has contributed favourably to early lactation and the establishment of breast-feeding practices. As a first choice in cases where infants are not breast-fed by their mothers, district paediatricians promote the use of donors' milk. Mothers' milk donor units are being organized in maternity homes to facilitate this mutual support among women. In those cases where artificial feeding may be required, breast-milk substitutes are provided through child milk kitchens upon presentation of a doctor's prescription.

95. The Government of Nepal has introduced administrative and legislative measures to implement the International Code. Commercial advertising of breast-milk substitutes and distribution of samples to the public are prohibited. Each container must provide information on date of manufacture, date of expiry, chemical composition, and instructions for use, and should include a statement to the effect that breast milk is superior to artificial feeding for the health of infants. Marketing of evaporated milk products in unlabelled packages is subject to penal sanction. Manufacturers of breast-milk substitutes are not permitted to provide financial inducements or sponsor travel fellowships or scholarships, and the display of their products is not allowed in health care facilities. The Government made public in January 1985 the first draft of a "code of marketing of breast-milk substitutes, supplementary foods, feeding bottles, teats and valves for feeding bottles", which is closely modelled on the International Code.

96. In Sri Lanka amendments to the Consumer Protection Act of 1979\(^1\) require that the container or wrapper of any milk food contain the advice "Doctors say breast-feeding is best" and ban the advertising of "any milk food ... in any visual advertisement in any manner whatsoever or over the radio". The Sri Lanka code for the promotion of breast-feeding and marketing of breast-milk substitutes and related products,\(^2\) based on the International Code, was already accepted in principle by members of the Cabinet in September 1981. However, the Code was only a recommendation until February 1987 when relevant sections pertaining to marketing, advertising and promotion of breast-milk substitutes and related products were gazetted under the Consumer Protection Act to enable effective implementation. The code was published in the English, Sinhala and Tamil languages by the Food and Nutrition Policy Planning Division and distributed among relevant professional and technical personnel, infant-food and feeding-bottle manufacturers and marketing personnel, and the media. A unique feature, in the eyes of the Government, was the printing of 1500 copies of the code by one of the companies. The Intersectoral technical committee, responsible for the overall implementation and monitoring of the national code has developed a mechanism for monitoring the issue of milk supplies provided by distributors; it considers the latter group's compliance in this regard a creditable achievement. Supplies of infant formula can be made available only to mothers whose infants need breast-milk substitutes and can be distributed to them only by health workers.

97. On the occasion of the annual meeting of the Sri Lanka Medical Association in 1989, a one-day conference, with WHO/UNICEF support, on implementation of the International Code considered the relationship between health professionals and infant-food manufacturers. As a result a national scheme has been devised whereby any contributions from manufacturers on behalf of health workers for fellowships, study tours, research grants, attendance at professional conferences and the like are made directly to the Association, which is responsible for disbursements as it sees fit.

98. The Government of Thailand repealed its Code of Advertising and Distribution of Breast-milk Substitutes and Related Products, which had been adopted in 1981 as an advisory measure, because certain provisions were "ambiguous", could be "interpreted in different senses", and needed "revision so that they are more suitable and clearer". A revised code, bearing the same name, was developed with the support of UNICEF and WHO; it contains sections dealing with information and education, product promotion to the general public and mothers, health

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care systems and health workers, marketing personnel, labelling, quality (food and containers), and monitoring and compliance. The code permits the donation of products within its scope, including infant formula, to institutions or agencies, but without any conditions being attached. The use of donated products must be confined to infants who need them, and when donated for use outside an institution or agency the institution or agency and the donor concerned are jointly responsible for ensuring that a continuous supply of products is available as long as the infants in question need them.

European Region

99. The Federal Government of Austria referred the International Code to the health authorities of the states (Länder) for appropriate action. The text of the International Code was widely distributed in 1981 to health authorities, professional associations, health care facilities, and directly to health workers themselves, who were invited to implement it. Both regional and local health authorities in the states are intensifying their activities for the promotion of breast-feeding and education with regard to infant feeding, including the appropriate use of breast-milk substitutes, in hospitals, clinics and health centres. Breast-milk substitutes are considered dietetic foods and are subject to food law regulations. In collaboration with the infant-food industry and paediatricians, the Federal Ministry of Health has drafted a voluntary agreement, first available in 1983, which deals with advertising and the provision of product samples.

100. In Belgium an Order of the Regent of 15 July 1946\(^1\) prohibited all direct or indirect promotion of artificial feeding or the giving of advice or recommendations with a view to inducing pregnant women or mothers not to breast-feed. At the same time, the order charged health care personnel to encourage all mothers to breast-feed and authorized the Ministry of Public Health and the Family to distribute informational and educational materials designed to draw the attention of pregnant women and mothers to the benefits of breast-feeding and the danger of ceasing to breast-feed without good reason. The order remains in force and the attention of all health care personnel working in maternity clinics, hospitals and antenatal clinics was drawn to its provisions with respect to the encouragement of breast-feeding and, in particular, the promotion of breast-milk substitutes, in a circular issued by the Ministry in October 1982.

101. In Bulgaria the production of all foods for infants and children is controlled by the health services. In accordance with the provisions of the International Code the Ministry of Health has reexamined the packaging of infant foods; the instructions provided for their use and publicity; the constituents of breast-milk substitutes; and the frequency and duration of breast-feeding and health education on the subject. Measures have been introduced through health education to restrict the use of breast-milk substitutes, which are distributed through pharmaceutical and trade networks. The advertising of these products is prohibited and their packaging and labelling are required to indicate that breast milk is the preferred food for young infants. Producers have no contact either with parents or with doctors, and the giving of samples or gifts to parents or health workers is a practice unknown in the country.

102. In Czechoslovakia the State controls the industrial production of breast-milk substitutes. Methods used to promote breast-feeding include the provision of information for the general population, and mothers and health workers in particular; and intensification of the study of infant and young child nutrition, in cooperation with firms manufacturing foods for infants and young children, together with closer control of the products they manufacture. Breast-milk substitutes, which may not be advertised, are available only on a doctor's recommendation to women whose own milk is insufficient.

103. In 1981 the Government of Denmark amended\(^1\) its original 1971 Order on breast-milk substitutes with particular reference to labelling, including such elements as composition, minimum shelf-life, directions for storage and use, identification of the manufacturing or packaging firm, and place of product origin. The Ministry of the Interior established an intersectoral working group to consider implementation of the various elements of the International Code. Extensive discussions have thus taken place between national authorities and representatives of health workers' organizations, consumer groups, and the Association of Danish Producers of Dietetic Products (SEDAN) concerning the adaptation of the International Code to local conditions. The Ministry of Health announced in 1984 the adoption of a voluntary agreement with SEDAN which provided for a halt in advertising breast-milk substitutes to the general public, and a change in product labelling practices, including removal of pictures of infants and inclusion of a recommendation concerning the importance of consulting a health worker before using breast-milk substitutes. The infant-food industry announced that it would abide by the terms of the national agreement in respect of its marketing practices abroad. A meeting is held once a year for all parties to the 1984 agreement to evaluate its observance and its overall effectiveness. In addition to excerpts published immediately following its adoption, a complete translation of the Code into Danish has been prepared.

104. Order No. 51 of 10 February 1986 permits the sale in Denmark of dummies and teats for infant-feeding bottles provided that they do not release a quantity of N-nitrosamines greater than 5 \(\mu g/kg\) of rubber or a quantity of "nitrosatable" substances higher than 50 \(\mu g/kg\) of rubber, as specified in the method defined in the Annex.\(^2\)

105. In Finland an agreement entitled "Ethical standards concerning marketing of infant foods" was concluded in 1979 between the Finnish Paediatric Association and the infant-food industry. It provides that there should be no television advertising of breast-milk substitutes; that brochures and instructions concerning breast-milk substitutes should be distributed mainly through health personnel; and that sales promotion of breast-milk substitutes involving lowered prices and samples to consumers should not be allowed. In 1982 the National Board of Health issued a set of recommendations on measures to be taken within the health sector for the implementation of the International Code. The responsibilities of health workers under the Code are outlined in connection with the latter's in-service training. Health care personnel were already advised in 1978 that they should rely primarily on Government-approved education materials and that such materials as may be provided by commercial firms should be used only as information concerning specific products. In 1985 the Ministry of Social Affairs and Health established an ad hoc working group to decide on the most appropriate ways and means of giving effect to certain aspects of the International Code. Among the points considered by this group was the significance, in the national context, of the provisions of the Code dealing with the donation or low-price sale to institutions or organizations of infant formula or other products within its scope (Article 6, paragraphs 6 and 7). The working group decided that the International Code should be implemented in Finland through a voluntary agreement between state and local authorities and the infant-food industry, paediatricians and nursing personnel.

106. Portions of the Government of Finland's Infant Foods Ordinance\(^3\) of 29 October 1981 are of direct relevance to the International Code, including chapters dealing with quality and composition; manufacture, storage and transport; and labelling. The National Board of Health in 1983 adopted a Decree on the composition of infant foods and of breast-milk substitutes and on instructions for their use.\(^4\) A Decree establishing microbiological

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quality criteria for infant foods was issued in December 1984.¹ A January 1988 National Board of Health Decree² introduced amendments to a previous decree on the composition of infant foods and of breast-milk substitutes intended for children, who, by reason of disease, require a special diet. The amendments set out maximum and minimum levels of minerals, vitamins, and choline per MJ. They also apply to enrichment of breast-milk substitutes and standards of identity and purity and directions for use and recommendations as to the uses, age of the consumer and method of preparation. Special mention is to be made in the directions for use if the breast-milk substitute intended for children requiring a special diet meets only part of their nutritional requirements.

107. In France nine producers and distributors of breast-milk substitutes have agreed to recommendations formulated by the Committee on Nutrition of the French Paediatric Society in 1979. The Government has also given effect to the International Code through a variety of measures including a review of health workers' training curricula to increase emphasis on the nutritional needs of infants and young children, the advantages of breast milk over artificial feeding, and breast-feeding techniques; the introduction of rooming-in in maternity clinics as a means of facilitating breast-feeding; providing information to health care personnel and to the general public on the advantages of breast-feeding and related techniques; and issuing reminders to breast-milk substitutes manufacturers concerning existing legislation with respect to product samples and low-price sales. France awaits a decision by the European Community (see below) concerning the use of the term "maternalized" for certain types of milk before adopting national measures in this respect.

108. An Order² in France of 28 April 1988 fixed the characteristics of dietetic milk foods for infants and dietary foods for infants that may be sold by retail and supplied in any way to the public only by pharmacists. By "dietetic milk foods for infants" is meant those milk preparations that meet the nutritional needs of a normal infant (up to four months old) under conditions approaching as closely as possible those of breast-feeding, within the framework of an exclusively milk-based diet during the first months and a diversified diet subsequently. An order issued the following June lays down that the above provisions are to apply to milk foods (with hydrolyzed proteins) for infants up to four months old; and to dietary foods for infants up to four months old suffering from metabolic or nutritional disorders, in order to meet their special requirements.

109. The Government of the German Democratic Republic insists that industrially manufactured foods intended for infants under 4-6 months of age who do not breast-feed be referred to as "partially adapted" foods, and not as "breast-milk substitutes", in the belief that no true substitute exists where breast milk is concerned. There is no advertising for infant foods in the country; labels must conform to standards laid down by the state health authorities which prohibit the use of "humanized" and similar product description terms, or the suggestion that the products are equivalent or superior to breast milk. The use of breast-milk substitutes is subject to paediatric control; they are regularly monitored by the national health service and can be marketed only with Ministry of Health approval. The manufacture of breast-milk substitutes and other baby foods is subject to stringent requirements and complies with relevant Codex recommendations. The packaging of such products carries information on the advantages of mother's milk and breast-feeding.

110. "The principles of fair competition in the dietetic food industry" have governed the marketing and distribution of breast-milk substitutes in the Federal Republic of Germany since their adoption by the Federal Trade Commission in 1964. Following the adoption of the International Code the German Paediatric Association and the Federal Association of Dietetic Food Industries submitted to the federal health authorities a joint agreement on voluntary advertising restrictions for the protection of breast-feeding. This agreement, which took

effect on 1 July 1982, determines in particular the kind and range of distribution of samples of breast-milk substitutes, and supplements the Principles referred to above. The Ministry for Youth, Family Affairs, Women and Health translated the International Code into German and brought it to the attention of the state (Land) health authorities. The Code was also sent to the German Hospital Association and to the German Society for Gynaecology and Birth Assistance in order to advise their members about their responsibilities as health workers and members of the health care system, especially with regard to information.

111. On a related matter, the Federal Government has imposed controls on the manufacture and sale of tests and dummies in order to limit infant exposure to N-nitrosamines. The Order on Nitrosamines in Consumer Goods of 15 December 1982\(^1\) prohibits the sale of feeding bottle tests and dummies whose manufacture results in the presence of N-nitrosamines in amounts greater than 0.01 mg per kg of the elastomer component; and of nitrosifiable substances, determined as N-nitrosamines, in amounts of more than 0.2 mg per kg of the elastomer component, being released into the test solution under the conditions set out in the Order. It is further planned to lower the permissible levels of N-nitrosamines when the requisite technology has been developed.

112. Industrially manufactured breast-milk substitutes are available in Hungary, free of charge and on a prescription basis only, to those in need. After the adoption of the International Code, the Ministry of Health held discussions with the single national manufacturer of infant formula with a view to instituting a total ban on the advertising and promotion of its products to the general public. Since 1982 labels of single containers must include information concerning the advantages of breast-feeding in conformity with the relevant provisions of the International Code. For plain milk powders, also available in pharmacies, it must be stated that they are suitable only for infants over four months of age. Pictures of infants on labels have been discontinued.

113. After the adoption of the International Code, the Department of Health in Ireland gathered information it considered necessary to establish the measures required to control the marketing and distribution techniques of manufacturers and distributors of breast-milk substitutes. Two surveys were carried out: one concerning the marketing and distribution techniques for these products; and another to establish the relationship, if any, between causes of gastroenteritis in children under two years of age and artificial feeding practices.

114. The Department of Health proceeded with the development of a Code of practices for the marketing of infant formulae in the Republic of Ireland, in consultation with the appropriate groups responsible for infant and young child feeding. Based on the principles and aim of the International Code, and reflecting the legal, epidemiological, social and economic circumstances relating to the use and marketing of infant formulas in the country, the code was adopted on 21 December 1982. A feature of the code was the establishment of a committee to monitor its application that is composed of experts in infant feeding and child care nominated by their organizations, officials from the Department of Health, the Irish Congress of Trade Unions, and representatives of the infant-food industry.

115. The second edition of the Code of Practices, which was published in January 1988, states in its preface that it is a "revised and improved text"; that "the changes in substance found to be necessary have strengthened it; and that "the Committee established to monitor the implementation of the Code will exercise even closer control under the terms of the Second Edition". The Department explained that the purpose of the Code is to recognize the reality that a number of mothers choose not, or may not be able, to breast-feed, but at the same time to control the supply of infant formula so as to ensure that breast-feeding is still seen as the best way for mothers to feed their babies.

116. In Israel, where the Ministry of Health adopted WHO recommendations on labelling of breast-milk substitutes in 1983, the Government reports that both domestic and foreign suppliers of these products have responded favourably to the Ministry's request to label these foods accordingly. A legal regulation based on these recommendations, moreover, is in preparation. All containers of infant formula must carry a notice in Hebrew which reads as follows: "For your attention: breast milk is the best food for the infant. When mother's milk is insufficient, or when breast-feeding is impossible, you should give the infant appropriate food". The use of terms such as "humanized", "maternalized" and the like have not been permitted for many years. No pictures of babies are allowed on labels or containers.

117. In Italy national legislation (1953, 1971) regulating the manufacture and distribution of breast-milk substitutes requires that each product be licensed by the Ministry of Health, which is responsible, in particular, for product composition, packaging and labelling. In accordance with the Ministry's recommendation, many labels now include a statement concerning the advantages and superiority of breast-feeding. The Government, which considers the International Code to be a recommendation for action rather than a law to be enforced, believes that the Code has greatly increased awareness of the need to protect breast-feeding and led to a number of practical steps being taken, for example where the re-design of product labels is concerned. Data on nationwide breast-feeding trends have not been available for more than 20 years. However, the stationary trend in sales of breast-milk substitutes over the past decade suggests that the overall breast-feeding situation is fairly constant. Recent studies conducted in various parts of the country show considerable variations in the frequency and duration of breast-feeding between regions and towns. The Ministry of Health continues to bear in mind the provisions of the International Code when licensing infant food products, in so far as they are not at variance with national legislation or EEC directives. A clearer position on this matter will be taken when the overall Community policy concerning implementation of the Code has been defined (see below).

118. By a circular dated 6 April 1982 to the health authorities of all provinces and prefectures, the Ministry of Public Health in Morocco recommended that mothers continue to be encouraged with regard to the advantages and superiority of breast-feeding and made aware of the risks involved in bottle-feeding. The circular further warned against the promotion of any sort of breast-milk substitute in health care facilities; breast-milk substitutes should only be prescribed and their use demonstrated under exceptional circumstances, on a case-by-case basis. The International Code has been widely distributed among health personnel.

119. The Government of Malta reported in October 1987 that a Bill of law, giving full effect to the provisions of the International Code was at an advanced stage of development. The Department of Health published a booklet on breast-feeding in 1984 and more are planned in collaboration with nongovernmental organizations. The Chief Medical Officer has said that, although not encouraged, product samples and other gifts are probably still given to health workers. Promotion of products within the scope of the Code is not permitted on Department of Health premises even if some materials are provided by distributors to health workers. Distribution of samples and gifts to mothers is probably still done outside premises and the Department is considering what action it will take to put a stop to this practice.

120. Legislation in Monaco provides for additional leave time and a cash benefit for mothers who breast-feed their infants. The only publicity for breast-milk substitutes, which is described as highly restricted, occurs on television or in newspapers.

121. The Netherlands Inspection Institute for Milk and Milk Products issued guidelines in 1981 for the labelling of infant formula. With regard to advertising, Dutch manufacturers of infant formula agreed in the same year to refrain from all such activities. A body was set up to investigate complaints concerning violations of the advertising code drawn up by representatives of advertising firms and consumer organizations. However, its terms of reference do not extend to radio and television advertising. The Government has urged manufacturers to avoid providing samples of infant formula, as well as gifts in general, to young or expectant mothers. It has also urged manufacturers and exporters of breast-milk substitutes to abide by the Code's provisions concerning advertising and other forms of
promotion. Copies of the International Code have been distributed to health workers whose responsibilities include maternal and child care.

122. The Infant Foods (Agricultural Quality) Regulations were issued in 1984\(^1\) in pursuance of the Infant Foods (Agricultural Quality) Decree. Some of the provisions (including certain dealing with labelling) are based on the corresponding provisions of the International Code. In July 1987 a decree on infant formulae and follow-up milks was published, thereby incorporating into national law Articles 9 and 10 of the International Code, on labelling and quality respectively. The private sector and the Chief Inspectorate of Health are monitoring application of the Code, especially as it relates to the health care system. The Government awaits a decision by the European Commission concerning the adoption of a unifying directive on Infant formulae and follow-up milks. The European Parliament has called for adoption of the major provisions of the International Code, a position that the Dutch Government strongly supports (see below).

123. Following the adoption of the International Code, the decision was taken in Norway to implement it through voluntary agreements to be concluded with those parties most directly concerned. Thus, a voluntary code of marketing of breast-milk substitutes was signed by the Government and the two national manufacturers of infant formula on 6 April 1983. "Guidelines for Healthy Infant Feeding Practices", which were agreed in meetings between the Directorate of Health and representatives of the five main health worker organizations in Norway, have also come into force. Taken together, these two agreements cover all of the provisions of the International Code, with some adjustments made to allow for national circumstances. Also in 1983 the Government issued Regulations concerning the production and offer for sale of foods for infants and young children (0-3 years).\(^2\) They include provisions on marketing methods, quality and hygiene, additives, labelling, nutritional value, and information on conservation.

124. The International Code has been distributed in Poland to the relevant centres and institutions, and appropriate recommendations have been issued to ensure compliance with its principles.

125. The International Code was adopted by Portugal in the form of a national code of ethics with effect from 1 November 1981. To make the code known and monitor its application, a standing committee was set up, composed of representatives of the health services, scientific associations, professional groups and the industry. Despite some initial difficulties, a preliminary evaluation carried out in 1982 showed that the objectives of the national code had in general been achieved. It was nevertheless modified in 1983 so as to eliminate the supply of samples and new formula products to doctors and health services. One of the problems remaining to be solved was the advertising on television and elsewhere of feeding bottles. Section 7, on the special responsibilities of the States, of the Law\(^3\) of 5 April 1984 on the protection of maternity and paternity lays down that one of the State’s duties is to introduce the necessary amendment to legislation on the manufacture, marketing and advertising of dietetic products for children under 12 months of age, in order to increase breast-feeding. The enabling provisions (Section 24) of the Law lay down that the Government may issue regulations to this effect.

126. Following the adoption of the International Code, a national interdisciplinary conference was organized in Romania, with the participation of obstetricians, paediatricians and nutritionists, during which measures for the promotion of breast-feeding and the appropriate use of breast-milk substitutes were developed. The Ministry of Health reports that, in 1983-1984, most of the provisions of the International Code, as well as relevant Codex standards, were integrated into the national food standards for which the ministries of

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health, agriculture, and food industries are responsible. The Ministry of Health, in collaboration with the Institute for Maternal and Child Health Protection and the Institute of Hygiene and Public Health, monitor the application of these standards, including as regards labelling and distribution.

127. In Spain amendments were issued in 1982 to Technical Health Regulations on the preparation and marketing of, and trade in, food preparations for special dietary uses. They include provisions with respect to marking, labelling and advertising and state inter alia that, "in view of their use and special characteristics, such products cannot be marketed and advertised by methods which do not take into account their composition and dietary use ... Breast-feeding shall under no circumstances be disparaged". They further provide that "no form of declaration of properties may be made which, directly or indirectly, may lead mothers to refrain from breast-feeding their children, or imply that alternative or complementary foods are superior". A number of other provisions deal with the prohibition of the giving of gifts to persons involved in the acquisition, prescription, sale, supply or administration of such products, and restrictions on contributions for meetings and the distribution of prizes, bursaries and study travel.

128. As early as 1966 a document entitled "Medical standards for marketing of infant foods" was prepared in Sweden by a group of paediatricians and others as a guide for the infant-food industry. Among its main provisions, the document recommended against the advertising of breast-milk substitutes to the public or families, special discount offers, the advertising of other infant foods to consumers before infants reach three months of age, and the free distribution of infant foods and similar promotional measures. A number of slight revisions were introduced in 1975 and again in 1981.

129. In 1978 the National Board of Health and Welfare in Sweden issued Instructions on the desirability of avoiding the use of breast-milk substitutes during the first week of life; ensuring that, as far as possible, neonates receive breast milk, and that large maternity departments provide a nurse-midwife to instruct mothers and health personnel on breast-feeding and the collection of breast milk. Following consultations with the National Board for Consumer Policies and the National Food Administration, the Swedish Board of Health and Welfare drafted a national code of marketing of breast-milk substitutes, which conforms to the International Code in all essential matters. It has, however, been adapted to the Swedish market situation and to existing official regulations.

130. The Swedish Regulations of 2 May 1983 were issued for the guidance of health and medical care personnel on the implementation of the International Code, in particular in respect of infants up to the age of six months. They include sections dealing with information and education on infant feeding; the health and medical care systems; and health and medical care personnel. In addition, the National Board of Health and Welfare has, in consultation with the National Board for Consumer Policies and the National Food Administration, formulated general recommendations concerning the implementation of the International Code in Sweden. A voluntary agreement between the infant-food industry and the Government was signed on 24 November 1983. General Recommendations No. 9 of 10 March 1986 of the National Board of Health and Welfare on regional and national reports concerning breast-feeding supplement the May 1983 recommendations for health care and nursing personnel on the implementation of the International Code. The recommendations, which were formulated after consulting the Association of County Councils, concern the re-introduction, after its suspension in 1975, of the submission by child-care services of regional statistics on breast-feeding.

131. Following the adoption of the International Code, the Government of Switzerland held consultations with health professionals and representatives of the infant-food industry with a view to formulating guidelines for the marketing and distribution of breast-milk substitutes. The major producers and marketers of breast-milk substitutes drew up and published in January 1982 a code of conduct on marketing breast-milk substitutes, in collaboration with the Federal Health Office and the Federation of Swiss Physicians. In addition to a statement of basic principles and a definition of breast-milk substitutes, the code has three operative sections dealing with labelling, contact with mothers, and contact with physicians and allied health personnel. With regard to samples, the code states that the signatory companies undertake to refrain from any unsolicited distribution of breast-milk substitutes during the first three months following the birth of an infant. In order to ensure that mothers are in no way discouraged from breast-feeding, decisions regarding the use of samples or free supplies of product, made available by manufacturers for hospital use, should be reached by physicians and allied health personnel acting independently and in the light of circumstances.

132. The preparation of an amendment to the regulations governing foodstuffs began in Turkey in 1981; the proposed amendment included a number of sections dealing with the quality and marketing of infant foods. The draft provisions stipulated that breast-milk substitutes may not be advertised via the mass media and ban the distribution of samples, with the exception of those provided to doctors and health organizations engaged in research. All packages and related information are to bear the reminder that breast milk is the most suitable form of nutrition in the first months of life, that it is superior to any substitute, and that it meets all of the infant’s nutritional needs during the first four months of life. The provisions concerning mass media advertising were adopted in 1982. The Ministry of Health and Social Assistance has instructed the governors in whose provinces breast-milk substitutes are produced that they should ensure that labels bear a message to the effect that the products in question should only be used when all efforts to provide an infant with breast milk have failed. Members of regional medical faculties and of the Institutes of Nutrition and Food Sciences have participated in meetings of a national commission formed to consider changes in national food legislation in the light of the provisions of the International Code.

133. In the Union of Soviet Socialist Republics wide coverage is given to the advantages of breast-feeding in the scientific press, health education literature, and in television and radio broadcasts on medical subjects. In cases of insufficient breast milk, steps are taken to secure donor breast milk, especially during the first months of life. There is an adequate range of breast-milk substitutes available for artificial feeding of infants; their advertising is not permitted. Should these products be required, the health worker provides patients with information on their preparation and use. Standards and technical specifications, which are binding on manufacturers, include those for composition, packaging, labelling, transportation and storage for breast-milk substitutes.

134. In the United Kingdom of Great Britain and Northern Ireland the Government’s action with respect to the International Code concerns, firstly, the manufacture and distribution of infant formula and, secondly, the promotion of correct feeding practices through the health care system. With respect to the former, the Food Manufacturers’ Federation, in consultation with the Government, produced a voluntary code of practice for industry, which sets out the measures to be observed by its members. Observance of the provisions of this code is monitored by a committee consisting of representatives of industry and independent members nominated by the Government from health professional and consumer circles. Discussions have also been held with the manufacturers of feeding bottles and teats.

135. With regard to the second-named activity, a circular letter for the guidance of health professionals came into effect on 2 August 1983. The circular reinforces current guidance on infant feeding practices and emphasizes the value of human milk and the responsibility of health workers to promote breast-feeding and to help mothers make an informed choice on feeding their babies. It draws health workers’ attention more specifically to questions which concern them arising from the marketing and distribution of infant formula, such as advertising, donations of equipment and materials, and the provision of samples.
136. In June 1988 the Department of Health of announced a voluntary ban by infant-formula manufacturers of samples of breast-milk substitutes. In so doing, it referred both to the International Code (Article 5) and the report of the Chief Medical Officer's Committee on Medical Aspects of Food Policy. "Present day practice in infant feeding: third report", which was published in January 1988. Both recommended that samples of infant formula should not be given to mothers. At the Government's request the industry has agreed that the time is right to discontinue manufacturers' provision to hospitals of samples and subsidized supplies of infant formula. This change, the announcement said, would be fully in conformity with resolution WHA39.26 adopted by the Health Assembly in 1986 concerning free or low-price supplies of breast-milk substitutes to maternity wards and hospitals. The change was expected to be fully implemented by the end of 1988. Meanwhile, manufacturers agreed to give financial help as their contribution to the new initiative to extend breast-feeding support.

137. The Department of Health also indicated that the two instruments for securing within the United Kingdom the principles and aim of the International Code - Health Circular HC(83)13 and the Food Manufacturers' Code of Practice for the Marketing of Infant Formulas - should be revised and re-issued to take account of this change, and in the light of experience since they came into effect in 1983. A voluntary code for feeding bottles and teats, which are also within the scope (Article 2) of the Code, is under discussion.

138. Breast-milk substitutes are produced in Yugoslavia by a single manufacturer in accordance with the Code on the Safety of Marketable Dietetic Foods, and are sold exclusively through pharmacies. There is no direct contact between the manufacturer and mothers for sales purposes, nor are the products advertised through the mass media. Contacts concerning product information, testing, and experiences in artificial feeding of infants are limited to health workers. Pharmacy windows often exhibit these products and, occasionally, posters providing on-the-spot information concerning them.

139. In cooperation with health workers, the manufacturer has prepared a booklet containing practical advice on infant care and development and information on the composition of breast-milk substitutes and instructions for their use. Copies are sent to maternity hospitals and dispensaries, where health workers hand them to mothers. The manufacturer also receives addresses of new mothers from health workers, so that the booklets can be delivered directly. No samples of breast-milk substitutes are provided to mothers either directly or indirectly, nor are products sold at reduced prices. Samples are provided only to medical institutions for research purposes. The labels on some breast-milk substitutes bear the legend "humanized milk" and pictures of infants. These practices are being reviewed in the light of the relevant provisions of the International Code.

European Economic Community

140. In October 19812 and April 19833 the European Parliament adopted resolutions on the International Code, drawn up by the Parliament's Committee on Development Cooperation. These resolutions inter alia endorsed the International Code and called on the European Commission to submit proposals for a directive to ensure uniform application of the Code in Member States4 of the Community and to submit to the Parliament an annual report on application of and compliance with the International Code in the Community and by Community-based firms operating elsewhere in the world. The Parliament also called on the Community and national authorities to take whatever steps were needed to ensure respect for the relevant provisions

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4 Belgium, Denmark, France, Federal Republic of Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, United Kingdom of Great Britain and Northern Ireland.
of the Code as regards breast-milk substitutes exported from the Community; and recommended that the EEC/ACP Joint Committee examine whether any possibility existed for mutual assistance and cooperation between EEC States and the ACP countries in this area, in particular as regards drafting of appropriate legislation for the application of the Code, and monitoring promotional and sales activities.

141. By the end of 1983 the Commission had completed a round of consultations on the subject of breast-milk substitutes with parties concerned, including Member States of the EEC and the Advisory Committee on Foodstuffs, in which agriculture, commerce, consumers, industry, and trade unions were represented. These consultations were to enable the Commission to present a proposal to the Council, composed of representatives of the 12 Member States, for a directive on the composition and labelling of infant formulas and "follow-up milks".

142. In January 1986 the Parliament's Committee on the Environment, Public Health and Consumer Protection adopted a report in which it recommended that the draft Commission Directive on the composition and labelling of infant formulas and "follow-up milks" be amended by the addition of the major provisions of the International Code. The report also stated that where other articles of the Code were not specifically mentioned they should nevertheless be implemented by Member States, including those addressed to health workers.

143. In the light of these views the Commission of the European Communities reconsidered its approach and agreed, in March 1986, to propose a strengthening of the Community commitment to the International Code, first enunciated by the Presidency at the time of the approval of the instrument in May 1981. According to the explanatory note in the Commission's modified proposal, the strengthening is found in the areas of marketing generally, the responsibilities of health care authorities, and advertising. In the first two of these areas the provisions set out follow the principles of the International Code, whereas in the third the Commission was unwilling to propose a prohibition on advertising to the general public of infant formula. It preferred, in the light of the constitutional, legal, social and other considerations applicable within the Community and its Member States, a solution consisting of confining advertising to media specializing in baby care. Given the scope of the amendments involved, the text of the proposal was revised in its entirety.

144. The draft Council Directive on the approximation of the laws of Member States relating to infant formula and follow-up milks (COM (86) 564 final, based on COM (84) 703 final) has not gone forward following the adoption of Council Directive 89/398/EEC of 3 May 1989 on the approximation of the laws of Member States relating to foodstuffs intended for particular nutritional uses. This latter framework directive in effect enables the Commission to deal with such products, including infant formula and follow-up milks, via a Commission rather than a Council directive. It is hoped that a directive relating to infant formula and follow-up milks will be adopted by 1 January 1991.

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1 European Economic Community/African, Caribbean and Pacific countries that are signatories to the Lomé Convention.


Council of Europe

145. Just prior to the adoption of the International Code in 1981, a group of 18 parliamentarians of the Council of Europe's Parliamentary Assembly, meeting in Strasbourg from 11-15 May 1981, tabled a written declaration on the then-draft Code. This action resulted from an initiative taken by the Committee on Social and Health Questions during its meeting in Paris the previous April.

146. The written declaration emphasized that, where conditions of storage and sterilization were inadequate and families were often unable to understand instructions on packages, breast-milk substitutes could contribute to major malnutrition problems and morbidity; and that a worldwide campaign should be launched to encourage information and education of parents on the beneficial effects of breast-feeding and to limit and control the promotion and sale of substitute products. The declaration welcomed the Code initiative taken by WHO in cooperation with UNICEF and other specialized bodies of the United Nations, and called on governments of member states of the Council of Europe to give their full support for its rapid adoption as a binding regulation.

Eastern Mediterranean Region

147. In September 1981 a national seminar in Afghanistan on the child and the law organized by the Ministry of Justice reviewed the International Code and the draft national codes of India and Sri Lanka. A meeting of representatives of the ministries of public health, education, justice, trade, and information, as well as other relevant government bodies and WHO and UNICEF country staff, was held the following year under the auspices of the State Planning Committee. Plans were formulated for the preparation of a draft national code of marketing of breast-milk substitutes by the Ministry of Public Health, in cooperation with, in particular, the ministries of justice and trade.

148. In Bahrain a special committee formed by the Ministry of Health has discussed ways and means of enforcing the principles of the International Code, following the adoption by the Ministers of Health of Arab States in the Gulf, in January 1984, of a common draft law (see below) to give effect to it.3

149. Following the adoption of the International Code a committee was established in Cyprus under the Director of the Department of Medical and Health Services to study the Code and adopt provisions to suit national circumstances. The committee, composed of paediatricians, obstetricians/gynaecologists, other health workers, and manufacturers’ representatives, made a number of recommendations for action by the competent government authorities. Meanwhile, district medical officers and health visitors have been asked to take appropriate action to encourage breast-feeding and to stress its advantages and the disadvantages of using breast-milk substitutes.

150. In Democratic Yemen no advertising whatsoever for breast-milk substitutes is permitted. The Government imports a number of breast-milk substitutes which are provided on a state-subsidized basis to infants who require them. The Government promulgated a National Code of Marketing of Infant Foods in January 1985 and has taken steps to establish a national committee for the purpose of monitoring its implementation. The Ministry of Health, in cooperation with the National Drug Company, has revised the list of milk formulas and other

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2 The Council of Ministers of Health of Arab States in the Gulf is composed of representatives from Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates.

infant foods available on the local market, and has taken steps to reduce the number of commercial brands.

151. The Government of Djibouti published Instructions\(^1\) on 19 August 1981 the purpose of which is to provide persons in charge of health facilities with guidelines for the promotion of breast-feeding. They deal inter alia with information and education that is to be provided to pregnant women and mothers concerning the benefits of, and appropriate techniques for commencing and continuing, breast-feeding; maternal nutritional needs, including emphasis on supplementing the maternal diet in preference to feeding the child with breast-milk substitutes; and the introduction of appropriate complementary foods, by means of a cup and a spoon, and the avoidance of bottle-feeding, while continuing breast-feeding until the child is one year old. The instructions also prohibit, in dispensaries, health facilities, and services, any advertising that discourages breast-feeding and suggests that bottle-feeding is preferable.

152. In Egypt Ministry of Health Decision No. 514 (1980) prohibited the display or general distribution of infant foods and breast-milk substitutes or supplements in maternity and other health units; the advertising of breast-milk substitutes by public media; and the importation of breast-milk substitutes except through official channels. The Ministry of Health has established, together with the Egyptian Paediatric Association, a technical committee for the purpose of regulating and limiting the distribution of breast-milk substitutes. Information to discourage mothers from giving newborns any fluids except breast milk, especially during the first few days of life, is widely disseminated. No processed breast-milk substitutes are distributed in hospitals in order to restrict their promotion, nor is advertising permitted in this regard. Subsidies are paid for breast-milk substitutes used by mothers unable to breast-feed their children, so that prices remain within reach of all families, but they are available only through Government outlets in an effort to prevent their promotion from discouraging breast-feeding.

153. The Ministry of Health in the Islamic Republic of Iran has reported that since the Islamic Revolution, in particular, a comprehensive effort has been made to put an end to advertising for breast-milk substitutes. While the importation of powdered milk and milk-based products continues to be permitted, the Government now exercises a monopoly and has reduced to three the number of brands available on the local market. The Ministry of Health expects to provide technical supervision for their local production in conformity with the appropriate international standards, while continuing its emphasis on the encouragement of breast-feeding. Links have been established between the national nutrition committee and the monitoring committee for the purposes of implementing the International Code, and steps are being taken to promulgate a new law to ensure the full implementation of its principles.

154. Iraq's national food and nutrition committee has taken a number of decisions concerning implementation of the International Code, including the types of breast-milk substitutes that should be allowed to be imported into the country. In addition, the Committee has recommended that breast-milk substitutes no longer be sold in places where other milk products are offered for sale.

155. In Jordan a committee was formed to study various aspects of infant and young child feeding. Its recommendations included the adoption of the International Code in its entirety, together with amendments to present legislation as may be required; the registration of infant formula by a specialized subcommittee of the Technical Committee for Drug Control, according to Article 135 of the Pharmacological Practice Law; and the carrying out of inspection and control of prices and storage facilities in shops by the Ministry of Food Supply. The Director of the Department of Pharmacy and Drug Control has been requested to take the necessary action for the implementation of these recommendations.

156. The Ministry of Health in Kuwait provides information via the mass media on the importance of breast-feeding and the hazards of artificial feeding. Posters promoting breast-feeding are featured in all government facilities, while advertising or other forms of promotion of breast-milk substitutes, including the distribution of product samples, are prohibited in maternal and child health centres, as elsewhere in the country. The labels of breast-milk substitutes are required to bear the batch number, date of manufacture, and the date before which the product is to be consumed. Random product samples are tested in public health laboratories to ascertain their level of wholesomeness. A special committee was formed in 1983 to monitor the implementation of the International Code subsequent to the decision of the Ministers of Health of Arab States in the Gulf concerning a common draft law is this respect (see below).

157. In the Libyan Arab Jamahiriya a decision by the Secretary of the People’s Central Committee for Health has been issued restricting the sale of breast-milk substitutes to health care services only, provided that the sale will be against a nominal fee and in accordance with a prescription issued by the physician of the basic health care unit. Breast-milk substitutes are imported by the National Establishment for Drugs which has no direct relationship with the personnel of health centres. The personnel in maternal and child health centres demonstrates the appropriate use of breast-milk substitutes only in those cases where children are in need in order to give effect to the circular of the Department of Community Health prohibiting the distribution of breast-milk substitutes except in cases prescribed by a physician and after a thorough examination of the child and a review of the growth chart. The Department of Community Health intends to implement the principles and aim of the International Code by issuing legislation, as appropriate.

158. The Ministry of Health in Oman is continuing efforts, through health education, to promote breast-feeding and discourage the use of breast-milk substitutes. It is collaborating with the municipalities to control the marketing of breast-milk substitutes, in accordance with the draft common law adopted by the Ministers of Health of Arab States in the Gulf (see below).

159. The Pakistan Paediatric Association’s Committee on the Code of Ethics has drawn up a draft “Code of marketing in Pakistan for infant formula and other products intended for use as breast-milk substitutes”. This draft code was unanimously endorsed by the Sixth Biennial Paediatrics Conference in February 1982 and forwarded to the Ministry of Health for formal action.

160. A number of measures have been taken in Qatar to implement the International Code. Several studies have been prepared on infant and young child nutrition, with the participation of nongovernmental organizations, with a view to raising awareness of the importance of breast-feeding among the general public, and mothers in particular. Seminars for doctors and nurses have been held in which breast-feeding and child nutrition were prominent subjects. Aware of the importance of training and education, the national authorities are setting up centres to teach mothers to prepare infant foods. Such centres have been instructed to recommend breast-feeding and not to provide breast-milk substitutes except under doctor’s orders.

161. The Director-General for Preventive Medicine in Saudi Arabia has brought to the attention of the Ministry of Commerce, and other ministries and agencies concerned, the relevant portions of the International Code concerning the production and marketing of breast-milk substitutes. The Consumers’ Protection Department has been requested to follow up on the subject and specifically to see that labels on breast-milk substitutes are designed in accordance with the Code’s provisions in this respect; that an information leaflet, in Arabic, is attached to each container, stating that the product should not be used without a physician’s advice, and containing directions for correct use; that the composition of products be in conformity with the Kingdom’s relevant food legislation; and that the quality provisions of the Code be properly enforced, including periodic sampling and testing of products from retail shops. The Saudi News Agency has been requested to refrain from any publicity for breast-milk substitutes or other products related to infant and young child feeding. Finally, all primary health care units have been requested to remove from their
promises all signs or advertisements encouraging the use of breast-milk substitutes, and to see that such substitutes are provided only for those infants who genuinely need them.

162. In Somalia the International Code has been translated into the Somali language and reproduced as an annex to the adapted local version of the Manual on Feeding Infants and Young Children originally prepared for the United Nations Protein Advisory Group in 1971 and revised in 1976.

163. Although breast-feeding remains the predominant infant feeding mode in Sudan, surveys show that the sale of breast-milk substitutes is rapidly increasing. Such control as existed in the marketing of breast-milk substitutes lapsed in 1973, when breast-milk substitutes were reclassified as "foodstuffs", rather than "drugs". The Sudanese Paediatric Association voiced its concern in 1981 about the increase in artificial feeding. Steps were planned by the Ministry of Health to promote breast-feeding and to introduce a marketing code.

164. In the Syrian Arab Republic the Ministry of Health set up a committee to study the International Code and to prepare recommendations to the various national authorities concerned with a view to implementing the Health Assembly's resolution in this respect. Steps have been taken to ban completely advertising for breast-milk substitutes by any means whatsoever and, above all, to eliminate advertising for breast-milk substitutes from government establishments. The national pharmaceutical agency, as the sole authority responsible for the importation and distribution of breast-milk substitutes, has been requested to adhere fully to the International Code. The Ministry of Health sent a circular that provides guidance on the protection and promotion of breast-feeding to all health services and to the Ministry of Higher Education. The Ministry has also issued instructions to distributors of breast-milk substitutes concerning their relations with health services; to birth attendants encouraging them to combat the practice of withholding the breast until 24 hours after birth; and to health centres, clinics and pharmacies discouraging the display of placards or posters concerning artificial feeding.

165. The Ministry of Health in Tunisia issued a circular in August 1981 to regional health directors concerning the discontinuance of all advertising for breast-milk substitutes in all facilities under the Ministry's jurisdiction, and of the provision of samples of breast-milk substitutes to medical and paramedical personnel and to families. A national committee composed of representatives of different sectors, including women's organizations, studied the problems of infant feeding in general and, in particular, the adaptation of the International Code to the national context and the regulations already in force.

166. The provisions of Law No. 83-24 of 4 March 1983 apply to quality control, marketing, and information concerning the use of breast-milk substitutes and the distribution of samples of breast-milk substitutes and utensils and articles of such a nature as to promote such products or bottle-feeding: demonstrations of artificial feeding, except by health personnel; and donations or sales at reduced prices of products within the scope of the Law, except to child-care institutions. With regard to labelling, a boxed legend must emphasize the superiority of breast milk, in addition to providing information necessary to prepare the products properly and indicating the disadvantages of inappropriate use. All information must be in Arabic.

167. A Decree adopted in Tunis in November 1984 determined the functions, composition and working procedures of the National Commission for the Promotion of Infant and Young Child Feeding. Among the Commission's tasks are giving its opinion on the marketing authorization for breast-milk substitutes and related products of domestic or foreign manufacture; submitting proposals for hygiene and quality standards and ensuring compliance with them and labelling requirements before granting marketing authorization for breast-milk substitutes and related products; and giving its opinion on donations and sales at reduced price of

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breast-milk substitutes and related products to national institutions engaged in the care of children. The Committee has drawn up a list of brands of breast-milk substitutes that may be imported, and has defined an approach to monitoring to foster implementation of the International Code.

168. The marketing of breast-milk substitutes has been prohibited in hospitals and dispensaries in the United Arab Emirates since 1980. Manufacturers are also prevented from advertising their products. The Government has prepared a draft code for infant and child food. At the request of the Ministry of Health in Abu Dhabi, WHO has commented in detail on its contents, recalling the earlier technical support it provided for a meeting that the Secretariat General of the Council of Health Ministers of Arab Countries of the Gulf Area convened in 1983 in Riyadh to consider implementation of the International Code (see below).

169. In Yemen the Ministry of Health took a number of steps in June 1981 to give effect to the International Code. Yemeni television and radio, for example, ceased broadcasting advertisements for breast-milk substitutes, and all advertising and promotion of breast-milk substitutes in health care centres was suspended. In addition, Yemeni television, assisted by a paediatrician and other health personnel, initiated a campaign to increase awareness among the general public of the advantages of breast milk and the disadvantages of breast-milk substitutes. Finally, the Ministry of Health formed a committee, which included WHO and UNICEF participation, to formulate proposals concerning the marketing of breast-milk substitutes. The resulting draft code for the promotion and protection of breast-feeding and the marketing of foods for infants and young children follows closely the International Code. Other sectors have begun to play an increasingly important part in this activity, particularly with respect to restrictions on the issuance of licences for the production of artificial foods.

The Council of Health Ministers of Arab Countries of the Gulf Area\(^1\)

170. In February 1983 the Secretariat General of the Council of Health Ministers of Arab Countries of the Gulf Area convened a meeting in Riyadh, Saudi Arabia, to consider implementation of the International Code. WHO was requested to provide technical support for this meeting, which reviewed in detail the provisions of the International Code, and made a number of suggestions for amending it to suit the particular needs of member countries.

171. On the basis of a recommendation made by the meeting, the Secretariat General established a committee to consider the International Code and to prepare a common draft law to give effect to it. The draft law, which shows only minor variations from the text of the International Code, was approved by the ministers of health of Arab countries of the Gulf Area during their sixteenth meeting, in January 1984.

The Western Pacific Region

172. There is no commercial advertising of breast-milk substitutes or weaning foods in American Samoa, and the health care system is not involved in any way in their distribution except in the retailing of some medically prescribed infant formulas. While the International Code has not been acknowledged, the practice is to comply with United States federal policies concerning appropriate breast-milk substitutes. There is a growing interest reported among health professionals and some members of the community in support of local legislation to adopt elements of the International Code.

173. The National Health and Medical Research Council (NHMRC) in Australia issued a statement concerning the International Code, which was circulated to all State and Territory health authorities, as was a copy of the Code itself, for consideration and action. A further statement on the use of appropriate breast-milk substitutes, when they are necessary, was also widely circulated. An Australian Code of Practice for the Marketing of Infant Formulas, the result of consultations between the Commonwealth Department of Health and the major

\(^1\) Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates.
manufacturers and marketers of breast-milk substitutes, was adopted in 1983. It is based on the International Code, taking into account conditions prevailing in Australia. The Department of Health has the responsibility for monitoring its implementation at the national level, while the State and Territory health authorities are responsible for ensuring compliance within their jurisdictions. The Australian Code was reviewed and revised in 1985 to bring it more closely in line with the International Code. Where practices not consistent with the Code are reported, the infant-food industry is requested to take appropriate steps.

174. New orders of the Export Control Act have taken into account relevant articles of the international Code concerning the quality and appropriate labelling of all breast-milk substitutes leaving the country. In June 1984, the NHMRC drew attention to the need for further cooperative efforts between the Commonwealth, State and Territory health authorities, and other bodies to give effect to the principles and aim of the International Code. To this end, the Council adopted guidelines on the Code’s implementation that cover public education, pre-natal care, hospital practices, post-hospital discharge, special education for health professionals, and specific indications for the health care sector on how to implement the International Code.  

175. The Government reported in 1989 that there was growing concern that previously achieved goals of restraining inappropriate marketing and distribution practices for breast-milk substitutes may have been recently lost. Although generally speaking there was no direct advertising to the general public of infant formula, the Commonwealth Department of Community Services and Health said that there was unfortunately still indirect promotion, which is outside the spirit of the Code, in the form of sampling and supplies, and provision to mothers through the health care system of booklets which contain product names and information. Where State maternal and infant services were strong and well coordinated, these activities had been restrained. The industry Code of Practice was under review by the Trade Practices Commission; however, not all companies manufacturing or marketing infant formula in Australia were signatories.

176. The Department explained that it had neither the authority nor the resources to investigate all companies in relation to violations of the International Code. Besides the "sampling" referred to above, which was reappearing in some clinics and nurseries under State jurisdiction along with poster displays, it was aware and concerned that "professional service representatives" employed by the infant-formula industry were visiting clinics and that breast-feeding was being demonstrated to all mothers in some institutions. Samples of products within the scope of the Code were being provided to health workers in some States and health workers in one State system were giving samples of infant formula to mothers on the grounds that they expected to receive them. The Department had advised all State and Territory authorities of the provisions of the Code with respect to samples and supplies, and health departments had been requested to remind health workers again of their responsibilities. There were still some problems regarding the restriction of information in professional journals to scientific and factual matters. Such advertising did not always contain the information specified in paragraph 2 of the Code’s Article 4.

177. A working party comprising representatives of State and Territory health authorities, the Australian College of Paediatrics, and the Australian College of Obstetricians and Gynaecologists had developed guidelines to promote breast-feeding and to give effect to the International Code. Copies had been recently reprinted and were distributed widely among health workers along with the International Code and the Industry Code of Practice. All concerned groups and individuals, including professional organizations, consumer groups and other non-governmental agencies such as the Nursing Mothers’ Association of Australia, had been requested to monitor promotional activities in the marketplace and practices in hospitals and clinics, and to report alleged violations. The Commonwealth Department of Community Services and Health no longer had among its functions monitoring for breaches of the Code. The mechanism through which industry self-regulation was to be achieved was under review by the Trade Practices Commission.

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178. In Brunei Darussalam, while there is no legislation dealing with the marketing of breast-milk substitutes, their advertising in the mass media has been stopped. Free milk samples are not distributed in clinics. The Government has implemented parts of the International Code, especially articles 4, 6 and 7, which concern, respectively, information and education, health care systems and health workers. Health education through the media, health clinics and maternity wards has been widely used to promote breast-feeding among pregnant women and mothers of infants and young children. Health authorities are encouraging and protecting breast-feeding by providing appropriate information and advice to health workers. The promotion of infant feeding products is not permitted in health care facilities, nor are company marketing personnel permitted to have contact with mothers in the health care system. Supplies of infant feeding products in hospitals and health clinics are used or distributed only for infants who have to be fed on breast-milk substitutes. Despite these promotional efforts, however, the impression of all concerned is that fewer and fewer mothers are breast-feeding; formula feeding seems to have become the norm. The Government has concluded, therefore, that stronger measures in the form of national legislation and regulations will be needed, as well as involvement of such nongovernmental organizations as women's groups. It is now studying how best to proceed with giving effect to the remainder of the International Code.

179. In China the Ministry of Light Industry convened a meeting on dairy products and children's food. Criteria for breast-milk substitutes and weaning foods were formulated, analytical methods standardized, and issues relating to the use of beans and fish powder as raw materials and their production and marketing discussed. The representative of China at the thirty-eighth session (1987) of the WHO Regional Committee for the Western Pacific reported that a code concerning breast-milk substitutes was being prepared in his country.

180. According to data available in clinics in the Commonwealth of the Northern Mariana Islands (Trust Territory of the Pacific Islands), 59.3% of infants are breast-fed at the time of discharge from hospital, and 29% are breast-fed at four months. All types of formula are available, but the cost is prohibitive for the majority of women. Although the Commonwealth has not implemented the International Code, the Department of Public Health and Environmental Services has set a number of priorities for infant and young child feeding including the drafting of a marketing code or introduction of a resolution to adopt the International Code, developing infant-feeding policies, adopting legislation to extend maternity leave, and using audiovisual aids to provide basic information on infant-feeding practices.

181. The Government of the Cook Islands reports that there is no advertising or other form of promotion of breast-milk substitutes or weaning foods, and a mass media campaign to promote breast-feeding has been under way since 1981. Nurses are required to include in their monthly job reports information on their efforts to encourage and support breast-feeding. The International Code is being implemented by the Health Department through its public health services, and is being brought to the attention of public health nurses and health inspectors during their basic training and continuing education courses. No legislation or regulations in addition to the General Health Legislation is planned at the present time.

182. In Fiji a draft text of a National Food and Nutrition Committee report on the International Code was submitted to the Cabinet in 1985. The Committee recommended that the Ministry of Health and Social Welfare take the lead role in bringing the relevant food regulations into conformity with the International Code, and that guidelines for the feeding of newborns be adopted in accordance with official policy and be communicated to all concerned. As a result, feeding guidelines for newborn babies have been prepared and distributed to all health workers and to the general public. The Committee also recommended that the Ministry negotiate with employer and employee representatives to create an atmosphere that encourages breast-feeding on behalf of mothers employed outside the home, and that it formulate and implement plans and strategies to monitor compliance with the International Code at all levels. The Committee has prepared a draft national code of marketing of breast-milk substitutes, closely modelled after the International Code, which is under consideration at the ministerial level. In September 1986 the Ministry of Health also advised all hospitals, maternity wards, consultants, and private medical practitioners not to accept the donation of breast-milk substitutes from any manufacturer.
183. All breast-milk substitutes marketed in French Polynesia are imported. Labelling of these products is in conformity with the International Code and there is no advertising on their behalf. The public health office has explained that it has chosen to combat the ingrained use of sweetened condensed milk as a first priority in promoting healthy infant and young child feeding given the long-standing inappropriate use of this product that is peculiar to the territory. Progress appears to be steady judging from the evolution in the importation of bona fide breast-milk substitutes (180 tonnes in 1984, 210 tonnes in 1985, and 278 tonnes in 1986). In addition to statistics collected during postpartum visits to health clinics, emphasis is now being placed on breast-feeding promotion and reducing the use of breast-milk substitutes to cases of strict necessity. Publicity for these products is not permitted, nor is their free distribution except in special circumstances; only products bearing labels in conformity with the relevant provisions of the International Code may be imported. Meanwhile, health education is being introduced in schools, maternities and maternal and child health clinics. Ten weeks' maternity leave postpartum helps to promote breast-feeding, as do facilities at the work site for breast-feeding until a child is fifteen months of age.

184. The Women, Infants and Children (WIC) Program of the Department of Public Health and Social Services in Guam promotes breast-feeding during all prenatal classes, and counselling and printed information materials are regularly distributed. All displays of infant formula have been removed from the shelves of the WIC clinics, and samples of these products are no longer given to clients. Infant-formula companies wishing to provide samples may no longer deliver them to the clinics but have been asked to divert them to the WIC central office. All WIC infants that are breast-fed receive "Mommy loves me - I'm breast-fed" T-shirts, while six-month-old breast-fed infants receive a gift package containing a teether/rattle and weaning cup, which are donated by local infant-food distributors. WIC coordinates its activities with La Leche League, whose members provide new mothers practical tips on breast-feeding.

185. In Hong Kong the distribution of samples of infant formula and any form of promotion of breast-milk substitutes in maternal and child health centres have not been permitted since 1975, while the advertising of infant formula by the private sector through mass media ceased in 1978. The sale of foods for infant and young child feeding is controlled under Part V (Food and Drugs) of the Public Health and Municipal Services Ordinance (Chapter 132) and its subsidiary legislation. Importers of foods formulated specially for infant and young child feeding, in particular, are advised to ensure that any package used is labelled in accordance with the requirements of the International Code; and to obtain from the manufacturer and the competent health authority of the country of origin certification that the products in question were manufactured in accordance with the Codex Standards for Foods for Infants and Children, the Recommended International Code of Hygienic Practice for Foods for Infants and Children, and the Recommended Microbiological Limits for Foods for Infants and Children of the International Commission of Microbiological Specifications for Food.

186. In Japan no distribution of free samples of breast-milk substitutes has been permitted in hospitals or maternity wards since 1974. Since 1975 the Government has required producing companies to state, on the labels of their products, that breast-feeding is superior to breast-milk substitutes, and that the latter should be used only on the advice of a health professional. Breast-milk substitutes may not be advertised via the mass media, and the Government has instructed manufacturers not to carry out marketing in hospitals or other health care facilities.

187. There is no legislation as yet in Kiribati on the sale of breast-milk substitutes, nor are there any promotional activities and advertising to the general public concerning their sale or use. It is anticipated that appropriate measures will be taken at a later date to implement the International Code.

188. Because the great majority of women in the Lao People's Democratic Republic still breast-feed their infants, the national health authorities are putting emphasis on protecting breast-feeding through health education that stresses its many advantages over artificial feeding. Problem areas rather include ensuring that lactating women receive balanced diets
and infants appropriate and timely weaning foods. Steps are thus being taken to improve nutrition education and to ensure the availability of creches near worksites.

189. In Macao a code for the marketing of breast-milk substitutes, feeding bottles and teats came into force on 1 May 1985; it is based on that already in use in Portugal, but is adapted to suit local needs. The code prohibits sales promotion to the general public of the products within its scope, as well as product sampling. It also contains provisions pertaining to the obligations of health services and health personnel, manufacturers and marketing personnel, labelling and quality. Intended as a code of ethics, adherence by all parties is expected to be voluntary. Any infractions are analysed, and appropriate steps taken by the Department of Health Services to deal with them. The Department was to have presented a report relative to the Code’s functional development, together with possible suggestions for its alteration, one year from the date of its coming into force.

190. Malaysia has had a national code since 1979, the "Code of ethics and professional standards for advertising, product information and advisory services for infant formula products". A revised version was launched by the Minister of Health on World Health Day, 1983, and further revisions were issued in 1984 and 1985 on the basis of comments received. Monitoring and evaluation committees have been formed at national and state levels to ensure its implementation, and a disciplinary committee, composed of government members only, has been set up to investigate alleged violations of the code. A vetting committee, consisting of representatives of the Ministry of Health, paediatricians and obstetricians, and the Ministry of Information, meets regularly to vet all printed materials concerning infant formula prepared by industry. All forms of advertising in this respect via the mass media, have been banned.

191. Various changes in food labelling requirements were introduced in 1985, including insertion of the words "not suitable for infants below six months of age" for full cream milk powder or dried full cream milk; "not suitable for infants except on medical advice" for skimmed milk powder, dried non-fat milk solids or separated milk powder; "not suitable for infants" for evaporated milk, sweetened and unsweetened condensed milk and full milk; "breast milk is the best food for infants" and "infant formula is not the only food for infants over six months of age" for infant formula products; and "not to be given to infants below four months of age" for canned foods and cereal-based foods for infants and children. Labels of infant formula may not display pictures of infants or babies (a graphic representation is permitted for purposes of identification) or make any claim of product superiority to breast milk.

192. Breast-feeding and infant-feeding problems were among the topics discussed in 1989 at a food and nutrition seminar in the Federated States of Micronesia. Participants recommended that each state develop a specific programme to improve child feeding practices, including by discontinuing importations of foods in favour of using local food resources and selling infant formula under prescription only. Baseline data now becoming available have begun to provide a clearer picture of the incidence of diarrhoea and respiratory infections among children under five years of age.

193. In 1983 New Zealand announced that it had agreed to the International Code without reservation. Indicating that it preferred a regional approach to the question, the Minister of Health had written to other ministers of health in the South Pacific inviting them to do likewise. By voluntary agreement with marketers and exporters, a legal statement of affirmation was signed. The Minister of Health announced that the International Code was being adopted with the addition of a provision for a monitoring group composed of representatives from government, the health professions, nongovernmental organizations and industry, which interprets any part of the Code that may cause difficulty. Exporters of

breast-milk substitutes have agreed to adhere to the domestic code of the country of destination or, in the absence of any such instrument, to the International Code.

194. Recent deregulation of imports has resulted in some products becoming available which do not comply with the International Code in respect of advertising or packaging. Importers are being informed of their responsibilities in this regard. The monitoring committee reports that breaches of the Code have grown progressively fewer in number, the remainder occurring mainly through ignorance, which the Government believes highlights the continuing educational role of the national monitoring committee and the need for voluntary compliance rather than legislation. Such is the level of compliance that by 1988 the committee's workload had noticeably diminished. The committee's structure, methods of work, and relationship with the Government are currently under review.

195. The Government of the Republic of Korea is encouraging self-regulation by industry in order to implement the International Code. The Ministry of Health and Social Affairs has transmitted its recommendations on the protection and promotion of breast-feeding, with a translation of the Code, to all concerned, including infant-food manufacturers and voluntary organizations. All health facilities have received guidelines on encouraging the practice of rooming-in, the prohibition of bottle-feeding without a doctor's prescription, and the establishment of maternal and child health clinics. Efforts are also being made to prepare guidelines concerning the production and marketing of breast-milk substitutes. As part of the Government's breast-feeding promotion campaign, which is being carried out in collaboration with the Citizens' Alliance for Consumer Protection, a draft national code of marketing of breast-milk substitutes has been drawn up, with support from WHO.

196. The Republic of Palau states that it does not have a policy limiting importation of breast-milk substitutes, which are currently available from Japan and the United States of America. Not all product labels are in the English language; the National Congress is thus drafting a resolution to prohibit importation of goods which do not bear instructions in English that are intelligible to the majority of the population.

197. The Government of Papua New Guinea places no restrictions on the importation of infant formula. However, the 1977 Baby Feed Supplies (Control) Act still requires that baby feeding bottles, teats and dummies be sold at registered pharmacies and obtained only through medical prescription, which "cannot be given unless the authorized health worker is satisfied that it would be in the best interest of the baby or infant". The Act was amended in 1984 to empower the Minister of Health to prescribe any feeding article considered to be hazardous to the health and well-being of infants. Given the very high breast-feeding rates in the country (100% in rural areas and 98% in urban), most of the products are believed to be used by the expatriate population. The Government reports that, on the whole, manufacturers and distributors of infant formula comply with the International Code. Possible breaches of the Code have been detected in a few retail outlets which, for financial reasons, have sought to dispose of out-dated stocks of infants foods at a reduced price.

198. WHO collaborated with the Government of the Philippines during its national consultation held in December 1981 for the development of a national code of marketing of breast-milk substitutes, which closely resembles the International Code. It was signed into law in October 1986. The Department of Health informed all of its personnel in this regard through information circulars and articles in a number of national newspapers. During 1988 the Department of Health, in collaboration with the National Movement for the Promotion of Breast-feeding, began gearing its efforts to changing hospital practices that influence breast-feeding and reinforcing implementation and monitoring of the National Code of Marketing of Breast-milk Substitutes, Breast-milk Supplements and Related Products. "Guidelines for the implementation of the Milk Code" and "Rules and Regulations governing Advertisement of Breast-milk Substitutes and Related Products" have been formulated. The

marketing of breast-milk substitutes is being regulated by an interagency committee consisting of the Secretaries of Health, Social Welfare and Development, Justice, and Trade and Industry. The committee reviews and screens all forms of advertising, promotion or marketing of breast-milk substitutes (of the 53 reviewed to date, 32 have been approved), as well as requests for donations, fellowships, continuing education and related activities from manufacturers and distributors of products within the scope of the code (of the 116 requests for sponsorship, 85 have been approved).

199. The Department of Health has created task forces at national and sub-national levels to monitor code enforcement through adherence to established guidelines and procedures. The National Milk Code Monitoring Task Force visited seven regions of the country in 1988. The results of this exercise served as the basis for strengthening enforcement in 1989. Four types of major violations were detected: health facilities were used in promoting infant formula or other products within the scope of the code; health facilities, particularly private hospitals, still displayed posters and other materials from milk companies; various sampling ploys were used; and milk companies provided sponsorship for professional groups without first passing through the regional health office.

200. National health authorities in Samoa have met with the representatives of a major manufacturer of breast-milk substitutes to discuss bringing marketing practices into line with certain provisions of the International Code, including information intended for health workers and the content of product labels.

201. In the ten years since the coming into force in Singapore of the Code of Ethics on the Sale of Infant Formula Products, the responsible national monitoring authority, consisting of representatives of the Ministries of Health and Environment and the Singapore Breast-feeding Mothers' Group, has vetted 530 individual items of promotional, educational and service materials, 403 of which have been approved.

202. Breast-feeding of all infants, and young children up to the age of 2-3 years, is being actively promoted in the Solomon Islands, and the use of breast-milk substitutes actively discouraged, via the information media, workshops, seminars, meetings, and through the distribution of posters, pamphlets, calendars and the like. Instructions are given that, if breast-milk substitutes must be used, they should be fed with a cup and a spoon. The authorities are considering the possibility of introducing legislation that would make the availability of feeding bottles and teats subject to prescription from a qualified medical practitioner.

203. There is no legislation or regulation in Tonga concerning the marketing and distribution of breast-milk substitutes, although the International Code is said to have been officially adopted in 1984. The measures taken by the Ministry of Health are mainly motivational and educational in nature, aiming for voluntary public acceptance. There is non-restricted advertisement by the firms and agents of imported products, most of which are manufactured in Australia and New Zealand and therefore covered by pertinent regulations of those countries. There are no donations or any gifts to promote the sale of breast-milk substitutes. Since 1979 advertisements for infant formula have been voluntarily cleared with the Ministry of Health. The Ministry of Health assists mothers who do not breast-feed by ordering supplies of substitute products and providing instructions on their appropriate use. In their contact with health workers, infant-food manufacturers and distributors do not promote the belief that bottle-feeding is equivalent, or superior, to breast-feeding.

204. Breast-feeding is almost universally practiced in Vanuatu, and the market for breast-milk substitutes is very limited. The Ministry of Health is nevertheless aware of the dangers of non-compliance with the International Code and follows the situation closely in order that any change in present conditions could be immediately checked by appropriate measures. Import duties were imposed on breast-milk substitutes and feeding bottles in 1987 so that they are no longer, in effect, subsidized by Government. There is no distribution of breast-milk substitutes in hospitals or maternity clinics, where rooming-in is practised, and no related advertising through the mass media.
205. A 1984 survey showed that feeding an infant for the first six months of life on breast-milk substitutes would cost an urban family in Vanuatu 10% of its earnings. Later, an attempt was made to regulate the sale of bottles and teats, but this was not successful; it was felt that since the country was already implementing some of the International Code's provisions there was no need for legislation. Nevertheless, a separate chapter on breast-milk substitutes was created in the Vanuatu Overseas Trade Statistics Imports. From 1986 to 1987 there was a 38% decrease (from 36.5 to 22.4 tons) in the importation of infant formula and a 71% decrease in feeding bottles. The reasons for this decline - whether related to increased tariffs applied in 1987, nutrition education or faulty statistics' collection - are not yet clear. Nevertheless, a recent survey conducted in a periurban area showed a marked decline in breast-feeding from the situation in 1983.

206. The Government of Viet Nam has stated that it fully supports the promotion of breast-feeding and nutrition education of pregnant and lactating mothers, and that there are no problems at present of breast-milk substitutes affecting breast-feeding practice. It is protected and facilitated through legislation providing a one-hour breast-feeding break for working mothers during normal working hours until the child reaches the age of 12 months. No commercially manufactured breast-milk substitutes are available in the country.

207. Representatives of nine countries and territories (Cook Islands, Fiji, Kiribati, Papua New Guinea, Solomon Islands, Tonga, Tuvalu, Vanuatu, and Western Samoa) met during the First South Pacific Regional Maternal and Infant Nutrition Seminar in Suva, Fiji, in May 1981. This seminar adopted a resolution which urged governments of all Pacific nations to give the fullest possible support to the protection and promotion of breast-feeding and to adopt the International Code.

Cooperation with concerned parties relative to the appropriate marketing and distribution of breast-milk substitutes

208. As the directing and coordinating authority on international health work, WHO has a long history of close collaboration with many professional, consumer, commercial and other groups in an equally broad number of health-related fields. Regarding appropriate infant and young child feeding, WHO has been engaged for many years in dialogue and cooperation with organizations and bodies of the United Nations system; nongovernmental, including consumer groups (e.g., International Confederation of Midwives, International Council of Nurses, International Paediatric Association, International Federation of Gynecology and Obstetrics, International Union of Nutritional Sciences, International Organization of Consumers Unions (IOCU), and the International Baby Food Action Network (IBFAN), of which IOCU is a founding member); scientists in related disciplines; and the infant-food industry. Relations with this last group have been on an individual basis, but also and especially, through the International Association of Infant Food Manufacturers (IPM), which is a member of ISDI.

209. IBFAN regularly informs WHO of the activities of its affiliates (more than 100 in some 60 countries in all regions) in support of appropriate infant and young child feeding practices, including research, social support for women, breast-feeding promotion, and implementation of the International Code. At IBFAN's tenth anniversary meeting in Manila in October 1989, WHO conducted a workshop on breast-feeding and child-spacing; it also provided financial support for the travel of some participants. IBFAN and WHO are also collaborating in the selection of pilot hospitals for implementing the joint WHO/UNICEF statement on breast-feeding and the role of maternity services; and on technical aspects of IBFAN's project for analysing and updating the breast-feeding and weaning content of medical

1 The International Society of Dietetic including all Infant and Young Children Food Industries, which was admitted into official relations with WHO in January 1987.

textbooks, training manuals and teaching curricula. Finally, WHO has agreed to the request of IBFAN member Aktionsgruppe Babynahrung (AGB) E.v., Aachen (Federal Republic of Germany) to prepare a German edition of the joint WHO/UNICEF statement, as part of AGB’s breast-feeding promotion efforts in German-speaking countries.

210. IOCU’s promotional booklet, Protecting infant health - a health workers’ guide to the International Code of Marketing of Breast-milk Substitutes, is now available in Chinese and Bahasa Indonesia - making a total of eight languages. It is in its fifth English edition, and over 25 000 copies are circulating. IOCU also produced in 1988, and revised in 1989, two wall charts - one summarizing measures taken by governments to give effect to the International Code, and the other summarizing IOCU’s monitoring of the steps taken by the manufacturers and distributors of products within the scope of the Code.

211. With regard to infant-food manufacturers, WHO has on numerous occasions to provided individual companies its informal technical views on various questions relating to infant and young child feeding and nutrition, including the International Code. On a collective basis, IFM’s 35 members in 15 countries have formally recognized the importance of breast-feeding for the healthy growth and development of infants and expressed their commitment to high ethical standards for the marketing of infant foods, including the principles and aims of the International Code. IFM has explained that this individual, voluntary commitment by its members is carried out by complying with the Code in its entirety in developing countries, except where specific national measures are implemented by governments. In developed countries IFM’s members are complying with national codes and regulations and/or voluntary industry codes that have been established in consultation with the relevant authorities.

212. Under its complaint procedure IFM issues a yearly summary of all complaints and their disposition.1 Simultaneously, it attempts to influence informally the marketing and distribution practices of non-member companies that are considered to be at variance with the International Code.

213. In March 1989 the IFM General adopted a policy statement concerning donations of infant formula to hospitals and other institutions in developing countries for infants who have to be fed on breast-milk substitutes. The policy is said to be based on a system of monitoring, undertaken by each member company, of actual quantities of infant formula supplied to hospitals in developing countries, on written request from hospital personnel, who are responsible for determining needs.

214. The President of IFM has stated that it recognizes the problems that arise when there are differences of opinion over implementation of the Code in countries with widely differing social and legislative frameworks, particularly where government have taken no specific action or introduced only partial measures to implement the Code. These considerations have led to agreement by the General Assembly of IFM in October 1989 to refine and reinforce the procedure for investigating allegations of non-compliance with IFM commitments to the Code. An IFM working group was requested to define the objectives and terms of reference for an ombudsman to be appointed in order to provide an independent arbitration mechanism which will be used whenever cases cannot be resolved using existing procedures. The ombudsman’s tasks are to define the differences of opinions requiring arbitration; to consult with the parties concerned (complainant and manufacturer) in an attempt to reach consensus; where consensus cannot be reached to draw the matter to the attention of the health authorities of the country concerned, so that a decision can be taken by the authorities; and to publish an annual report with details of all complaints submitted, which will be available to all concerned parties. The ombudsman will be free to consult with appropriate nongovernmental organizations and professional groups, among others, in carrying out this mission.

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1 See document EB81/1988/REC/1, p. 161. Complaints alleging non-compliance with the Code or applicable national measures may be notified to: The Secretary General, International Association of Infant Food Manufacturers, 194, rue de Rivoli, 75001 Paris, France.
215. Careful note has been taken of the various statements made by IFM about the common positions adopted by its member companies in relation to the marketing and distribution of foods for infants and young children, including infant formula. IFM continues to distinguish between developing and developed countries, even though neither the International Code itself nor the World Health Assembly has made such a distinction.

216. Governments also frequently inform the Director-General about the role of manufacturers and distributors of products within the scope of the Code in giving effect to the decisions that they have taken to implement the Code within their territories. It is clear that governments themselves are best placed to judge whether or not the declarations and actual marketing practices of manufacturers are in conformity with the provisions of the Code and the national legislation, regulations or other measures adopted to give effect to it.

217. Data collected by IFM from its member companies have helped WHO to examine possible hazards of chemicals that could be ingested as a consequence of the use of infant-feeding bottles and teats. The information covered the classes of products that are of potential concern, and materials used in their manufacture; substances of potential concern that are likely to migrate into food or into the mouths of infants as a result of the use of these materials; and substances that have been identified as being of concern by national health authorities, and the standards that have been used by them.

218. On the basis of the information provided WHO has concluded that reputable manufacturers of feeding bottles, teats and related products are using materials that are unlikely to pose safety problems, assuming that they are using good manufacturing practices and are complying with relevant regulations in the countries in which they are marketing them.

219. The one identifiable problem - volatile nitrosamines - requires vigilance, and WHO recommends that, if international standards are to be developed, a limit for their presence in elastomers should be included. It is undoubtedly true that some infant-feeding bottles and teats are made of inappropriate materials and are of inappropriate design. The development of an international standard along the lines of the standard being developed for teats by the British Standards Institute might be appropriate.

Summary of trends in action taken giving effect to the International Code

220. In the light of information summarized in this synthesis of past progress reports by the Director-General on action taken giving effect to the International Code in more than 150 countries and territories, it can be said that the general trend during the years that have passed since the Code's adoption has been the tailoring of country-specific approaches to fit country-specific situations. The patterns may be summarized as follows:

(1) The health authorities in many countries have issued, and updated and re-issued, memoranda of guidance to health personnel, often accompanied by copies of the International Code, to inform them of its provisions and to call attention to their responsibilities under it, in keeping with their national social and legislative frameworks. In a number of cases, copies of the Code have been sent directly to manufacturers of products within its scope, together with indications from the competent national authorities about how it should be applied.

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1 Under the direction of the Furniture and Household Equipment Standards Policy Committee, British Standards Institute, 3 York Street, Manchester M2 2AT, England.

2 In one of the official languages of WHO (Arabic, Chinese, English, French, Russian and Spanish) or in non-official language translations, whether prepared by the national health authorities themselves, health workers' associations, consumer groups, or infant-food manufacturers. The latter include Dari and Pashtu (in Afghanistan), Danish, Dutch, German, Korean, Italian, Japanese, Portuguese, Somali and Swedish.
(2) Numerous intersectoral meetings have been held to consider what action should be taken to give effect to the Code, and ad hoc and permanent committees responsible for its implementation and monitoring have been constituted to follow up accordingly. Such bodies have frequently included representatives of various government offices (e.g., health, agriculture, social affairs, education, and trade and industry), health workers' associations, consumer (including women's) groups, infant-food manufacturers and, in some cases, WHO and UNICEF.

(3) Working groups have been established to review existing legislation and relevant practices relating to the marketing and distribution of breast-milk substitutes, and to recommend amendments or new legislation to give effect to the International Code. Existing legislation has been updated, while much new legislation has been adopted, covering various provisions of the Code.

(4) Governments have negotiated voluntary agreements with the infant-food industry and, occasionally, with health workers' organizations, to implement all or part of the International Code. National codes of ethics, or of marketing or advertising of products within the scope of the Code, have also been developed or revised, in consultation with interested parties.

(5) Governments have reviewed, in the light of experience, their various national measures initially adopted to give effect to the principles and aim of the Code. They have re-negotiated with the infant-food industry earlier voluntary agreements in this regard, or modified existing legislation or administrative arrangements to take account of new developments.

(6) Many countries, sometimes with support from WHO, have used their affiliation in regional and interregional intergovernmental organizations to consider what joint action should be taken to give effect to all or part of the Code and how to monitor it.

(7) Countries have asked WHO to provide technical support - in the form of consultants on nutritional, legal or marketing issues; information on the implications for national action of various provisions of the Code; regional office or headquarters staff participation in national committees established to promote breast-feeding and to consider implementation and monitoring of the International Code; and comments on draft texts of national instruments being developed for this purpose.

(8) A number of industrialized countries, where major manufacturers and worldwide exporters of infant formula are based, have investigated the implications of their export trade in the light of the International Code, to ensure that manufacturers operating within their territories adhere to its provisions when marketing internationally.

(9) In countries where breast-feeding remains the near-universal infant-feeding norm, where infant formula is expensive or not readily available and its use is infrequent and possibly incorrect, owing to lack of information or education, national authorities have reinforced protection of breast-feeding through their health services and the information media, and continue to monitor the local manufacture or importation and marketing and use of breast-milk substitutes.

(10) In some countries the manufacture or importation of breast-milk substitutes, and their distribution, are subject to direct state control based on central licensing and marketing arrangements. In a number of these, infant formula is subsidized or distributed free of charge to mothers of infants who have to be fed on breast-milk substitutes.
(11) National authorities in some countries have made the supply of breast-milk substitutes contingent upon the prior obtainment by the mother, or other family member, of the advice of a health worker as to the need for their use, and the proper method of use. A prescription for this purpose is required for obtaining them at designated retail outlets.

(12) Some countries permit manufacturers or distributors to provide donations or low-price sales of supplies of infant formula direct to institutions or organizations, but closely monitor the practice by requiring detailed reporting by the institutions or organizations and manufacturers concerned on the amount of supplies, the number of infants, and the duration for which the supplies are provided. Other countries welcome such supplies provided they are channelled to an official central distribution point and institutions or organizations have no direct contact with manufacturers, but request supplies only from the central point. Still other countries, sometimes following consultation with interested parties, including the infant-food industry, have entirely disallowed the practice of donations or low-price sales of supplies of infant formula.

CONCLUSION

221. It is clear that Member States have gained a great deal of practical experience since 1981 with the implementation and monitoring of the International Code. Through an inventive blend of approaches they are giving effect, in whole or in part, to their collective decisions, as expressed in the relevant resolutions of the Health Assembly concerning infant and young child nutrition,\(^1\) including the International Code.\(^2\) They are consistently doing this, not in isolation, but as part of their wider efforts to address the health, nutritional problems, and related social status of women and families, in accordance with the Health Assembly's repeated recommendations.

222. The wealth of information provided by Member States, summarized in a total of six reports to the Health Assembly since 1981 and synthesized in the present document, represents a compilation of experience for countries to draw on in assessing the efficiency of their own arrangements for giving effect to the Code. It covers the wide range of approaches that countries are using, in their health care systems and society as a whole, to come to grips with the practical problems associated with achieving safe and adequate nutrition for all infants. These examples should facilitate action by the competent authorities in every country, in the light of its particular health and socioeconomic circumstances.

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\(^1\) *Inter alia* resolutions WHA27.43, WHA31.47, WHA33.32, WHA37.30, WHA39.28, and WHA41.11.

\(^2\) Resolutions WHA34.22 and WHA35.26.
Resolution WHA34.22

International Code of Marketing of Breast-milk Substitutes

The Thirty-fourth World Health Assembly,

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

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

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

Aware of the direct and indirect effects of marketing practices for breast-milk substitutes on infant feeding practices;

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

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

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

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

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

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

1. ADOPTS, in the sense of Article 23 of the Constitution, the International Code of Marketing of Breast-milk Substitutes annexed to the present resolution;

2. URGES all Member States:

   (1) to give full and unanimous support to the implementation of the recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding and of the provisions of the International Code in its entirety as an expression of the collective will of the membership of the World Health Organization;

   (2) to translate the International Code into national legislation, regulations or other suitable measures;
(3) to involve all concerned social and economic sectors and all other concerned parties in the implementation of the International Code and in the observance of the provisions thereof;

(4) to monitor compliance with the Code;

3. DECIDES that the follow-up and review of the implementation of this resolution shall be undertaken by regional committees, the Executive Board and the Health Assembly in the spirit of resolution WHA33.17;

4. REQUESTS the FAO/WHO Codex Alimentarius Commission to give full consideration, within the framework of its operational mandate, to action it might take to improve the quality standards of infant foods, and to support and promote the implementation of the International Code;

5. REQUESTS the Director-General:

(1) to give all possible support to Member States, as and when requested, for the implementation of the International Code, and in particular in the preparation of national legislation and other measures related thereto in accordance with operative paragraph 6(6) of resolution WHA33.32;

(2) to use his good offices for the continued cooperation with all parties concerned in the implementation and monitoring of the International Code at country, regional and global levels;

(3) to report to the Thirty-sixth World Health Assembly on the status of compliance with and implementation of the Code at country, regional and global levels;

(4) based on the conclusions of the status report, to make proposals, if necessary, for revision of the text of the Code and for the measures needed for its effective application.
INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

The Member States of the World Health Organization:

Affirming the right of every child and every pregnant and lactating woman to be adequately nourished as a means of attaining and maintaining health;

Recognizing that infant malnutrition is part of the wider problems of lack of education, poverty, and social injustice;

Recognizing that the health of infants and young children cannot be isolated from the health and nutrition of women, their socioeconomic status and their roles as mothers;

Conscious that breast-feeding is an unequalled way of providing ideal food for the healthy growth and development of infants; that it forms a unique biological and emotional basis for the health of both mother and child; that the anti-infective properties of breast milk help to protect infants against disease; and that there is an important relationship between breast-feeding and child-spacing;

Recognizing that the encouragement and protection of breast-feeding is an important part of the health, nutrition and other social measures required to promote healthy growth and development of infants and young children; and that breast-feeding is an important aspect of primary health care;

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

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

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

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

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

Affirming further that educational systems and other social services should be involved in the protection and promotion of breast-feeding, and in the appropriate use of complementary foods;

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

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

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

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

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

Believing that, in the light of the foregoing considerations, and in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breast-milk substitutes, the marketing of breast-milk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products;

 THEREFORE:

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

Article 1. Aim of the Code

The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast-feeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.
Article 2. Scope of the Code

The Code applies to the marketing, and practices related thereto, of the following products: 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.

Article 3. Definitions

For the purposes of this Code:

"Breast-milk substitutes" means any food being marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose.

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

"Container" means any form of packaging of products for sales at a normal retail unit, including wrappers.

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

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

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

"Infant formula" means a breast-milk substitutes formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as "home-prepared".
"Label" means any tag, brand, mark, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any products within the scope of this Code.

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

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

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

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

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

Article 4. Information and education

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

4.2 Informational and educational materials, whether written, audio, or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include information on all the following points: (a) the benefits and superiority of breast-feeding; (b) maternal nutrition, and the preparation for and maintenance of breast-feeding; (c) the negative effect on breast-feeding of introducing partial bottle-feeding; (d) the difficulty of reversing the decision not to breast-feed; and (e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared. When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breast-milk substitutes. Such materials should not use any pictures or texts which may idealize the use of breast-milk substitutes.

4.3 Donations of information or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary product that is within the scope of this Code, and should be distributed only through the health care system.
Article 5. The general public and mothers

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

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

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

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

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

Article 6. Health care systems

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

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

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

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

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

6.6 Donations or low-price sales to institutions or organizations of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used or distributed for infants who have to be fed on breast-milk substitutes. If these supplies are distributed for use outside the institutions, this should be done only by the institutions or organizations concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement.
6.7 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution or organization should take steps to ensure that supplies can be continued as long as the infants concerned need them. Donors, as well as institutions or organizations concerned, should bear in mind this responsibility.

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

Article 7. Health workers

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

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

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

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

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

Article 8. Persons employed by manufacturers and distributors

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

8.2 Personnel employed in marketing products within the scope of this Code should not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. This should not be understood as preventing such personnel from being used for other functions by the health care system at the request and with the written approval of the appropriate authority of the government concerned.
Article 9. Labelling

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

9.2 Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, and easily readable and understandable message printed on it, or on a label which cannot readily become separated from it, in an appropriate language, which includes all the following points: (a) the words “Important Notice” or their equivalent; (b) a statement of the superiority of breast-feeding; (c) a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use; (d) instructions for appropriate preparations, and a warning against the health hazards of inappropriate preparation. Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealize the use of infant formula. They may, however, have graphics for easy identification of the product as a breast-milk substitute and for illustrating methods of preparation. The terms “humanized”, “maternalized” or similar terms should not be used. Inserts giving additional information about the product and its proper use, subject to the above conditions, may be included in the package or retail unit. When labels give instructions for modifying a product into infant formula, the above should apply.

9.3 Food products within the scope of this Code, marketed for infant feeding, which do not meet all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant. Since sweetened condensed milk is not suitable for infant feeding, nor for use as a main ingredient of infant formula, its label should not contain purported instructions on how to modify it for that purpose.

9.4 The label of food products within the scope of this Code should also state all the following points: (a) the ingredients used; (b) the composition/analysis of the product; (c) the storage conditions required; and (d) the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.

Article 10. Quality

10.1 The quality of products is an essential element for the protection of the health of infants and therefore should be of a high recognized standard.

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

Article 11. Implementation and monitoring

11.1 Governments should take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures. For this purpose, governments should seek, when necessary, the cooperation of WHO, UNICEF and other agencies of the United Nations system. National policies and measures, including laws and regulations, which are adopted to give effect to the principles and aim of this Code should be publicly stated, and should apply on the same basis to all those involved in the manufacture and marketing of products within the scope of this Code.
11.2 Monitoring the application of this Code lies with governments acting individually, and collectively through the World Health Organization as provided in paragraphs 6 and 7 of this Article. The manufacturers and distributors of products within the scope of this Code, and appropriate nongovernmental organizations, professional groups, and consumer organizations should collaborate with governments to this end.

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

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

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

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

11.7 The Director-General shall report in even years to the World Health Assembly on the status of implementation of the Code, and shall, on request, provide technical support to Member States preparing national legislation or regulations, or taking other appropriate measures in implementation and furtherance of the principles and aim of this Code.
## ANNEX 3

COUNTRIES AND TERRITORIES THAT HAVE TAKEN ACTION GIVING EFFECT TO THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

(as featured in reports to the World Health Assembly since 1981)

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<th>1984&lt;sup&gt;c&lt;/sup&gt;</th>
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<sup>a</sup> Document WHA35/1982/REC/1, Annex 5.

<sup>b</sup> Document A36/7.

<sup>c</sup> Document WHA37/1984/REC/1, Annex 5, Part II.


<sup>e</sup> Document EB81/1988/REC/1, Annex 10.

<sup>f</sup> Document A43/4.
COUNTRIES AND TERRITORIES THAT HAVE TAKEN ACTION GIVING EFFECT TO THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES (continued)

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### COUNTRIES AND TERRITORIES THAT HAVE TAKEN ACTION GIVING EFFECT TO THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES (continued)

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**Grand total:** 154 countries and territories.