



2004

INTERNATIONAL
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STATE OF THE CODE BY COUNTRY

A survey of measures taken by governments to implement the provisions of the International Code of Marketing of Breastmilk Substitutes

The *State of the Code by Country 2004* was compiled by Yeong Joo Kean and Annelies Allain of the International Code Documentation Centre, IBFAN Penang.

The companion chart is entitled *State of the Code by Company 2004*.

These charts are based on the most recent information available. While every effort has been taken to obtain accurate data, some information may be incomplete or dated. ICDC welcomes additions or corrections and will incorporate them in future editions.

Price: USD3.00 per single copy airmail. Set of both State of the Code charts USD5.00 airmail. Special rates for bulk orders. Please send orders with banker's cheque or international money order payable to "IBFAN" to:

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Sources:

1. Government replies to ICDC enquiries
2. Government reports to UNICEF Nutrition Section
3. WHO reports to the World Health Assembly

Previous IBFAN-ICDC *State of the Code* charts have been published in 1986, 1988, 1989, 1991, 1994, 1998 and 2001



The International Baby Food Action Network (IBFAN) is a coalition of more than 200 citizen groups in 95 developing and industrialised nations. IBFAN works for better child health and nutrition through the promotion of breastfeeding and the elimination of irresponsible marketing of infant foods, bottles and teats.

The Network helped to develop the WHO/UNICEF International Code of Marketing of Breastmilk Substitutes and is determined to see marketing practices everywhere change accordingly.

INTERNATIONAL
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The International Code Documentation Centre (ICDC) was established by IBFAN to focus on the implementation of the International Code. ICDC keeps track of Code measures worldwide.

- ICDC collects and compiles national legislation, both in draft and final form
- ICDC analyses, compares and evaluates the different measures, using the International Code and subsequent WHA Resolutions as a yardstick.
- ICDC offers skills training in Code implementation and in effective monitoring of marketing practices.
- ICDC assists governments in drafting legislation.

KEY TO CHART CATEGORIES

1. **Law:** These countries have either:
 - i) enacted legislation encompassing all or nearly all provisions of the International Code and the clarifications and additions from subsequent WHA Resolutions; or
 - ii) introduced early measures to control the marketing of breastmilk substitutes, bottles and teats prior to the Code or shortly after 1981.
2. **Many provisions law:** These countries have either:
 - i) enacted legislation encompassing some, but not all provisions of the International Code; or
 - ii) introduced early measures which partially control the marketing of breastmilk substitutes, bottles and teats, prior to the Code or immediately after it was adopted.
3. **Policy or voluntary measure:** In these countries, the government has adopted a voluntary code or health policy encompassing all or nearly all provisions of the International Code. There are no enforcement mechanisms.
4. **Few provisions law:** In these countries, the government has adopted only a few provisions of the International Code as law. For purposes of this chart, general food labelling laws are not considered part of the International Code.
5. **Some voluntary provisions or guidelines applicable to the health sector:** In these countries, the government has:
 - i) adopted some but not all provisions of the International Code as a voluntary measure and industry has agreed to comply; or
 - ii) issued a directive containing guidelines for health facilities to implement all the provisions of the International Code and subsequent WHA Resolutions.
6. **Measure drafted, awaiting final approval:** In these countries, a draft of a law or other measure to implement all or most of the provisions of the International Code and related Resolutions exists and awaits final approval.
7. **Being studied:** A government committee in these countries is still studying how best to implement the International Code. There may be draft legislation but it is not in its final stage.
8. **No action:** These countries have taken no steps to implement the Code.
9. **No information:** No information is available for these countries.

Code implementation worldwide

Since 1981, 65% of the 192 countries listed in this chart have taken some kind of action to implement the International Code. Companies, in particular members of the International Association of Infant Food Manufacturers, profess to support the Code. However, independent monitoring reveals that baby food companies continue to violate the Code (see *State of the Code by Company 2004*). The annual turnover of the worldwide baby food market is now estimated to be around USD 20 billion and continues to grow. Only enforced legislation to curb commercial promotion can give breastfeeding a better chance.

Disrespect for global standards and national laws

Code violations occur in industrialised countries because most companies wrongly maintain that the International Code applies only in developing countries. Despite industry's professed commitment to the Code in developing countries, Code violations happen there because companies persist in interpreting the International Code narrowly to include only infant formula, not all breastmilk substitutes. Even so, violations involving infant formula are still found. ICDC is encouraged that many of the drafts in category 6 now contain a clear scope specifically including all breastmilk substitutes.

Resolutions which seek to clarify the International Code and keep pace with new marketing techniques and scientific knowledge are often ignored although they have the same status as the Code. Where national laws are not enforced, companies flout them with impunity. Countries with strong laws and good enforcement mechanisms see a slow but steady increase in breastfeeding rates and duration.

Global Strategy on Infant and Young Child Feeding

Endorsed by the WHA in 2002, the Global Strategy identifies the Code as an area for high priority action by governments. They can act by implementing and monitoring existing measures or, where appropriate, strengthening them or adopting new measures. Paragraph 44 of the Global Strategy restricts the role of companies to meeting quality standards and to ensuring that their conduct at every level conforms to the Code and subsequent WHA Resolutions.

Maternity Protection Convention

For a woman to be able to breastfeed successfully, she needs support in the workplace. Legislation is necessary to ensure that women receive adequate paid maternity leave from their jobs as well as time during the workday for breastfeeding or for expressing breastmilk. More and younger women are working than ever before. These women need protective legislation during their childbearing years. In order to combine paid employment and successful breastfeeding, support must be given by all levels of society.

Women's productive and reproductive roles were duly recognised by the adoption of the ILO Maternity Protection Convention 2000 (No.183) which entitles women to 14 weeks' paid maternity leave and lactating mothers to one or two paid breastfeeding breaks per working day. To date only Bulgaria, Hungary, Italy, Lithuania, Romania and Slovakia have ratified the Convention.

Breastfeeding, HIV and the Code

Although HIV can be transmitted through mother's milk, breastfeeding remains the best way to feed an infant in the vast majority of circumstances. The absolute risk of HIV transmission through breastfeeding – globally between 5% and 20% – needs to be balanced against the increased risk of morbidity and mortality when infants are not breastfed. All HIV-infected mothers must be counselled about the risks and benefits of various options. Replacement feeding is one of those and it should be acceptable, feasible, affordable, sustainable and safe (AFASS) under the particular circumstances. Governments that have decided to provide replacement feeding should establish appropriate procurement and distribution systems in accordance with the Code and relevant World Health Assembly Resolutions. UN agencies have adopted guidelines on HIV that caution against non Code-compliant donations of breastmilk substitutes or their promotion.

The Convention on the Rights of the Child (CRC) and the Code

The child's right to the highest attainable standard of health is enshrined in the CRC. Breastfeeding has proven essential to diminish infant and child mortality, disease and malnutrition, contributing to that aim. Article 24 of the CRC requires governments to ensure that all segments of society are informed about the advantages of breastfeeding, an obligation which can, in part, be fulfilled by implementing the International Code and subsequent WHA Resolutions. Governments reviewed by the Committee on the Rights of the Child have been asked to improve breastfeeding practices, to develop protective legislation, and to elaborate and implement supportive frameworks and infrastructure.

STATE OF THE CODE BY COUNTRY

This chart shows the status of the *International Code of Marketing of Breastmilk Substitutes* (Code) in 192 countries. The nine categories (see detail overleaf) indicate each country's current position.

- 27 countries in **category 1** have implemented most of the Code and subsequent WHA resolutions by means of a comprehensive law, decree or other legally enforceable measure. **Yemen, Cape Verde** and **Argentina** are new entrants to this category. A few countries in category 1 have strengthened their existing laws, namely **Brazil, India** and **Sri Lanka**.
- 33 countries shown in **category 2** have implemented many but not all provisions of the Code as law. **Pakistan** joined after a 9-year struggle during which industry ensured it can influence implementation of the law. **Azerbaijan**, on the other hand, made a quantum leap from draft to law.
- 22 countries in **category 4** have taken measures to legislate on only some aspects of the Code. This form of Code implementation falls short of the minimum envisaged by the World Health Assembly when the Code was adopted.
- 18 countries in **category 3** have implemented the entire Code as a voluntary measure or as a national health policy. Although such measures are not legally enforceable, they can

be effective if properly monitored. **Thailand** has been removed from this category since the old voluntary agreement expired. An additional 5 countries listed in category 3 have drafts based on the Code and subsequent WHA Resolutions and are therefore highlighted under category 6.

Some countries appear under more than one category. The most significant one is highlighted in green and is the one which counts for the IBFAN Scale.

- 33 countries in **category 6** have draft laws. **Botswana, Malawi, South Africa** and **Zambia** are countries to watch in the coming years due to a hive of activities concerning the Code and infant feeding, not least their responses to the HIV pandemic. Two notable inclusions in category 6 are Afghanistan and the newly independent **Timor-Leste**. **Gabon's** draft has become law as this chart goes to print. It remains in this category until ICDC has received the text for full analysis. Due to lack of political will or resistance from industry, many other countries in category 6 have lost momentum to implement the Code.
- In summary, 65% of the 192 countries have taken some measure to implement the International Code. There are still countries, including the **United States** that have done nothing. There is no information available for a handful of countries.

Status of the Code									
	Law	Many provisions law	Policy or voluntary measure	Few provisions law	Some provisions voluntary or guidelines	Measure drafted, awaiting final approval	Being studied	No action	No information
Asia	1	2	3	4	5	6	7	8	9
Afghanistan									
Bahrain									
Bangladesh									
Bhutan									
Brunei									
Cambodia									
China									
Hong Kong SAR, China									
Macao SAR, China									
India									
Indonesia									
Iran ¹									
Iraq									
Israel									
Japan									
Jordan									
Kazakhstan									
Korea, Dem. P.R. of									
Korea, Republic of									
Kuwait									
Kyrgyzstan									
Laos									
Lebanon									
Malaysia									
Maldives									
Mongolia									
Myanmar									
Nepal									
Oman									
Pakistan									
Palestinian Authority									
Philippines									
Qatar									
Saudia Arabia									
Singapore ²									
Sri Lanka									
Syria ¹									
Taiwan ²									
Tajikistan									
Thailand									
Timor Leste									
Turkmenistan									
United Arab Emirates									
Uzbekistan									
Vietnam									
Yemen									
Oceania	1	2	3	4	5	6	7	8	9
Australia									
Cook Islands									
Fiji									
Kiribati									
Marshall Islands									
Micronesia									
New Zealand ²									
Palau									
Papua New Guinea									
Solomon Islands									
Tonga									
Tuvalu									
Vanuatu									
Samoa									
Americas	1	2	3	4	5	6	7	8	9
Antigua & Barbuda									
Argentina									
Bahamas									
Barbados									
Belize									
Bolivia									
Brazil									
Canada									
Chile									
Colombia									
Costa Rica									
Cuba ¹									
Dominica									
Dominican Republic									
Ecuador									
El Salvador									
Grenada									
Guatemala									
Guyana									
Haiti									
Honduras									
Jamaica									
Mexico									
Nicaragua									
Panama									
Paraguay									
Peru									
St Kitts & Nevis									
St Lucia									
St Vincent									
Surinam									
Trinidad & Tobago									
United States									
Uruguay									
Venezuela ²									

Status of the Code									
	Law	Many provisions law	Policy or voluntary measure	Few provisions law	Some provisions voluntary or guidelines	Measure drafted, awaiting final approval	Being studied	No action	No information
Africa	1	2	3	4	5	6	7	8	9
Algeria ¹									
Angola									
Benin									
Botswana									
Burkina Faso									
Burundi									
Cameroon									
Cape Verde									
Central African Rep.									
Chad									
Congo, Dem. Rep. of									
Congo, People's Rep. of									
Côte d'Ivoire									
Djibouti									
Egypt									
Equatorial Guinea									
Eritrea									
Ethiopia									
Gabon									
Gambia									
Ghana									
Guinea									
Guinea-Bissau									
Kenya									
Lesotho									
Liberia									
Libya ¹									
Madagascar									
Malawi									
Mali									
Mauritania									
Mauritius									
Morocco									
Mozambique									
Namibia									
Niger									
Nigeria									
Rwanda									
São Tomé & Príncipe									
Senegal									
Seychelles									
Sierra Leone									
Somalia									
South Africa									
Sudan									
Swaziland									
Tanzania									
Togo									
Tunisia									
Uganda									
Zambia									
Zimbabwe									
Europe	1	2	3	4	5	6	7	8	9
Albania									
Armenia									
* Austria									
Azerbaijan									
Belarus									
* Belgium									
* Bosnia & Herzegovina									
Bulgaria									
Croatia									
** Cyprus									
** Czech Republic									
* Denmark									
** Estonia									
* Finland									
* France									
Georgia									
* Germany									
* Greece									
** Hungary									
Iceland									
* Ireland									
* Italy									
** Latvia									
Liechtenstein									
** Lithuania									
* Luxembourg									
Macedonia									
** Malta									
Moldova									
Monaco									
* Netherlands									
Norway									
** Poland									
* Portugal									
Romania									
Russian Federation									
Serbia & Montenegro									
** Slovakia									
** Slovenia									
* Spain									
* Sweden									
Switzerland ²									
Turkey									
Ukraine									
* United Kingdom									

IBFAN SCALE The Code in 192 countries



27
Law

33
Many provisions law

18
Policy or voluntary
measure

22
Few provisions law

18
Some provisions
voluntary/Guidelines
to health facilities

33
Measure drafted,
awaiting final
approval

24
Being studied

10
No action

7
No information



* These countries belong to the EU and most have implemented the 1991 EU Directive on Infant Formulae and Follow-up Formulae. Sweden has a comprehensive voluntary code. The EU Directive does not meet the minimum standards of the International Code.

** Countries acceding to the EU on 1 May 2004 are expected to align their laws with the EU Directive or adopt stronger measures.

* Part of Bosnia & Herzegovina, Republika Srpska has an autonomous legal system which adopted the Code as a code of conduct and part of the Code as a decree.

Notes:

- Government controls distribution
- Industry code