IBFAN

Celebrating 30 years of protecting infant health

INTERNATIONAL CODE DOCUMENTATION CENTRE

STATE OF THE CODE BY COUNTRY

2009

A survey of measures taken by governments to implement the provisions of the International Code of Marketing of Breastmilk Substitutes & subsequent World Health Assembly resolutions

Updated with new classifications !

TO THE ATTENTION OF WHO & UNICEF

Writing & Editing: Yeong Joo Kean, Annelies Allain
Research: Shila Rani Kaur
Design & Layout: Raja Abdul Razak
Production Assistants: Christina Anne Karl, Komala Ramalingam

Published by
IBFAN Sdn Bhd
PO Box 19, 10700 Penang, Malaysia
Tel: +60 4 890 5799
Fax: +60 4 890 7291
Email: ibfanpg@tm.net.my
Web: www.ibfan.org

Printer: Jutaprint, Penang

This chart is based on a 2008-2009 survey and on the most recent information available. While every effort has been taken to obtain accurate data, some information may be incomplete. ICDC welcomes additions or corrections and will incorporate them in future editions.

Price: US$5.00 inclusive of postage. Special rates for bulk orders. Enquire with IBFAN-ICDC.

Sources:
1. Government replies to ICDC survey.
2. Government reports to UNICEF Nutrition Section.
3. Reports to the World Health Assembly.
4. Data obtained by IBFAN groups.

Previous IBFAN–ICDC State of the Code charts have been published in 1986, 1988, 1989, 1991, 1994, 1998, 2001, 2004 and 2006.

IBFAN

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 baby foods, feeding bottles and teats.

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

INTERNATIONAL CODE DOCUMENTATION CENTRE

About ICDC

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

- Since 1991, ICDC has been giving training courses on Code implementation to assist governments in drafting sound legislation to protect breastfeeding.
- ICDC collects, analyses and evaluates national laws and draft laws.
- ICDC also conducts Code monitoring courses and maintains a database on Code violations worldwide.
- ICDC publishes Breaking the Rules and State of the Code by Country every two to three years.

KEY TO CHART CATEGORIES

1. **Law:** These countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing **all or nearly all** provisions of the International Code and subsequent WHA resolutions. Countries with older measures which have not incorporated subsequent WHA resolutions have been downgraded; likewise, laws with narrow scopes have also been downgraded to category 2 or 3.

2. **Many provisions law:** These countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing many provisions of the Code and subsequent WHA resolutions. Laws which cover only infant formula have been downgraded to new category 3.

3. **Few provisions law:** These countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing only few of the provisions of the Code or subsequent WHA resolutions.

4. **Voluntary code or policy:** In these countries the government has adopted all or most of the provisions of the Code and subsequent WHA resolutions through a voluntary code, a government policy or other non-binding measure. There are, however, no enforcement mechanisms.

5. **Some provisions in other laws or guidelines applicable to the health sector:** In these countries, the government has i. adopted some provisions of the Code and subsequent WHA resolutions in other laws in particular those pertaining to quality, labelling or consumer protection, or ii. issued directives or guidelines applicable to the health sector.

6. **Some provisions voluntary:** In these countries, the government has adopted some of the provisions of the Code and subsequent WHA resolutions through voluntary measures, official guidelines or other non-binding measures.

7. **Measure drafted, awaiting final approval:** In these countries, a draft law or other draft measure exists to implement all or most of the provisions of the Code and subsequent WHA resolutions, and the draft is pending approval/adoption as a law.

8. **Being studied:** The government in each of these countries is still studying how to best implement the Code and subsequent WHA resolutions.

9. **No information/No action:** Either no information is available regarding Code implementation, or these countries have not taken any steps to implement the Code and subsequent WHA resolutions.

Code implementation worldwide

Since 1981 when the Code was adopted, almost 77 percent of the 196 countries in this chart have taken some action to implement it. Monitoring and enforcement are still lacking particularly in countries where national measures and legal systems are weak. The annual worldwide baby food market exceeds US$24 billion. This market is projected to grow, particularly in countries with emerging economies where neither a marked increase in price nor the deliberate tainting of milk with melamine has dampened demand. Weak laws have allowed inappropriate marketing practices to prevail. Only effective national legislation, properly enforced can prevent artificial feeding from competing unfairly with breastfeeding.

Breastfeeding, HIV and the Code

About 5 to 20 percent of infants and young children may become infected during breastfeeding if their mothers are HIV-positive and are not receiving any antiretroviral medication. The fact that the HIV virus can be passed through breastmilk should not be allowed to undermine breastfeeding for the majority of infants around the world whose health and chances of survival will be greatly improved by it. The UN Guidance on HIV and Infant Feeding recommends exclusive breastfeeding for HIV-infected women for the first six months of life unless replacement feeding is acceptable, feasible, affordable, sustainable and safe. Many governments are considering ways to make alternative feeding options available to HIV-positive mothers who have decided not to breastfeed, after having been properly counselled about the pros and cons of various feeding options.

Manufacturers and distributors sometimes participate in these programmes promoting concerns that, if no safeguards are introduced, there might be a push for all HIV-positive mothers to opt for artificial feeding. The result would be a decrease in breastfeeding rates, and an increase in illness and death among children who are not at risk of HIV infection. Although there was no awareness about HIV when the Code was adopted in 1981, it has since become a critical cornerstone of various policy measures designed to enable HIV-infected mothers to decide on the infant feeding options available to them.

Global Strategy on Infant and Young Child Feeding

Endorsed by the WHA in 2002, the Global Strategy identifies the Code as high priority for 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 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.

Baby Friendly Hospital Initiative (BFHI) and the Code

The Baby Friendly Hospital Initiative (BFHI) is a programme launched in 1991 by WHO and UNICEF to protect, promote and support breastfeeding in maternity care facilities. It was intended to increase the initiation and duration of breastfeeding worldwide by promoting breastfeeding as the biological norm. BFHI facilities design their services so as to create a supportive environment in which mothers can breastfeed. BFHI is regarded as an important policy measure in tackling the marketing ties between health professionals and industry, as hospitals in this programme do not accept free or low cost supplies of breastmilk substitutes from manufacturers and distributors.

The concept of BFHI was revised in 2006 to include a Code component. New Global Criteria and questions have been added to BFHI materials to ascertain Code compliance in BFHI–accredited facilities.

Maternity protection at the workplace

Successful breastfeeding requires support in many areas particularly at the workplace. What is needed is supportive legislation and regulations at national, local and at workplace level which ensure that women enjoy adequate paid maternity leave, job security as well as time during the workday for breastfeeding or for expressing breastmilk. The ILO Maternity Protection Convention 2000 (No. 183) gives due recognition to women's productive and reproductive roles as a collective responsibility. It entitles women to 14 weeks paid maternity leave and lactating mothers to one or two paid breastfeeding breaks per working day.

To date 17 countries have ratified the Convention: Albania, Austria, Belarus, Belize, Bulgaria, Cuba, Cyprus, Hungary, Italy, Latvia, Lithuania, Luxembourg, Mali, Moldova, the Netherlands, Romania and Slovakia.

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, thereby contributing to that aim. Article 24 of the CRC requires governments to ensure that everyone is 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 are being asked to improve breastfeeding practices, to develop pro-breastfeeding policies and to draft protective legislation including adopting and implementing marketing laws.

STATE OF THE CODE BY COUNTRY

In 2008, IBFAN-ICDC started a new survey on the steps taken by 196 countries to implement the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly (WHA) resolutions (collectively referred to as 'the Code'). Based on input from governments and IBFAN groups, it was decided to fine-tune the criteria for grading countries using the scope of the law as the main yardstick. Any law that does not cover all breastmilk substitutes will not, as a matter of principle, qualify for category 1 or 2 and this resulted in some countries being downgraded.

- 30 countries in **category 1** implemented most of the Code's provisions as law. The Gambia, Maldives, Palau, and Venezuela are new entrants to this category. Two countries in category 1, Lebanon and the Philippines reviewed their existing laws to include subsequent WHA resolutions.
- 33 countries in **category 2** implemented many but not all provisions of the Code as legally enforceable measures. New entrants to this category are Bolivia, Congo D.R., Kyrgyzstan, Mali, Syria and Tajikistan. Significantly, Argentina, Burkina Faso, Iran, Saudi Arabia and Uruguay have been downgraded here from category 1 as their laws no longer make the mark. Only two countries in Europe, Norway and Luxembourg, remain in category 2.
- The reclassification to fine-tune the grading required a new **category 3**. The 42 countries in this category have mostly chosen to maintain a narrow scope and not take into account subsequent WHA resolutions. China, Papua New Guinea and most EU countries have been downgraded from category 2 due to this reason. Laos was downgraded after industry intervention in 2007 rendered the law weaker.
- 17 countries in **category 4** have implemented the entire Code as a voluntary measure. Although such measures are not legally enforceable, they can be effective if properly monitored. Palestine has been upgraded to this category, while Honduras slipped here from its previous category 1 position when its law was suspended.
- Five countries namely Algeria, Armenia, Canada, Macedonia and United Arab Emirates are in **category 5**, newly reclassified to cater for the few countries which incorporated parts of the Code into other laws, in particular those pertaining to labelling, quality and consumer protection.
- **Category 6**, another revised classification, lists 23 countries which have some voluntary provisions. Although the approach taken in category 6 is voluntary and similar to that of category 4, countries in category 6 enjoy less protection from their national measures, either due to dominant industry influence or the lack of independent monitoring mechanisms. Thailand is a new entrant to this category.
- 22 countries in **category 7** have draft laws. Some countries have remained in this category for many years and appear to have become complacent in relation to Code implementation.
- **Category 8** lists countries where the Code is being studied, while **category 9** is a combination of countries where there is either no information or no action.

Status of the Code	1 All or nearly all provisions law	2 Many provisions law	3 Few provisions law	4 Voluntary code or policy	5 Some provisions in other laws or guidelines	6 Some provisions voluntary	7 Measure drafted	8 Being studied	9 No information / no action
Asia									
Afghanistan						●[d]			
Bangladesh		●							
Bhutan				●[d]					
Brunei						●			
Cambodia		●							
China			●[a,c]						
Hong Kong, SAR China						●[b]			
Macao, SAR China				●					
India	●								
Indonesia		●[a]							
Israel			●						
Japan						●[b]			
Kazakhstan								●	
Korea, Dem. P.R. of									●
Korea, Republic of						●			
Kyrgyzstan		●							
Laos			●						
Malaysia				●[b]					
Maldives	●								
Mongolia		●							
Myanmar						●			
Nepal	●								
Pakistan		●							
Philippines	●								
Singapore						●[e]			
Sri Lanka	●								
Taiwan						●[b,e]			
Tajikistan		●							
Thailand						●[b]			
Timor Leste							●		
**Turkmenistan							●		
Uzbekistan								●	
Vietnam		●							
Africa									
Angola							●		
Benin	●								
Botswana	●								
Burkina Faso		●							
Burundi							●		
Cameroon	●								
Cape Verde	●								
Central African Rep.									●
Chad							●		
Comores							●		
Congo, Dem. Rep. of		●							
Congo, People's Rep. of							●		
Côte d'Ivoire							●		
Equatorial Guinea									●
Eritrea								●	
Ethiopia			●[d]						
Gabon	●								
Gambia	●								
Ghana	●								
Guinea			●[d]						
Guinea-Bissau			●						
Kenya				●[d]					
Lesotho							●		
Liberia									●
Madagascar	●[a]								
Malawi		●							
Mali		●							
Mauritania								●	
Mauritius						●			
Mozambique	●								
Namibia							●		
Niger		●							
Nigeria		●							
Rwanda							●		
São Tomé & Príncipe							●[d]		
Senegal		●							
Seychelles		●							
Sierra Leone							●		
Somalia									●
South Africa				●[d]					
Swaziland				●[d]					
Tanzania	●[a]								
Togo							●		
Uganda	●								
Zambia		●							
Zimbabwe	●								
M. East & N. Africa									
Algeria					●				
Bahrain	●								
Djibouti		●							
Egypt			●						
Iran		●							
Iraq							●		
Jordan							●		
Kuwait			●						
Lebanon	●								
Libya			●						
Morocco						●[d]			
Oman		●							
Palestine				●					
Qatar			●						
Saudi Arabia		●							
Sudan			●						
Syria		●							
Tunisia		●							
United Arab Emirates					●[d]				
Yemen	●								

Status of the Code	1 All or nearly all provisions law	2 Many provisions law	3 Few provisions law	4 Voluntary code or policy	5 Some provisions in other laws or guidelines	6 Some provisions voluntary	7 Measure drafted	8 Being studied	9 No information / no action
Oceania									
Australia				●[b]					
Cook Islands						●			
Fiji							●		
Kiribati						●[d]			
Marshall Islands						●			
Micronesia							●		
Nauru									●
New Zealand				●[b,e]					
Palau	●								
Papua New Guinea			●						
Samoa						●			
Solomon Islands								●	
Tonga				●					
Tuvalu									●
Vanuatu						●			
Americas									
Antigua & Barbuda									●
Argentina		●							
Bahamas						●			
Barbados				●					
Belize						●			
Bolivia		●							
Brazil	●								
Canada					●				
Chile				●[b]					
Colombia		●							
Costa Rica	●[a]								
Cuba			●						
Dominica				●					
Dominican Republic	●								
Ecuador				●[b]					
El Salvador							●		
Grenada						●			
Guatemala	●								
Guyana				●					
Haiti							●		
Honduras				●					
Jamaica				●					
Mexico		●							
Nicaragua		●							
Panama	●								
Paraguay			●						
Peru	●								
Puerto Rico, C'wealth of			●						
St Kitts & Nevis						●			
St Lucia						●			
St Vincent						●			
Surinam									●
Trinidad & Tobago			●[c]						
[i] United States									●
Uruguay		●							
Venezuela	●								
Europe									
Albania	●								
Armenia					●[d]				
*Austria			●						
Azerbaijan		●							
Belarus								●	
*Belgium			●						
[ii]Bosnia & Herzegovina								●[b,c]	
*Bulgaria			●						
Croatia							●		
*Cyprus			●						
*Czech Republic			●						
*Denmark			●						
*Estonia			●						
*Finland			●						
*France			●						
Georgia	●								
*Germany			●						
*Greece			●						
*Hungary			●						
Iceland									●
*Ireland			●						
*Italy			●						
Kosovo							●		
*Latvia			●						
Liechtenstein									●
*Lithuania			●						
*Luxembourg		●							
Macedonia					●				
*Malta								●	
Moldova									●
Monaco									●
*Netherlands			●						
Norway		●[c]							
*Poland			●						
*Portugal			●						
*Romania			●						
Russian Federation								●	
Serbia & Montenegro		●							
*Slovakia			●						
*Slovenia			●						
*Spain			●						
*Sweden			●[c]						
Switzerland						●[b,e]			
Turkey			●[d]						
Ukraine								●	
*United Kingdom			●						

IBFAN SCALE
The Code in 196 countries

30
Law

33
Many provisions law

42
Few provisions law

17
Voluntary code

5
Some provisions in other laws

23
Some provisions voluntary

22
Measure drafted

10
Being studied

14
No information/ No action

● Categories highlighted in green denote countries which straddle more than one category. Their sub-categories are indicated by small letters. See Notes below.

Notes

a. Country is revising existing measure.
b. Country also has adopted some provisions as law.
c. Country also has a voluntary code or policy.
d. Country also has a draft law or other measure.
e. Industry Code

Legends

* These countries belong to the EU and are required to align their laws with the 2006 EU Directive on Infant Formulae and Follow-up Formulae or adopt stronger measures. Most reported that they have implemented the 2006 EU Directive which does not meet the minimum standards of the Code and resolutions.

i Partial implementation in Massachusetts and New York State.

ii 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.

** *Editorial note:* As this chart goes to print, news was received that the Parliament of Turkmenistan has approved a law on 19 April 2009. Until ICDC receives the full final text, the country cannot be re-categorised.

© Published by IBFAN, P.O. Box 19, 10700 Penang, Malaysia
Printed by Jutaprint, Penang
Production by Raja Abdul Razak

ISSN: 0128-9195