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The International Code of Marketing of Breast-milk Substitutes: summary of action taken by WHO Member States and other interested parties, 1994-1998

Since the adoption of the International Code of Marketing of Breast-milk Substitutes in 1981, and consistent with its Article 11.7, the Director-General of WHO has reported every two years on the status of the Code's implementation. Primary emphasis has been on relevant action taken by Member States, but information has also been included on WHO's technical support to governments and action by nongovernmental organizations, professional groups, and consumer organizations, which are called upon to collaborate with governments in monitoring the Code's application (Article 11.4).

This document provides a detailed summary of available information on action taken by WHO Member States and other interested parties during the period 1994–1998. It complements information provided in the context of the last two reports by the Director-General on infant and young child nutrition presented to the ninety-seventh and 101st sessions of the WHO Executive Board (January 1996 and January 1998) and the Forty-ninth and Fifty-first World Health Assemblies (May 1996 and May 1998), respectively.

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INTRODUCTION

1. On 21 May 1981, the Thirty-fourth World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes¹ in the form of a recommendation. In doing so, the Assembly urged all Member States *inter alia* to translate it into national legislation, regulations or other suitable measures; to involve all concerned parties in its implementation; and to monitor compliance with it. The Assembly also encouraged Member States to involve all concerned social and economic sectors and all other concerned parties in implementing the Code and in observing its provisions.

2. In pursuit of its aim (Article 1), which is to contribute to the provision of safe and adequate nutrition for infants, the International Code sets out detailed provisions with regard to:

- Products within its scope (Article 2), in keeping with definitions formulated for the purposes of the Code (Article 3).
- Appropriate dissemination of information and education on infant feeding (Article 4).
- Marketing of breast-milk substitutes and related products to the general public and mothers (Article 5).
- Measures to be taken in health care systems (Article 6), and with regard to health workers (Article 7) and employees of manufacturers and distributors (Article 8).
- Labelling (Article 9) and quality of breast-milk substitutes and related products (Article 10).
- The Code's implementation and monitoring (Article 11).

The Code calls for annual reporting by Member States to the Director-General (Article 11.6) and by the Director-General to the Health Assembly, in even years, on the status of its implementation (Article 11.7).

3. The last detailed summary of action taken by WHO Member States giving effect to the International Code was presented to the Forty-seventh World Health Assembly in 1994.² In 1996, in keeping with the reform process initiated by the Executive Board and the Health Assembly and the impact of the economies imposed on the volume of documentation submitted to the Board and the Assembly, an abridged report was prepared. At its ninety-seventh session in January 1996, the Board decided that biennial reporting should continue as before, but that every second report should be a comprehensive report, starting in 1998.³

4. The following detailed summary of available information on action taken by WHO Member States and other interested parties giving effect to the International Code thus complements information provided in the relevant portions of the last two reports by the Director-General on infant and young child nutrition presented, respectively, to the ninety-seventh and 101st sessions of the Executive Board (January 1996 and January 1998) and the Forty-ninth and Fifty-first World Health Assemblies (May 1996 and May 1998). This summary focuses primarily on *new* action, or new information about action made available, during the period 1994–1998. An overall picture of steps taken in countries since 1981 may be obtained by referring to previous such reports by the Director-General since 1982, which are listed in Table 1.

¹ World Health Organization. *International Code of Marketing of Breast-milk Substitutes*. Document WHA34/1981/REC/1, Annex 3, Geneva, 1981.

² Document WHA47/1994/REC/1, Annex 1.

³ Documents A51/6, part IX, and A51/INF.DOC./3.

TABLE 1. REPORTS TO WHO'S GOVERNING BODIES SINCE 1981 ON INFANT AND YOUNG CHILD NUTRITION, INCLUDING THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES^a

| Year | No. of pages | Document reference | Resolution |
|--------------|------------------|----------------------------|----------------------|
| 1981 | 8 | A34/7 | WHA34.22 |
| 1982 | 28 | WHA35/1982/REC/1, Annex 5 | WHA35.26 |
| 1983 | 39 | A36/7 | |
| 1984 | 42 | WHA37/1984/REC/1, Annex 5 | WHA37.30 |
| 1986 | 37 | WHA39/1986/REC/1, Annex 6 | WHA39.28 |
| 1988 | 33 | WHA41/1988/REC/1, Annex 10 | WHA41.11 |
| 1990 | 48 | WHA43/1990/REC/1, Annex 1 | WHA43.3 |
| 1992 | 29 | WHA45/1992/REC/1, Annex 9 | WHA45.34 |
| 1994 | 45 | WHA47/1994/REC/1, Annex 1 | WHA47.5 |
| 1996 | 2 | A49/4 | WHA49.15 |
| 1998 | 3 + 12 | A51/6/IX + A51/INF.DOC/3 | |
| Total | 326 pages | 11 reports | 9 resolutions |

^a See Table 2 for a breakdown, by WHO region, of the cumulative number of Member States reporting.

ACTION BY MEMBER STATES

African Region

5. Draft regulations on the marketing of breast-milk substitutes in **Botswana** cover *any* products, whether or not marketed as being suitable as a partial or total replacement for breast milk, that are being fed during the first year of life. Particular emphasis is placed on promoting extended breastfeeding, i.e. during the first two years of life; local procurement of complementary foods; a rigorous distinction between samples of products, which are not permitted, and genuine supplies of infant formula for long-term social-welfare purposes, which may be provided within carefully defined limits; and credible monitoring and sanction provisions.

6. The marketing of breast-milk substitutes and complementary foods in **Côte d'Ivoire**, including prohibition of any free distribution or promotional sale of breast-milk substitutes, or any form of advertising in this regard, is governed by an interministerial decree dated 25 July 1994.

7. Following closely the provisions of the International Code, Decree No. 96-322¹ of 2 May 1996 in **Madagascar** regulates the marketing of "breast-milk substitutes and other milk products, infant formula and complementary foods presented and marketed in order to partially or totally replace breast milk, feeding bottles, and teats". Stocks of infant formula or other products within the scope of the decree obtained from donations and distributed outside an institution or organization should be maintained for as long as the infants concerned need them. However, providing product samples is not permitted "unless there is a medical indication for doing so".

¹ *International Digest of Health Legislation*, 48(3): 360-362 (1997).

8. The Government of **Mauritania** reports that a national code of marketing of breast-milk substitutes is currently being drafted to give effect to the International Code.
9. The Government of **Mozambique** has prepared a draft national code of marketing of breast-milk substitutes, which follows closely the provisions of the International Code except that its scope covers *all* food products commercially available for infants and young children. The Ministry of Health is responsible for monitoring the code's implementation.
10. **Namibia**, which adopted the International Code in 1996 in the form of a decree law, has taken specific steps to ban the distribution of free and low-cost supplies of infant formula. A national code of marketing breast-milk substitutes is being developed.
11. A Ministerial Order¹ of 25 July 1994 prescribes the conditions in **Senegal** for the marketing of breast-milk substitutes and complementary foods, including provisions to punish infractions.
12. The Government of the **Seychelles** reports that it formally adopted the International Code as a decree law in 1992.
13. Since 1994, about 2000 health workers in **Togo** from district hospitals and maternity centres, and paediatric and maternity wards in the Lome University teaching hospital and 50 private clinics have been trained in implementing the Baby-friendly Hospital Initiative and the International Code. A national code of marketing of breast-milk substitutes, which was drawn up in October 1997 to ensure ethical behaviour by manufacturers and distributors of infant formula, will be promulgated as a statutory Order of Council.
14. In the **United Republic of Tanzania**, The Food (Control of Quality) (Marketing of Breast-milk Substitutes and Designated Products) Regulations took effect on 1 July 1994. These comprehensive and detailed provisions cover infant formula, follow-up formula, and any product "marketed, or otherwise represented or commonly used," for feeding infants; any product to be fed by feeding bottle; beverages, milks and other foods intended for use by infants and young children, whether or not industrially produced; and feeding bottles, teats and pacifiers. The regulations follow the broad lines of the International Code, and include the possibility of product donations being made with the express approval of the competent authority.
15. The Ministry of Health in **Zimbabwe**, following consultation with various interested parties, prepared a detailed draft law and regulations for the implementation of the International Code. The Ministry attributed rapid progress in this regard to, among other things, the attendance of its staff lawyer at a training seminar on the International Code conducted by IBFAN's International Code Documentation Centre (paragraphs 78-79). The law/regulations were gazetted by Government on 1 August 1997 and formally presented on the same day by the Minister of Health at the beginning of World Breastfeeding Week. They are expected to come into effect in the second half of 1998.

Region of the Americas

16. The Ministry of Health in **Argentina**, by resolution 54/97 published with the force of a regulation in the Official Bulletin No. 28.662 of 5 June 1997,² accepted both the International Code in its entirety and applicable portions of subsequent relevant resolutions of the World Health Assembly.

¹ *International Digest of Health Legislation*, 46(1): 70 (1995).

² Scheduled for coverage in the *International Digest of Health Legislation*, 49(2)(1998).

17. **Belize** has not formally adopted the International Code; however, marketing personnel for products within its scope do not have direct contact with mothers while in maternity hospitals, where there are no promotional activities, and mothers do not receive product samples or educational materials from commercial sources.
18. Following a survey in **Bolivia** in 1993 indicating that 57% of health services received infant formula samples and that breast-milk substitutes were being promoted, particularly in rural areas, twelve workshops on the International Code were held over a period of two years. Specific monitoring of the International Code's implementation undertaken in October-November 1994 showed a very low level of awareness in this regard among health professionals.
19. In 1994 the parliament in **Costa Rica** adopted legislation for breastfeeding promotion, which includes education for families, support to breastfeeding programmes, and regulation of advertising and distribution of breast-milk substitutes, complementary foods, and related feeding utensils.
20. In 1994 the Government of **Dominican Republic** enacted the Law for the Promotion of Breastfeeding and Regulation of Marketing of Breastmilk Substitutes. Promoting breast-milk substitutes or giving product samples are not permitted in public sector institutions. Also in 1994, 26 maternity clinics adopted the principles governing the Baby-friendly Hospital Initiative.
21. Further to Regulations¹ adopted in **Ecuador** in 1983 governing the marketing of formula for infants, a new Law supporting breastfeeding and implementation of the International Code, adopted on 1 November 1995, was published in the *Registro Oficial* (No. 814).
22. In **El Salvador** a ministerial decree in support of breastfeeding that was adopted in 1993 has become part of the national school curriculum. Prenatal and postpartum education provided to mothers, and standards for breastfeeding promotion were updated in 1994. Legislation regulating the marketing of breast-milk substitutes is still in draft. Although promotion and distribution of infant formula are not permitted in public sector health facilities, the situation in private clinics is described as less successful.
23. According to the Government of **Haiti**, the International Code has been formally adopted as a norm. However, its implementation is at present not being monitored.
24. In **Honduras** representatives of infant formula manufacturers are not permitted to promote their products or distribute samples in public sector institutions. Legislation dealing specifically with a woman's right to breastfeed is being considered in parliament.
25. Implementation of the International Code in **Jamaica** is one of six areas covered in the draft National Infant Feeding Policy of Jamaica, which is going through the parliamentary ratification and legislative process. The Policy is to be implemented by the National Breastfeeding Committee through field officers, which implies modifying some hospital structures.
26. In **Nicaragua** a law governing breastfeeding promotion and marketing of breast-milk substitutes is pending in the national assembly. A law enacted in 1994 allows for one hour of breastfeeding daily for working women, in addition to three months maternity leave with full pay.
27. The International Code was adopted in **Panama** by Law No. 50 on 23 November 1995.
28. The Code was adopted in **Paraguay** in 1995. Among other things, the new law prohibits the distribution of free or low-cost supplies of breast-milk substitutes.

¹ *International Digest of Health Legislation*, 35(4): 778-782 (1984).

29. The National Breastfeeding Coordinator in **Suriname** reports that the International Code has been adopted as a norm.
30. Although there is no legislation governing implementation of the International Code in **Trinidad and Tobago**, the Code has been widely disseminated and discussed in workshops and seminars for health workers. Distribution of breast-milk substitutes is discouraged in public sector institutions, and marketing personnel are not permitted to promote their products, or to distribute samples there.
31. In **Uruguay** advertising and marketing of foods for infants is governed by Decree 315/94, Article 29.2.26, in accordance with the International Code. Infant formula is considered to be a medicine and is therefore sold only in pharmacies.
32. A 1993 agreement between the dairy industry and the Government of **Venezuela** provides for legal measures to give effect to the International Code and the organization of related health-sector training. Related measures include breastfeeding protection through maternity and family legislation.

South-East Asia Region

33. In **Bangladesh**, following publication in January 1997 of reported violations of the International Code by infant-food manufacturers and/or distributors in four countries (paragraph 85), including Bangladesh, a number of steps were taken in accordance with domestic legislation.¹ An emergency meeting of the Code subcommittee of the Bangladesh Breastfeeding Foundation was convened; letters, with copies of the report, were sent to the ambassadors of the seven countries from which the products in question had been imported; a press conference was held to draw attention to the report and the Government's intention to take legal action; and a case against one of the Ordinance violators was filed in criminal court (two others are being prepared). Moreover, based on evidence that 20% of mothers are feeding full-cream powdered milk to their infants, the Government decided that this product will be incorporated in the Breastmilk Substitutes (Regulation of Marketing) Ordinance 1984² with a view to banning all promotional activities in this connection.
34. In **India** the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Rules, 1993³ were made by the Central Government pursuant to the Act (1992) of the same name. These Rules deal *inter alia* with conditions and restrictions for donation and distribution of breast-milk substitutes, feeding bottles, or equipment and material relating to them through the health care system; labelling, including particulars which labels should *not* contain; and details of information intended for pregnant women or mothers of infants.
35. In 1993 the Ministry of Public Health in **Thailand** issued a notification⁴ prescribing cow's milk as a specifically controlled food and prescribing its quality and production methods. The notification also lays down detailed requirements concerning the characteristics of condensed milk and skimmed milk, and the labelling of milk products. In particular, it provides that certain unsweetened, skimmed, low-fat, and powdered milk products are to display the legend "Not for feeding infants". Similarly, certain sweetened condensed milk products are to display the legend "Not for feeding infants younger than 1 year". Meanwhile, the Director General of Public Health is promoting the adoption of the International Code by ministerial regulation, and the

¹ The Breast Milk Substitutes (Regulation of Marketing) Ordinance, 1984. *International Digest of Health Legislation*, 1985, 36(2), 425-427.

² *International Digest of Health Legislation*, 36(2): 425-427 (1985).

³ *International Digest of Health Legislation*, 45(3): 337-340 (1994). See also *IDHL*, 1993, 44, 638, *Ind.* 93.3.

⁴ *International Digest of Health Legislation*, 46(2): 212-213 (1995).

Ministry of Public Health is forming an Executive Committee, including representatives of manufacturers and consumer groups, to ensure the Code's implementation.

Eastern Mediterranean Region

36. Following a study in **Bahrain** on foods for infants and young children conducted by the Ministry of Health, the Royal Decree of 7 February 1995 promulgated Law No. 4 of 1995 on the control of the use, marketing, and promotion of breast-milk substitutes.¹ Covering the entire first year of life ("foods and beverages used as substitutes or complements for breast milk") and following closely the principles laid down in the International Code, the Law includes provisions dealing with labelling, informational and educational materials, and advertising and promotion. Expressly prohibited are advertising or other promotion for baby foods and offering of samples of breast-milk substitutes to pregnant women, mothers of infants or members of their families, or gifts that may encourage or promote the use of breast-milk substitutes or bottle-feeding. It is possible for manufacturers or distributors to make donations of baby foods to health care institutions, or to sell them at low price to needy families, in quantities sufficient for long-term use, provided that they are restricted to infants who have to be fed on breast-milk substitutes and that they are used under the supervision of a health care institution. Violations, to be investigated by a special committee established by the Minister of Health, are punishable by imprisonment and fine.

37. In **Cyprus** administrative guidelines from the Ministry of Health dating from 1991 or earlier ban the advertising of breast-milk substitutes through the mass media and prohibit distribution of product samples and the display of product posters in government facilities. With a view to broadening action to protect, promote and support breastfeeding, the Ministry recently established a national multisectoral breastfeeding committee whose first act was to convene a workshop on implementation of the International Code in April 1997. WHO support included recruitment of a legal adviser from the International Baby Food Action Network's Code Documentation Centre (paragraph 78) to conduct the workshop.

38. In January 1997 the Minister of Health of **Djibouti** presented to the Cabinet of Ministers a draft decree to govern the marketing of breast-milk substitutes, feeding bottles and teats, and to encourage breastfeeding.

39. In December 1995, the parliament of the **Islamic Republic of Iran** adopted a code of marketing of breast-milk substitutes. Infant formula, which may be sold only in pharmacies, may be imported only through the Ministry of Health. Advertising breast-milk substitutes is prohibited and advertising supplementary food products is permitted only with the Ministry's approval. Maternity leave has been extended from three to four months with job security, and mothers who have returned to their jobs are accorded one hour per day to breastfeed their children.

40. The Sultanate of **Oman** has completed a draft law to protect, support and promote breastfeeding in accordance with the principles and aim of the International Code. Under the law advertising and promotion of breast-milk substitutes, including distribution of product samples, is prohibited, as are gifts and financial and material inducements to health workers and supplies of products to hospitals provided by manufacturers or distributors of breast-milk substitutes. Other provisions deal with encouragement and promotion of breastfeeding by health workers and the health care system, consumer protection when breast-milk substitutes are used, monitoring compliance with the law, awards to health workers and the health care system for breastfeeding promotion activities, and sanctions for violators.

41. The Ministry of Commerce in **Saudi Arabia** has introduced a blanket ban on commercial messages for alternatives to breastfeeding which applies to all 35 commercial infant formula brands available on the domestic market.

¹ *International Digest of Health Legislation*, 47(2): 195-196 (1996).

42. The Ministry of Health in the **United Arab Emirates** has banned the distribution of samples of breast-milk substitutes in all health service outlets and hospitals, and manufacturers' representatives are prevented from offering free breast-milk substitutes to mothers who come to maternity centres. The Ministry has ordered that no breast-milk substitutes be kept in maternity wards or given to any hospitalized child up to the age of six months unless prescribed by a doctor; families are to be prevented from bringing such products into hospitals; and nurses are not to prepare any breast-milk substitutes without referring to a doctor. Since 1984 a breastfeeding committee has collaborated with the Ministry, municipalities and infant formula manufacturers. One of the committee's main activities is to limit promotion of breast-milk substitutes, whether through the media or in hospitals and other health facilities.

European Region

43. In 1995 the Government of **Austria** adopted an ordinance¹ for health and consumer protection relating to infant formula and follow-on formula in accordance with the European Union's Commission Directive 91/321/EEC of 14 May 1991 on infant formulae and follow-on formulae.²

44. The Government of **Denmark** adopted regulations, published on 17 March 1997, to give effect to Directive 91/321/EEC.

45. In **Finland** Ordinance No. 337 of 29 April 1994 on breast-milk substitutes and complementary foods³ covers the composition, marketing, sale, and other forms of supply of breast-milk substitutes and complementary foods, and related informational materials and advertising. Other provisions deal with composition, labelling (including prohibitions and restrictions), and marketing. The Ministry of Health and Social Welfare is responsible for ensuring that objective and unambiguous informational material is made available to families and to professionals responsible for infant and young child nutrition.

46. Law No. 94-442 of 3 June 1994⁴ in **France**, which amends the Consumer Code, contains a new section (8) dealing with advertising and commercial practices concerning infant formula, defined as "foods intended for consumption by infants up to the age of four months and presented as satisfying all nutritional requirements for such infants". Advertising for infant formula is authorized only in the print media intended for health professionals; it is prohibited in retail trade, as are infant formula samples and any other promotional activity in favour of the direct sale of such products. Manufacturers and distributors are likewise prohibited from supplying infant formula free of charge to the public, samples of such products, or any other promotional gifts, whether directly, or indirectly through the health services or their employees.

47. On 29 June 1994 the federal parliament in **Germany** adopted the Bill on the Advertising for Infant Formula and Follow-on Formula (Infant Food Advertising Act) to incorporate into German law the mandatory provisions of Commission Directive 91/321/EEC. Sections 3 and 4 of the Law of 10 October 1994,⁵ which implement Articles 7-9 of the Directive, essentially reproduce the provisions of, respectively, Article 9 (labelling) and 4 (information and education) of the International Code. In keeping with a resolution by the parliament's committee on health, the Federal Government reported two years later on experience gained in implementing the Act and on the question of whether to set up an advisory council to assess promotional claims based on statements sought from the highest Laender (state) authorities responsible for food control, consumer associations, breastfeeding support groups, health professionals, and the food industry. A variety of often

¹ *International Digest of Health Legislation*, 47(1): 50 (1996).

² *International Digest of Health Legislation*, 42(4): 675-688 (1991).

³ *International Digest of Health Legislation*, 45(4): 505 (1994).

⁴ *International Digest of Health Legislation*, 45(4): 506 (1994).

⁵ *International Digest of Health Legislation*, 46(2): 208-209 (1995).

divergent views were expressed; however, the majority of the highest Laender authorities responsible for food control believed that gaps may exist in monitoring and enforcing the Act on the part of preventive health care institutions and professionals. In October 1996, the Federal Ministry for Health convened a meeting of all parties concerned to examine the functions of an advisory council, and whether it should be established and where. Although no such body has yet been created, the Ministry has declared its willingness reconvene a meeting of concerned parties when additional experience has been gained in implementing the Act.

48. In **Italy** Commission Directives 91/321/EEC and 92/52/EEC on infant formulae and follow-on formulae were adopted by Decree No. 500 of 6 April 1994.

49. Regulations concerning infant formulae and follow-on formulae were adopted in **Luxembourg** on 20 November 1993 to give effect to Commission Directive 91/321/EEC. Advertising of infant formula to the general public is prohibited. However, specialized child-care and scientific publications may be used for this purpose provided that the information is both scientific and factual, and does not infer that bottle-feeding is equal, or superior, to breastfeeding. Advertising at the retail level, distribution of samples, or any other promotional practice direct to the consumer are also prohibited. Manufacturers and distributors of infant formula may not provide mothers or members of their families, whether directly or indirectly through the health services or health workers, free or low-price products, samples or any other promotional gifts.

50. As part of its national breastfeeding promotion policy, the Government of **Malta** has prepared draft legislation on the marketing and distribution of breast-milk substitutes in accordance with European Union law. The Minister of Health is expected to present the draft law to the cabinet in the near future, in the form of a white paper.

51. In 1994 the Ministry of Health in the **Netherlands** sent 15 000 letters to remind health workers throughout the country that samples of breast-milk substitutes should not be distributed to mothers or members of their families.

52. By Act of 19 March 1997, the Minister of Health and Social Welfare of **Poland** was authorized to introduce, in the form of a regulation, the prohibition of all forms of advertising and promotion of breast-milk substitutes and feeding utensils.

53. The Board of Health and Social Welfare in **Sweden** established a task force in January 1996 to review and revise measures adopted in 1983 to give effect to the International Code in the form of a recommendation. Given that a majority of mothers are still breastfeeding at 6 months postpartum and a large number continue to do so until 12 months of age, it was decided that the Code should apply to products intended for use during the entire first year of life, including breast-milk substitutes, follow-on formula, and feeding bottles, teats and pacifiers. In the new approach to implementing the International Code, each article is presented with comments on how it should be interpreted and applied. Described as more strict, specific and to the point than the 1983 recommendation, the revision uses the equivalent of the word "shall" in place of "should".

54. New legislation¹ came into force in **Switzerland** on 1 July 1995, dealing with the quality and labelling of infant formula and follow-on formula; it is described as "compatible with both the corresponding provisions of the European Commission Directive 91/321/EEC and the International Code". Following consultations with the Federal Office of Public Health, the Federal Commission on Diet, the Swiss Paediatric Society, the Federation of Swiss Physicians, and a working group established by the Swiss Committee for UNICEF, Swiss infant-formula producers, in collaboration with the Swiss Association of the Producers of Dietetic Products, accepted on a voluntary basis a new Code of Conduct on the marketing of infant formula that also took effect

¹ Ordinance of 1 March 1995 on foods. *International Digest of Health Legislation*, 46(4): 511-512 (1995).

on 1 January 1995.¹ The new Code is described as taking explicit account of new developments in this area since 1982, in particular relevant resolutions of the World Health Assembly and the Commission Directive. Information addressed to mothers dealing with the use of infant formula should refer to the need to consult a physician or other health specialist on infant feeding and should stress the importance of breast milk. All information relating to infant formula and intended for mothers, e.g. brochures, leaflets and advertisements, must be designed so as not to deter mothers from breastfeeding. Media advertising for infant formula is authorized only in publications devoted to child-rearing, scientific matters, or those supplied by qualified health-service staff. Manufacturers are responsible for ensuring that there is no advertising or any promotional offers at the retail level. Product samples provided by manufacturers to institutions and the qualified staff of health services are intended exclusively for mothers within the framework of counselling activities and are to be supplied only against a specific request. A panel composed of representatives of each of the parties participating in drafting of the Code of Conduct is responsible for ensuring compliance with its provisions.

55. The Infant Formula and Follow-on Formula Regulations² came into force in the **United Kingdom of Great Britain and Northern Ireland** on 1 March 1995 to implement Commission Directive 91/321/EEC. Provisions deal with composition of products sold in both the domestic and export market; limit infant formula advertising to specified publications and restrict the content of advertisements; prohibit special infant formula displays or promotions in retail outlets and promotion of infant formula to the general public, expectant mothers, and others by providing formula free or at reduced prices; lay down requirements for informational and educational materials dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children; and regulate when a manufacturer or distributor may make gifts of such equipment or materials.

Western Pacific Region

56. In May 1992, manufacturers and importers of infant formula in **Australia** signed an agreement³ setting out their obligations, which the Government describes as being "substantially in line with the WHO Code". Monitoring compliance is the responsibility of the Advisory Panel of the Marketing in Australia of Infant Formula (APMAIF), which is composed of an independent chairman, a community representative, and a member nominated by infant formula manufacturers and importers. Terms of reference include receiving and investigating complaints on infant formula marketing; serving as liaison for related issues; developing guidelines for interpreting and applying the Agreement and advising the Government on its operation, and implementing the International Code and subsequent relevant World Health Assembly resolutions. Breaches of the Agreement, which is not law, are published annually. However, ad hoc action is also taken as necessary, e.g. a media release in January 1996 announcing the "unethical marketing" practices of a major Australian infant formula company, which had twice breached the Agreement by making comparisons between its product and breast milk. In a reference to restrictions on the donation of products, gifts, educational material and equipment, the same manufacturer was criticized for "flouting these provisions of the Code" by offering prizes in a promotional competition.

57. Efforts are under way in **Cambodia** to develop measures to give effect to, in particular, Article 4 of the International Code dealing with information and education on infant and young child feeding.

58. Rules governing the marketing of breast-milk substitutes came into force in **China** on 1 October 1995, following a Government notification in 1992 prohibiting product promotion. The law, which covers all products marketed as breast-milk substitutes and feeding bottles and teats, prohibits manufacturers and distributors from

¹ *International Digest of Health Legislation*, 46(4): 585-587 (1995).

² *International Digest of Health Legislation*, 46(3): 342-343 (1995).

³ *International Digest of Health Legislation*, 45(1): 102 (1994).

advertising, giving product samples, selling products at reduced prices, or providing funds and equipment for the purpose of promoting sales.

59. Legislation is pending in the **Marshall Islands** to give effect to the International Code, especially with regard to information and education, advertising and promotion to the general public and mothers, and the responsibilities of health workers.

60. In response to changing needs in **Malaysia**, the Code of Ethics for Infant Formula Products, first formulated in 1979, was revised for the third time in 1995¹ following extensive consultation with the infant formula industry, professional bodies, international agencies, universities, and nongovernmental organizations. The scope of the Code has been extended to include follow-up formula, and special and ready-to-feed formula. It also contains new guidelines prohibiting the supply of bottled water, feeding bottles, teats and other related feeding equipment to hospitals, clinics and maternity homes, and any promotion of infant formula in these places. The Code also prohibits the reception and redistribution of milk samples by medical and health personnel and professionals in both the Government and private sector, and has incorporated relevant portions of the Food Act 1983, Food regulations 1985, and the Trade Description Act 1972. Finally, the Code of Ethics includes terms of reference for national committees responsible for formulating policy, monitoring and implementing the Code at national state and district levels, and investigating alleged violations and taking appropriate disciplinary action.

61. The Government of **Mongolia** has accepted in principle the recommendation that the Mongolian Code of Marketing of Breast-milk Substitutes be adopted into law.

62. The **New Zealand** Minister of Health adopted the International Code in its entirety in 1983 "through consensus and discussion rather than through legislation". Initially, the Code was monitored by an advisory committee, which was disbanded in 1991. In 1994 the Public Health Commission widely distributed a discussion document by which it sought comments on interpretation and monitoring of the Code. As a result, two self-regulatory codes of practice—one for health workers and the other for infant formula marketers—were developed and adopted in 1997. The guidelines for health workers focus on promoting breastfeeding, safe infant feeding practices, and the aim of the Code, and detail how the Code is to be monitored and interpreted. The New Zealand Infant Formula Marketers' Association self-regulatory code of practice is intended primarily for manufacturers, marketers and distributors of infant formula. The Ministry intends to review the suitability of the guidelines for health workers, and the process of dealing with complaints, based on experience.

63. The competent authorities in **Niue** are reported to be drafting a national policy that covers most provisions of the International Code.

64. Legislation is pending in **Palau** to give effect to virtually the entire International Code.

65. The revised Code of Ethics on the Sale of Infant Formula Products in **Singapore**, which was published by the Ministry of Health in December 1995, provides new guidelines for promoting breastfeeding in hospitals. The Code requires hospitals to treat infant formula and bottles as they would medications and to keep such items out of sight.

66. In 1996 **Tonga**, which began applying the International Code in 1985, restrictive measures have been introduced with regard to the prescription of breast-milk substitutes to visitors of outpatient departments. The health authorities, who are drafting a formal breastfeeding policy, regularly organize breastfeeding advocacy workshops.

¹ *International Digest of Health Legislation*, 47(1): 135 (1996).

67. A decree of the Prime Minister dated 10 June 1994 issued Regulations in Viet Nam designed to promote breastfeeding, and to regulate trade in and use of breast-milk substitutes.¹ After recalling the superiority of breast milk and the shared responsibility throughout society for protecting breastfeeding, the Decree defines "breast-milk substitutes" broadly to include dairy products, cereals, vegetable mixtures, fruit juices and tea. The following are prohibited: advertising for breast-milk substitutes, donation of product samples to mothers or members of their families with the purpose of promoting their use, and the offering of gifts or financial support in any form to health workers or health facilities for marketing and advertising breast-milk substitutes. Employers are expected to create conditions for regular antenatal care for their female employees, and to ensure adequate maternity leave before and after delivery, time for breastfeeding, and other relevant rights as stipulated by law. Government and private obstetric institutions are responsible for enabling mothers to breastfeed their babies within half an hour of delivery. When breast-milk substitutes are needed, health workers are expected to provide a clear explanation about both their proper use and the hazards of improper use. In addition to penal provisions, the Decree lays down that "organizations and individuals ... supporting and promoting breastfeeding are to be rewarded".

TECHNICAL SUPPORT TO MEMBER STATES

68. **Consultants and training.** Funds provided mainly by the Government of the Netherlands permitted WHO to respond to requests from Member States for technical support in translating the International Code into appropriate national measures, e.g. in the **Islamic Republic of Iran, Iraq, Jordan, Oman, Thailand,** and the **United Arab Emirates.** Following regional training sessions on Code implementation for representatives of Member States in the **Eastern Mediterranean Region** in 1993 (Cairo), and in the **South-East Asia** and **Western Pacific Regions** (Manila) and the **Region of the Americas** (Guatemala City), both in 1994, funds provided by the Government of the Netherlands enabled WHO to organize an inter-country workshop on the Code for representatives of republics of the former USSR (Moscow, 11-15 December 1995). WHO regularly provides governments of Member States, on request, with technical commentary on national measures developed to give effect to the Code, e.g. draft regulations in the **United Republic of Tanzania** (1994), draft regulations in **Botswana** and **Mozambique** (1996), draft codes of practice in **New Zealand** (1997), and the scope of existing national action to give effect to the International Code in **Australia** (1998).

69. **A common review and evaluation framework.** In its continuing efforts to support Member States, WHO has produced a framework² to facilitate review and evaluation of national action to give effect to the International Code. Covering the preamble and each of the Code's 11 articles, with emphasis on collecting and analysing information, the framework permits users to describe what action has been taken, or is under way, to give effect to the International Code; identify factors that have facilitated or hindered action; assess the impact of action; and make appropriate recommendations. Annexes include suggested approaches to assessing informational and educational materials intended to reach mothers and the general public, information provided by manufacturers and distributors to health professionals regarding products within the scope of the Code, and the adequacy of product labels. Also included is a list of observations that an assessment team could use to structure site visits to health care facilities and a series of sample questionnaires for obtaining relevant information from key informants. The competent authorities in countries are invited to use the framework, adapting it where appropriate, to review and evaluate relevant national action.

¹ *International Digest of Health Legislation*, 45(4): 507 (1994).

² *The International Code of Marketing of Breast-milk Substitutes: a common review and evaluation framework.* Priced document WHO/NUT/96.2. Available in English; Arabic, Chinese, French, and Russian in preparation. Geneva, World Health Organization, 1997.

GIVING EFFECT TO THE INTERNATIONAL CODE, 1981-1998: AN OVERVIEW

70. Since the adoption of the Code in 1981, 158 Member States—83% in all—have reported to WHO on action taken to give effect, in whole or in part, to the principles and aim of the Code (Table 2). The present document includes information about action taken, mainly between 1994 and 1998 in 63 Member States, 8 of which—Cambodia, Marshall Islands, Mauritania, Mongolia, Namibia, Niue, Palau and Seychelles—are mentioned for the first time (see also Annex 1).

TABLE 2. MEMBER STATES REPORTING ON ACTION TAKEN GIVING EFFECT TO THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES, 1981-1998*

| WHO region | Member States | Member States reporting | % of Member States | Territories reporting |
|-----------------------|---------------|-------------------------|--------------------|-----------------------|
| Africa | 46 | 38 | 83 | |
| The Americas | 35 | 34 | 97 | 6 |
| South-East Asia | 10 | 8 | 80 | |
| Europe | 51 | 31 | 61 | |
| Eastern Mediterranean | 22 | 21 | 95 | |
| Western Pacific | 27 | 26 | 96 | 6 |
| Total | 191 | 158 | 83 | 12 |

* See Table 1 for document references.

71. The following observations help to put the figures in Table 2 in perspective.

- In 1991, the World Health Organization had 168 Member States. By 1997 their number had risen to 191, plus two Associate Members.
- On a regional basis, the smallest proportion of Member States reporting is in the European Region, less than two-thirds of the total. However, most of WHO's 23 new Member States since 1991, many of which are facing severe social and economic difficulties, are in that Region.
- Though specific information is lacking with regard to 33 Member States, this does not by itself preclude relevant action having been taken.

72. Article 11, paragraph 1, of the International Code states that governments should take action "as appropriate to their social and legislative framework, including the adoption of legislation, regulations or other suitable measures". The tendency observed some two decades ago, prior even to the Code's formal adoption, continues into the present, namely Member States are using a wide range of approaches to give effect, in whole or in part, to their collective decisions as expressed in the International Code and in relevant resolutions of the Health Assembly. Patterns of activity in this connection have consistently included the following:

- Adoption of new legislation and regulations.

- Review, amendment and updating of existing legislation and regulations.
- Preparation and updating of guidelines, e.g. for health workers, manufacturers and distributors, and retail outlets.
- Negotiation and updating of agreements with health workers and infant-formula manufacturers.
- Administrative, legislative or voluntary means either permitting donations or low-price sale of relevant supplies only through official channels, or disallowing the practice entirely.
- Establishment of committees responsible for monitoring and evaluating implementation of national measures adopted to give effect to the International Code.

73. Based on action taken during the period 1994–1998, a number of patterns can be observed where national approaches are concerned. Time will tell whether they are isolated events or the start of a trend in dealing with evolving market and sociocultural conditions; they include the following:

- **Reinforcing existing measures.** Governments show a willingness to re-visit, often more than once, and strengthen relevant national measures adopted to give effect to the International Code in the light of evolving circumstances, e.g. **Argentina, Australia, Malaysia, Mozambique, New Zealand, Poland, Singapore, Sweden, Switzerland and Thailand.**
- **Broadening the scope of action.** Some countries, e.g. **Argentina, Australia, Bahrain, Botswana, Costa Rica, Madagascar, Malaysia, Senegal, Sweden, and Viet Nam,** have broadened the scope of national action to include some, or even all, commercial food products for infants, i.e. 12 months of age or younger, and sometimes for older children (1–3 years), e.g. **Mozambique and United Republic of Tanzania.** Frequently, this explicitly includes follow-up formula, which was not widely available when the Code was adopted in 1981, but which was mentioned in a later resolution (WHA39.28).
- **Strengthening monitoring.** Monitoring implementation of national action continues to be strengthened, e.g. in **Argentina, Australia, Bahrain, Bangladesh, Malaysia, New Zealand, Oman, Senegal, Switzerland, Thailand,** and the **United Arab Emirates,** and often includes drawing public attention to infractions by manufacturers and distributors and imposing sanctions.
- **Providing infant formula for social purposes.** The precise circumstances under which genuine supplies of infant formula for meeting the long-term nutritional needs of individual infants who have to be fed on breast-milk substitutes, e.g. in orphanages, are being explicitly defined, e.g. in **Bahrain, Botswana, Madagascar, and the United Republic of Tanzania.**
- **Prohibiting samples.** Distributing product samples to the general public and mothers continues to be singled out in many countries as a prohibited promotional tool, e.g. **Côte d'Ivoire, Dominican Republic, Honduras, Madagascar, Mozambique, Poland, Senegal, Trinidad and Tobago,** and the 15 members¹ of the **European Union,** in conformity with European Directive 91/321/EEC.

ACTION BY OTHER INTERESTED PARTIES

74. Article 11, paragraph 2, of the International Code singles out **manufacturers and distributors** of products within the scope of the Code, and appropriate **nongovernmental organizations, professional groups,** and

¹ Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, United Kingdom of Great Britain and Northern Ireland.

consumer organizations, which are called upon to collaborate with governments in monitoring the Code's application. Furthermore, paragraph 4 recalls that 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 the Code, so that appropriate action can be taken. In such cases, the appropriate governmental authority should also be informed. This section focuses on relevant action taken by nongovernmental organizations in support of Member States and WHO.

The International Baby Food Action Network

75. The International Baby Food Action Network (IBFAN) is a worldwide coalition of citizen groups working for better infant health; the goal is to promote breastfeeding and eliminate inappropriate marketing and distribution of breast-milk substitutes by encouraging universal implementation of the International Code and relevant World Health Assembly resolutions. Founded in 1979, IBFAN now counts more than 150 member organizations and contacts in more than 90 countries. Recently, IBFAN affiliates in 30 countries provided WHO with a summary of information on their main activities, including collaboration with governments, whether in developing national measures to give effect to the International Code or participating in their implementation and monitoring; and organization of Code-related educational and training activities for policy-makers, civil servants, health workers and the general public (see Annex 2 for a detailed list).

Monitoring implementation of the International Code

76. Several IBFAN members describe the close working relationships they enjoy with their respective governments, especially in the context of monitoring implementation of the International Code, relevant World Health Assembly resolutions, and national measures adopted to give effect to the Code. In **Argentina**, for example, IBFAN recently collaborated in this connection with the breastfeeding sub-programme of the Buenos Aires provincial Maternal and Child Health Programme. Similarly, a second international monitoring project was carried out in **Colombia** in 1997 with support provided jointly by UNICEF, IBFAN and the Ministry of Health. The Cana Movement works closely with the Health Promotion Department of the Government of **Malta** to monitor violations of the International Code and reports to Government so that appropriate action may be taken. SAI in **Sweden**, which maintains a breastfeeding resource centre, has collaborated with the government authorities for over a decade. In the **Czech Republic**, ANIMA has held discussions with the Ministry of Health and other government offices about a draft national code of marketing of breast-milk substitutes. The Group for the Protection and Promotion of Breastfeeding serves as a centre of child-feeding expertise in **Albania** that includes implementation of the Code, which the Group has translated and distributed widely. IBFAN affiliates in **Brazil, Canada, Guatemala, Mauritius, Pakistan and Uruguay** place particular emphasis on monitoring Code implementation and on related market research and public information activities.

77. National surveys that IBFAN-BENIN in **Benin**, APAIB in **Burkina Faso**, AGPAI in **Gabon**, and RSGAI in **Senegal** conducted in 1997 concluded that there are still numerous activities that are incompatible with the principles and aim of the Code and national measures adopted to give effect to it. Consistent with its recommendations for action, RSGAI expects to sign a formal agreement with the Government to reinforce national monitoring of the Code's implementation in 1998.

Education and training activities

78. As part of a regional strategy that includes training in breastfeeding, lactation management, and effective implementation of the International Code, staff from the IBFAN Code Documentation Centre in Malaysia periodically hold regional and interregional training courses on the International Code for participants financed from government or private funds. Course content includes policy development, socioeconomic and legal dimensions of the Code, and analysis of selected national laws and other measures intended to give effect to it. Guidance is provided in legal drafting, and participants have access to the Centre's extensive range of related reference materials. Since 1992 IBFAN has trained more than 300 government policy-makers and other officials

in Africa, the Americas, Asia, Europe, and the Western Pacific. WHO coordinates its own Code-related activities with IBFAN by ensuring that they participate in each other's sessions and regional complementarity. The Centre's legal adviser also participated in a WHO regional workshop on Code implementation in the Eastern Mediterranean Region and a national workshop in Cyprus (paragraph 37).

79. In 1997 the Code Documentation Centre published a fully revised and updated edition of its original teaching manual¹ for training courses on Code implementation intended for use by governments, libraries, health and development bodies, companies and individuals interested in protecting breastfeeding through the International Code. Section one analyses the Code, article by article, and describes events leading up to the adoption of both the Code and subsequent relevant resolutions of the World Health Assembly. Section two presents the Centre's model law for translating the Code into national legislation which can be monitored and enforced. Section three describes the various legislative and other texts of 12 countries that have implemented the Code. The full text of the Code and relevant WHO resolutions are also included.

80. By providing educational materials and organizing training programmes on behalf of health professionals, parents and the general public, IBFAN affiliates serve as an important adjunct to existing services or, in some cases, provide a form of support that would otherwise be unavailable. BPNI's activities in India are similar to those of APAIB in Burkina Faso and AGPAI in Gabon: training health care providers in infant feeding and lactation management, developing practical information, education and communication materials, and participating in national breastfeeding information campaigns. IBFAN groups in Albania and Armenia have produced and translated books for both mothers and health workers, who are also the principal targets of affiliates in Luxembourg, Sweden and Spain. The Cana Movement in Malta has lectured secondary school students on infant feeding topics. The Network in Pakistan focuses its resources on raising awareness using a variety of tools: ensuring good media coverage for breastfeeding, organizing breastfeeding workshops for health workers and participants from other nongovernmental organizations, and publishing a quarterly newsletter on breastfeeding promotion. IBFAN-BENIN in Benin and RSGAI in Senegal participate in the development and implementation of national breastfeeding promotion policy through direct involvement in the joint WHO/UNICEF Baby-friendly Hospital Initiative and World Breastfeeding Week (paragraph 83). IBFAN-BENIN has also been responsible for establishing more than 30 national breastfeeding support groups.

81. The Innocenti Declaration (1990) and its four operational targets,² including the International Code, remain a major focus for action for all IBFAN groups around the world.

The World Alliance for Breastfeeding Action

82. The World Alliance for Breastfeeding Action (WABA)³ is another global nongovernmental network of organizations—several are in official relations with WHO—that was established in 1991 to protect the right of all children and mothers to breastfeed. It functions through a number of task forces dealing with interrelated programme approaches, including social mobilization, research, health care practices, education and training, mother support groups, women and work, and compliance with the International Code. With its headquarters in Penang, WABA's coordinating and distribution network includes 14 organizations, in as many countries, serving Africa, Latin America, North America, Asia, Europe and the Pacific.

¹ Sokol E. *The Code Handbook. A guide to implementing the International Code of Marketing of Breast-milk Substitutes*. International Baby Food Action Network, Penang, Malaysia, 361 pages.

² An authoritative national breastfeeding coordinator and multisectoral committee; all maternity facilities "baby-friendly"; action to give effect to the principles and aim of the International Code; and legislation to protect the breastfeeding rights of working women. See: The Innocenti Declaration: Progress and achievements, Parts I and II. *Weekly Epidemiological Record*, 73(5), 25-30 and 73(13), 91-94 (1998).

³ World Alliance for Breastfeeding Action, P.O. Box 1200, 10850 Penang, Malaysia. Fax: 60.4.657.2655, tel: 60.4.658.4816, <e-mail: secr@waba.po.my>.

83. As part of its global mobilization strategy to increase public awareness of breastfeeding's importance and to help achieve the goals of the Innocenti Declaration, since 1992 WABA has annually organized World Breastfeeding Week. Past themes have included the International Code, the Baby-friendly Hospital Initiative, and women, work and breastfeeding. The theme for 1998 is *Breastfeeding: the best investment*, which emphasizes the economic value of breastfeeding for families, employers, health care institutions and governments. In recognition of the importance of this event and its emphasis on stimulating worldwide awareness and action in communities, WHO regularly addresses special messages for inclusion in WABA's promotional materials on a given theme. WHO also frequently participates in local action marking the week in countries—events are now organized in more than 100—and has also helped with worldwide distribution through its six regional offices of WABA's action folders, in English, French and Spanish.

84. WABA has established a webpage—<http://www.elogica.com.br/waba/working.htm>—on the breastfeeding rights of working women.

Interagency Group for Breastfeeding Monitoring

85. Consistent with Article 11.4 of the International Code, a number of nongovernmental organizations continue their own monitoring activities. For example, a coalition of charitable, church, and academic groups in the United Kingdom, the Interagency Group for Breastfeeding Monitoring, published a report¹ drawing the attention of manufacturers and distributors in Bangladesh, Poland, South Africa and Thailand to activities which are incompatible with the principles and aim of the Code. In response, the governments of the countries in question have taken a variety of steps to strengthen their implementation of the International Code (paragraph 33).

La Leche League International

86. La Leche League International (LLLI),² through its volunteer network of more than 7500 leaders and 30 000 members in some 60 countries, strives to increase the worldwide incidence and duration of breastfeeding and attainment of the operational targets of the Innocenti Declaration (paragraph 81), the plan of action of the World Summit for Children (1990), and the World Declaration and Plan of Action for Nutrition (1992). In the best of self-help traditions, the League is dedicated to aiding mothers support each other in breastfeeding. The League's fortieth anniversary in 1997 was marked, among other events, by the organization of its 15th international membership conference, and its 25th annual seminar for physicians that was co-sponsored by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. The League has contributed for many years to various WHO programmes in areas of child, women's and family health, and was formally admitted into official relations with WHO in 1993.

International Lactation Consultant Association

87. The more than 4000 members of the International Lactation Consultant Association (ILCA)³ in nearly 50 countries on five continents are lactation consultants, lay breastfeeding counsellors, and professionals in various fields that provide continuing education in breastfeeding. The Association, which was established in 1985, was admitted into official relations with WHO in 1993 in view of its continuing collaboration with a number of technical programmes, in particular nutrition and child health and development. It is collaborating in the Baby-

¹ *Cracking the Code*. The Interagency Group on Breastfeeding Monitoring, c/o UNICEF United Kingdom Committee, 55 Lincoln's Inn Fields, GB-London WC2A 3NB, fax 44.171.405.2332.

² La Leche League International, P.O. Box 4079, Schaumburg, IL 60168-4079, USA, fax 1.847.519.0035, e-mail: <lllhq@pop.www.com>.

³ International Lactation Consultant Association, 4101 Lake Boone Trail, Suite 201, Raleigh, NC 27607-6518, USA, fax 919.787.4916, e-mail: <ilca@erols.com>.

friendly Hospital Initiative's activities, particularly in training and assessment; it also contributes to WHO documents and publications, and acts as an advocate for universal implementation of the International Code.

CONCLUSION

88. Member States have gained considerable practical experience since 1981 with the implementation and monitoring of the International Code. Through an inventive blend of approaches they are giving effect to their collective decisions, as expressed in the relevant resolutions of the World Health Assembly dealing with infant and young child feeding, nutrition and the International Code. They are consistently doing this, not in isolation, but as part of their wider efforts to address the health, nutritional problems, and related needs of women and families, in accordance with the Health Assembly's repeated recommendations.

89. Since 1981 a wealth of information on the implementation and monitoring of the International Code has been provided by Member States, and the organizations, groups and institutions collaborating with governments to this end. Action taken during the period 1994–1998 that is the specific focus of this report provides additional convincing evidence that governments are taking seriously their commitment to safeguarding the health and nutritional status of infants and young children. It also illustrates the wide range of approaches that governments are using to achieve this objective in their health care systems and society as a whole, in the light of their particular health and socioeconomic circumstances and legislative framework and with support provided by various citizen groups.

ANNEX 1

SUMMARY OF ACTION TAKEN BY MEMBER STATES GIVING EFFECT TO THE INTERNATIONAL CODE, 1994-1998

| Region/country | Type of measure | Scope of measure | Special emphasis | Remarks |
|------------------------|---|---|--|---|
| AFRICA | | | | |
| Botswana | Regulations (draft) | All products for first year of life | Distinguishes between samples/supplies | Monitoring and sanctions included |
| Côte d'Ivoire | Decree, 1994 | Breast-milk substitutes/complementary foods | Samples prohibited | |
| Madagascar | Decree, 1996 | International Code | Breastfeeding part of development policy | Supplies of infant formula permitted |
| Mauritania | National code (draft) | International Code | | Ministry of Health responsible for monitoring |
| Mozambique | National code (draft) | All products for infants/young children | | National code being drafted |
| Namibia | Decree law, 1996 | International Code | Supplies prohibited | Concerns health units under official jurisdiction |
| Senegal | Ministerial Order, 1994 | Breast-milk substitutes/complementary foods | Applies to all marketing practices | |
| Seychelles | Decree law, 1992 | International Code | Ensure companies' ethical behaviour | |
| Togo | Order in Council (draft) | International Code | Supplies permitted with official approval | |
| United Rep of Tanzania | Regulations, 1994 | Breast-milk substitutes/complementary foods/bottles and teats | | |
| Zimbabwe | Regulations | International Code | | Gazetted August 1997, effective in 1998 |
| THE AMERICAS | | | | |
| Argentina | Ministry of Health Resolution 54/97, 1997 | International Code | The International Code in its entirety | Includes subsequent relevant resolutions of the World Health Assembly |
| Belize | National health policy | | No contact permitted between mothers and marketing personnel | No product samples or educational materials permitted from commercial sources |
| Bolivia | National health policy | | 12 workshops on International Code held | Monitoring of implementation of International Code begun in 1994 |
| Costa Rica | Law, 1994 | Breast-milk substitutes/complementary foods | Support for breastfeeding programmes | |

| Region/country | Type of measure | Scope of measure | Special emphasis | Remarks |
|------------------------|--|--|--|---|
| Dominican Republic | Law, 1994 | Breast-milk substitutes | Product promotion/samples prohibited in public health services | 26 maternity clinics declared "baby-friendly" in 1994 |
| El Salvador | Law (draft) | | Promotion/product samples prohibited in public health services | Problems with promotion/product samples still occur in private clinics |
| Ecuador | Law of 1 November 1995 Registro Oficial No. 814 | Breastfeeding promotion and Code implementation | | Complements national legislation adopted 1983 on marketing of formula for infants |
| Honduras | National health policy | | Promotion/product samples prohibited in public health services | "Right to breastfeed" legislation under consideration |
| Jamaica | Health policy (draft) | International Code | | Implementation by National Committee |
| Nicaragua | Law (draft) | International Code | | One-hour nursing breaks for working women |
| Panama | Law No. 50 23 November 1995 | International Code | | |
| Paraguay | Law, 1995 | International Code | Prohibits distribution of free or low-cost breast-milk substitutes | |
| Trinidad and Tobago | National health policy | International Code | Samples, contact with mothers prohibited | International Code widely distributed/discussed |
| Uruguay | Decree, 1994 | International Code | Infant formula considered medicine | Infant formula sold only in pharmacies |
| Venezuela | Government/food industry legal agreement, 1993 | International Code | Provides for holding of relevant training sessions | Related measures include breastfeeding protection via maternity/family protection legislation |
| SOUTH-EAST ASIA | | | | |
| Bangladesh | Ordinance, 1984 | International Code, with addition of full-cream milk in 1997 | Government acted in 1997 based on NGO report of alleged violations | Court case filed/won, sanctions applied |
| India | Act, 1992; Rules, 1993 | International Code | Rules restrict donations of products | |
| Thailand | Notification, 1993 Decree (proposed) | International Code | Combating danger of using unsuitable products for infant feeding | Committee being formed to implement national measures |

| Region/country | Type of measure | Scope of measure | Special emphasis | Remarks |
|------------------------------|---|---|---|---|
| EASTERN MEDITERRANEAN | | | | |
| Bahrain | Decree, 1995 | Covers all products for first year of life | Monitoring by special committee | Supplies permitted within narrow restrictions |
| Cyprus | Guidelines, 1991 | No media advertising, no samples | | Workshop on Code, 1997, WHO, IBFAN |
| Djibouti | Decree (draft) | Breast-milk substitutes, feeding bottles, teats | Encouragement of breastfeeding | |
| Iran, Islamic Rep. of | Code, 1995 | International Code | Formula sold only in pharmacies | Maternity leave prolonged from 3 to 4 months |
| Oman | Law (draft) | International Code | Encouragement of breastfeeding | Incentives provided to health workers/system to promote breastfeeding |
| Saudi Arabia | Commerce Ministry ban | Breast-milk substitutes | Blanket ban on promotion | |
| United Arab Emirates | Health Ministry ban | International Code | Breast-milk substitutes before 6 months only under doctor's orders | Substitutes from families not permitted in wards |
| EUROPE | | | | |
| Austria | Ordinance, 1995 | EU Directive 91/321/EEC | Gives effect to the European Directive | Government responsible for information |
| Denmark | Regulation, 1997 | EU Directive 91/321/EEC | No promotion at retail level | Samples, promotion prohibited |
| Finland | Ordinance, 1994 | Breast-milk substitutes/complementary foods | Articles 4 and 9 of International Code | Application reviewed in 1996 |
| France | Law, 1994 | EU Directive 91/321/EEC | Advertising generally prohibited | Advertising permitted in child-care/science press |
| Germany | Law, 1994, 1996 | EU Directive 91/321/EEC | Product samples prohibited | Minister of Health to present as white paper |
| Italy | Decree, 1994 | EU Directive 91/321/EEC | Prohibits advertising and other forms of promotion for breast-milk substitutes, feeding bottles and teats | 15 000 health workers informed by letter of product samples prohibition |
| Luxembourg | Regulations, 1993, 1997 | EU Directive 91/321/EEC | Also feeding bottles, teats, pacifiers | |
| Malta | Draft law | Modelled on EU Directive | | |
| Netherlands | National health policy | | | |
| Poland | Act, 1997, authorizing regulation in 1998 | International Code EU Directive 91/321/EEC | | |
| Sweden | Revised code, 1997 | All food products for first year of life | | Language changed from "should" to "shall" |

| Region/country | Type of measure | Scope of measure | Special emphasis | Remarks |
|------------------------|--|--|---|---|
| Switzerland | Law, 1995 | EU Directive 91/321/EEC | | Multisectoral panel ensures compliance |
| United Kingdom | Regulations, 1995 | EU Directive 91/321/EEC | No product samples or supplies permitted | Requirements for information materials |
| WESTERN PACIFIC | | | | |
| Australia | Agreement with manufacturers and importers | Described as substantially in line with International Code | Three-person advisory panel responsible for monitoring agreement | Agreement breaches are published annually and, if serious, on an ad hoc basis |
| Cambodia | Measures (draft) | | Information and education | |
| China | Law, 1995 | Breast-milk substitutes, feeding bottles, teats | All sales promotion prohibited | |
| Marshall Islands | Law (draft) | International Code | Information/education/promotion | Focuses on health worker responsibilities |
| Malaysia | Code of Ethics, 1995 | Breast-milk substitutes, follow-up formula | Prohibits promotion in health facilities | Third revision of national code since 1979 |
| Mongolia | Law (draft) | International Code | | |
| New Zealand | Codes of practice, 1997, one for health workers, one for marketers | Breast-feeding promotion and code monitoring guidelines; marketers' responsibilities laid down in code | Ministry of Health will review suitability of both codes of practice in the light of experience | Action taken in 1997 updates "consensus adoption" of the International Code decided in 1983 |
| Niue | Health policy (draft) | International Code | Said to cover most of the Code's provisions | |
| Palau | Law (draft) | International Code | Said to cover most of the Code's provisions | |
| Singapore | Code of Ethics, revised | Infant formula and feeding bottles | Hospitals to treat formula/bottles as they would medications and keep out of sight | Also provides guidelines for breastfeeding promotion in hospitals |
| Tonga | Restrictions, 1996 | Governs outpatient prescriptions for breast-milk substitutes | | Breastfeeding policy now being drafted |
| Viet Nam | Regulations, 1994 | International Code | Protection of working women | System of sanctions/incentives for BF support |

ANNEX 2

SUMMARY OF IBFAN ACTIVITIES IN SUPPORT OF THE INTERNATIONAL CODE, 1994-1998

| Region/ country | IBFAN affiliate | Address and contact information | Implementation and monitoring in accordance with Article 11.4 of the International Code | Information for mothers and public - Article 5 Health systems and workers Articles 6 and 7 | Innocenti Declaration Baby Friendly Hospital Initiative (BFHI) |
|--------------------|--|--|--|---|---|
| AFRICA | | | | | |
| Bénin | Groupe d'Action pour l'Alimentation infantile | BP 396 Ganhi Cotonou Bénin Tel: (229) 31.33.19 Fax: (229) 31.37.01 | 1997 national survey showed numerous activities incompatible with the principles and aim of the Code | IBFAN-BENIN participates in supporting BFHI and World Breastfeeding Week IBFAN-BENIN has also created over 30 breastfeeding groups | |
| Burkina Faso | Association pour la Promotion de l'Alimentation infantile au Burkina (APAIB) | 01 BP 6287 Ouagadougou 01 Burkina Faso Tel: (226) 31.41.09 Fax: (226) 63.03.888 | 1997 national survey showed numerous activities incompatible with the principles and aim of the Code | Training for health care providers in infant feeding and lactation management, development of materials participation in national breastfeeding information campaigns | |
| Gabon | Association gabonaise pour la Promotion de l'Alimentation infantile | BP 3554 Libreville Gabon Fax: (241) 77.57.89 | 1997 national survey showed numerous activities incompatible with the principles and aim of the Code | Training for health care providers in infant feeding and lactation management, development of materials and participation in national breastfeeding information campaigns | |
| Mauritius | MAPBIN-ICP | P.O. Box 1134 Port Louis Mauritius Tel/Fax: (230) 211 44 36 icpmapbi@bow.intnet.mu | With 2 trained code monitors and 6 market researchers, MAPBIN completed nationwide monitoring project | | National breastfeeding coordinator attached to one hospital IBFAN and UNICEF carried out initial evaluations of 5 hospitals BFHI steering committee still to be established |

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| Senegal | Réseau Sénégalais des Groupes d'Action pour l'Alimentation Infantile (RSGAI) | BP 3001 Dakar Senegal Tel: (221) 21.83.70 Fax: (221) 22.41.72 | 1997 national survey showed numerous activities incompatible with the principles and aim of the Code 1998 RSGAI expects to sign formal agreement with the Government to reinforce national monitoring | | |
| Togo | Groupe d'Action pour l'Alimentation Infantile au Togo (GAAIN-TOGO) | BP 20466 Lomé Togo Tel/Fax: (228) 21.36.75 or (228) 26.89.17 | GAAIN-TOGO has worked with the Nutrition Service of the Ministry of Health since 1994 in promoting breastfeeding and the elimination of irresponsible marketing of infant foods | World Breastfeeding Week has been celebrated since 1994 | |
| THE AMERICAS | | | | | |
| Argentina | IBFAN Argentina | Buenos Aires Province Fax: (54) 21.57.25.30 mjaque@isis.unlp.edu.ar | The Buenos Aires Maternal and Child Health Programme and IBFAN have monitored the implementation of the Code and published a list of violations | Ministry of Health and Maternal Child Health of Buenos Aires created an educational and training program for health workers/educators/public | 12 BF hospitals 5 under evaluation |
| Brazil | Rede Internacional em Defesa Do Direito de Amamentar | R. Santo Antonio 590 - 2º andar 01314-000, Bela Vista Sao Paulo, SP Brazil Tel/Fax: (55) 11.606.73.28 NISM@saude.sp.gov.br | 1997 monitoring and recording of violations | | |

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| Colombia | IBFAN Colombia | c/o Gloria Ochoa Parra Calle 47 no. 9-42 Apartment 402 Bogota, Colombia Fax: (41) 22.798.44.43 gochoa@dnpp.gov.co | 1993 and 1997 international monitoring projects completed | A national education and training policy on breastfeeding and infant nutrition for professional health workers developed and a national breastfeeding training centre established | A national policy for the promotion of breastfeeding and a national nutrition coordinator both in place, 34 'Mother and Childhood Friendly Hospitals' in 15/33 departments |
| Canada | INFACT Canada | 10 Trinity Square Toronto Canada M5G1B1 Tel: (1) (416) 595.98.19 Fax: (1) (416) 591.93.55 | Violations of Articles 5, 6, 7, 9 and 11 of the International Code regularly recorded | | |
| Guatemala | La Division de Registro y Control de Alimentos y Medicamentos del Ministerio de Salud and La Comision Nacional de Promocion de la Lactancia Materna de Guatemala | c/o Ruth Elena de Arango CONAPLAM 23 calle 26-60 zone 5 Interior Casa del Nino no. 4 CP 01005 Guatemala City, Guatemala Tel: (502) 334 37 11 Fax: (502) 335 37 11 ruth.arango@starnet.net.gt | | | |
| Honduras | LINKS | PO Box 512 San Pedro Sula Honduras Tel: (504) 50.97.37 Fax: (504) 50.74.82 | No formal monitoring to date of companies violating the Code LINKS plans to assume responsibility for monitoring | Recommendations under law include programmes of education, service and support for the public especially parents and guardians and integrating children's health care clinics and human milk banks nationally | |

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| Uruguay | IBFAN/WABA Uruguay | c/o Cecilia Muxi Pedro Bero 715 apto 502 Pocitos Montevideo CP 11300 Montevideo, Uruguay Tel/Fax: (598) 2.70.52.94 ccimuxi@netgate.comintur.com.uy | Violations of the International Code recorded | | Goals of the Innocenti Declaration supported |
| Venezuela | Amamanta | Avenida Los Jardines Quinta Nalacha Prados del Esle Apartado Postal 80273 Caracas 1080 Venezuela Telefax: (582) 97.70.476 | Violations of the International Code recorded | | |
| SOUTH-EAST ASIA | | | | | |
| India | Breastfeeding Promotion Network of India (BPNI) Association of Consumers Action on Safety and Health (ACASH) | BP 33 Pitampura Delhi 110034 India Tel: (91) 72.11.435 Fax: (91) 72.19.606 RITARUN@GIASDL01.VSNL. NET.IN | 1992 Act monitored three times in the past 3 years Violations of the Code recorded by BPNI | Training for BFHI and human lactation management provided by BPNI to health professionals | 1993 breastfeeding indicators established 1997 breastfeeding committee established Maternity leave increased Paternity leave available 1200 BFH exist Strong advocacy by BPNI |
| EASTERN MEDITERRANEAN | | | | | |
| Pakistan | The Network ARUMP (Association for Rational Use of Medication in Pakistan) | 60-A Street 39 F-10/4 PO Box 2563 Islamabad Pakistan Tel: (92) 51-28.17.55 Fax: (92) 51-29.15.52 arump@isb.comsats.nets.pk | 1997 extensive monitoring campaign carried out which reports that no companies are abiding by the Code | A core group of journalists provides coverage to breastfeeding issues Workshops for health workers and other NGOs planned | |

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| EUROPE | | | | | |
| Albania | Albanian Group for the Protection and Promotion of Breastfeeding | Women's Center PO Box 2418 Tirana Albania Fax: (355) 42.35.855 | The Group currently devising/conducting the country's first Code monitoring project | The Code and other relevant booklets translated Since 1990s more training for doctors and lawyers, the Group stresses the importance of breastfeeding in university courses | There is a National breastfeeding coordinator but no committee Much training but no BFHI hospitals yet |
| Armenia | Confidence | PO Box 586 Yerevan 375010 Armenia Tel: (3742) 341.583 Fax: (3742) 151.957 icu@arminco.com | Confidence collaborates in monitoring Code violations and sending all information to the European Code Database | Confidence members involved in the translation of books for both physicians and mothers, training as counsellors, lectures for outpatients and radio broadcasts | Ministry of Health has introduced 5/10 steps of the BFHI in all maternities with gradual implementation of the last 5 parallel with training 400 physicians enrolled in WHO BFHI course |
| Belgium | Vereniging voor Begeleiding en Bevordering van Borstvoeding (VBBB) | Cardijnstraat 36 2910 Essen-B Belgium Tel: (32) 3-677.47.59 Fax: (32) 3-677.13.18 | Code violations recorded | All maternity wards in one region visited and provided with information on the Code and BFHI | All hospitals received breastfeeding information No national breastfeeding coordinator or committee No BF hospitals yet |
| Czech Republic | ANIMA | Breastfeeding Resource Centre c/o 3rd Medical Facility of Charles University Ruska 87 100 00 Prague 10 Czech Republic Tel: (42) 2-67.102.340 Fax: (42) 2-67.311.812 Dagmar.Schneidrova@lf3.cuni.cz | Code violations recorded | | |

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| France | Action pour l'Allaitement | BP 42 67044 Strasbourg Cedex France Tel: 03-88.61.17.47 Fax: 03-88.60.69.37 camwal@imaginet.fr http://web.superb.net/apastras | Code violations recorded | | |
| Germany | Arbeitsgemeinschaft Freier Stillgruppen (AFS) | Sandstraße 25 97199 Ochsenfurt Germany Tel: (49) 93 31/33.94 Fax: (49) 93 31/205.85 | Violations of Code Articles 2,4,5,6,7,8,9 recorded | AFS has trained approximately 500 health professionals yearly using WHO and UNICEF programme materials | |
| Ireland | Baby Milk Action (Ireland) | c/o 10 Upper Camden Street Dublin 2 Ireland Tel/Fax: (31)20-496.2964 | Violations difficult to report since the national law has never been publicized, no reporting procedures in place | Department of Health has published informative books NGO information also available Some hospitals working to adopt the 10 steps to successful breastfeeding | |
| Luxembourg | Initiativ Liewensufank asbl | 20 rue de Contern L-5955 Itzig Luxembourg Tel: (352) 360.598 Fax: (352) 366.134 maryse.lehners@cl.educ.lu | Violations of the International Code recorded | Health professionals and mothers informed of BFHI | Health professionals and mothers informed of BFHI |
| Lithuania | Lithuanian Breastfeeding Support Group | Kaunas Medical Academy Laboratory of Social Pediatrics Eivenitu 4 Kaunas 30007, Lithuania Tel: (307) 7 78 47 52 Fax: (307) 7 79 64 98 socped@kma.lt | Violations of the International Code recorded | | |

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| Malta | Association of Breastfeeding Counsellors CANA Movement | c/o Liz Cutajar CANA "Earles Court" /3 Baystreet Marsascala, Malta Tel/Fax: (356) 63 32 29 lizzc@orbit.net.mt | Violations of the International Code recorded | CANA provides education for mothers and health workers within the state hospital | Government planning to open a new state hospital which is baby friendly Interest also shown in making the present State Hospital BF |
| Sweden | Stiftelsen Svenska Amningsinstitutet (Swedish Breastfeeding Institute) (SAI) | Kronhusgatan 2E S-4111 13 Göteborg Sweden Tel: (46) 31-774.28.70 Fax: (46) 31-1.5.28.19 britta.hejdenberg@tripnet.se | Violations of the International Code recorded by SAI and other NGOs/individuals | SAI provides training and education for health workers in breastfeeding management and implementation of the Code nationally and internationally | |
| Spain | Associacio Catalana Pro Alletament Matern (ACPAM) | Apartat de Correus 22.216 E-08080 Barcelona Spain Tel/Fax: (34) 3-337.47.87 acpam@pangea.org | | ACPAM has organized over 50 20-hour courses for health professionals Support groups (eg La Leche League) increasing | 1996 BFHI Committee created 1997 first BF Hospital, others planned |
| WESTERN PACIFIC | | | | | |
| Malaysia | International Code Documentation Centre (ICDC) | c/o IBFAN Penang PO Box 19 10700 Penang Malaysia Tel: (60.4) 656.97.99 Fax: (60.4) 657.72.91 ibfanpg@tm.net.my | | Since 1992 ICDC has trained 331 government officials and policy-makers In 1997 The Code Handbook published by IBFAN/ICDC French and Spanish editions in preparation | |

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| Philippines | ARUGAAN | 42-A Maalabanin St. Teachers Village Diliman Quezon City 1111 Metro Manila, Philippines Tel: (632) 426 39 18 Fax: (632) 922 5189 arugaan@mml.cyberspace.com.ph | 1993 and 1997 ARUGAAN carried out the International Monitoring Projects 1 and 2 1995 UNICEF and the Department of Health used ARUGAAN's experience to create training on Code monitoring skills for the government/NGOs/medical societies | ARUGAAN provides breastfeeding counselling to mothers at the ARUGAAN creche Philippine Pediatric Society require their members to attend a lactation management seminar | All hospitals required to apply for BFHI accreditation. Failure to do so results in revocation of their license to operate To date the Department of Health has awarded certificates to 920 "Mother and Baby Friendly hospitals" |

