

## Basic Code facts

The Code is a set of marketing rules designed to protect:

- babies (both breastfed and artificially fed)
- parents or anyone caring for a baby
- health professionals.

The Code regulates the marketing of **all** breastmilk substitutes (not just infant formula) and infant feeding utensils. These include:

- any product marketed for baby feeding, **whether suitable or not**, during the first six months
- any product marketed for baby feeding after six months which replaces the breastmilk part of the diet
- any feeding bottle or teat (a pacifier is a teat).

### In practical terms this means that the Code applies to:

- **infant formula**
- **special formula**
- **follow-up formula**
- **infant teas, mineral water or juices**
- **complementary foods if labelled for use before six months**
- **feeding bottles and teats**

The Code was designed to function internationally and:

- applies to both companies and governments
- is a baseline so every government (or company) may strengthen it to make it more effective
- companies must implement it even where a government has no measures for regulation
- may be implemented through government regulation or law.

The Code is a WHA resolution which is a collective decision at international level to tackle global health problems. When our national delegates agree to a WHA resolution, they commit their nations to implement that resolution on our behalf. Like every WHA resolutions, the Code belongs to all of us.

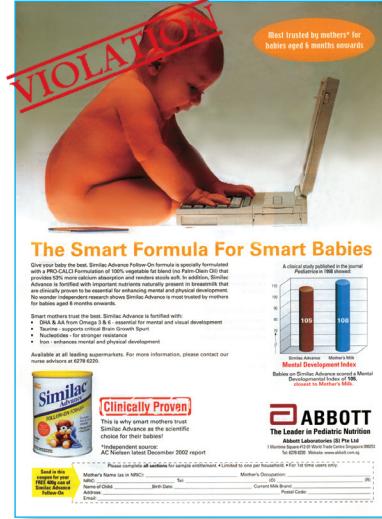
Since the Code was adopted in 1981, eleven other WHA resolutions have sorted out confusions and addressed new threats to infant and young child health. All of them restate the importance of making the Code work. It is up to us to remind our governments and help them fulfil their commitments to the Code and resolutions.

## Some examples of harmful marketing

### 1. Making misleading health claims

Parents naturally want their children to be healthy and intelligent. Abbott Ross advertises Similac in parents' magazines as '*The Smart Formula for Smart Babies*' with a picture of a cute baby at a computer. A coupon offers parents a free sample of infant formula. The advert compares the product with breastmilk and states

that the addition of fatty acids will improve intelligence and eyesight. There is no proper scientific evidence to back-up these claims.



*The Code prohibits advertising, offering free samples to parents, idealising artificial feeding and comparing products with breastmilk.*

*If advertising simply provided information, it would be hard to object. But a lot of advertising makes us feel we need something that we previously didn't need.*

*Richard Layard, Professor of Economics, 2005*

## MAIN POINTS OF THE CODE

- ❖ **No advertising of any breastmilk substitutes (any product marketed or represented to replace breastmilk), feeding bottles and teats.**
- ❖ **No free samples or free or low cost supplies.**
- ❖ **No promotion of products in or through healthcare facilities.**
- ❖ **No contact between marketing personnel and mothers (including health professionals paid by the company to advise or teach).**
- ❖ **No gifts or personal samples to health workers or their families.**
- ❖ **Labels should be in an appropriate language and have no words or pictures idealising artificial feeding.**
- ❖ **Only scientific and factual information to be given to health workers.**

- ❖ **Governments should ensure that objective and consistent information is provided on infant and young child feeding.**
- ❖ **All information on artificial infant feeding should clearly explain the benefits of breastfeeding, warn of the costs and hazards associated with artificial feeding.**
- ❖ **Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.**
- ❖ **All products should be of a high quality and take account of the climatic and storage conditions of the country in which they are to be used.**
- ❖ **Manufacturers and distributors should comply with the Code (and all subsequent WHA resolutions) independently of any government action to implement it.**

Source: WHO European Series No 87, 2000, page 150