

An Introduction to The International Code

In 1979, WHO and UNICEF convened a landmark meeting on infant and young child feeding (reference 1) with representatives of governments, agencies of the United Nations system, nongovernmental organizations, the infant-food industry, and experts in related disciplines. Discussions were organized around five themes:

- The encouragement and support of breast-feeding.
- The promotion and support of appropriate and timely complementary feeding with the use of local food resources.
- The strengthening of education, training and information on infant and young child feeding.
- The development of support for improved health and social status of women in relation to infant and young child health and feeding.
- The appropriate marketing and distribution of breastmilk substitutes.

Following discussions, a statement on infant and young child feeding and a series of recommendations were prepared and adopted by consensus (2). The Thirty-third World Health Assembly (1980), in resolution WHA33.32 (3), subsequently endorsed the statement and recommendations in their entirety; made particular mention of the recommendation that "there should be an international code of marketing of infant formula and other products used as breast-milk substitutes"; and requested the Director-General to prepare such a code "in close consultation with Member States and all other parties concerned including such scientific and other experts whose collaboration may be deemed appropriate".

On 21 May 1981, the Thirty-fourth World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes (4) in the form of a recommendation and 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.

Resolution WHA34.22 by which the Health Assembly adopted the Code stressed that adherence to it "is a minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding". The implication is that governments, acting individually, are not only permitted to adopt additional, possibly more stringent, measures than those set out in the Code; they are, in effect, actively encouraged to do so. While the Code is not a legally binding instrument as such, it nevertheless represents an expression of the collective will of the membership of the World Health Organization, which has been formally subscribed to by a large number of its Member States, international and regional bodies, nongovernmental organizations and others.

In pursuance of its aim (Article 1), 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).
- The appropriate dissemination of information and education on infant feeding (Article 4).
- Advertising or other forms of promotion to the general public of products within the scope of the Code (Article 5).
- Measures to be taken in health care systems, and with regard to health workers and employees of manufacturers and distributors (Article 6, 7 and 8).
- The labeling and quality of breastmilk substitutes and related products (Articles 9 and 10).
- The Code's implementation and monitoring (Article 11).

Where the last is concerned, the Code provides 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).

Since 1981, the Health Assembly has adopted a number of resolutions dealing *inter alia* with the International Code (see below, for example, in connection with Article 6). While these resolutions do not formally amend the Code, they nevertheless convey the collective views of WHO Member States on the subject. Thus, when Member States seek to develop policies in this area, they may well choose to refer not only to the code itself by also to subsequent relevant Assembly resolutions.

In May 1990 the Forty-third World Health Assembly requested the Director-General "to support Member States ... in adopting measures to improve infant and young child nutrition, *inter alia* by collecting and disseminating information on relevant action of interest to all Member States" (resolution WHA43.3) (5).

References

1. Joint WHO/UNICEF Meeting on Infant and Young Child Feeding, Geneva, 9-12 October 1979.
2. Document WHA33/1980/REC/1, Annex 6.
3. Handbook of resolutions and decisions, Vol II, 1985, pp. 90-91.
4. World Health Organization. International Code of Marketing of Breast-milk Substitutes. Document WHA34/1981/REC/1, Annex 3, Geneva, 1981.
5. Resolution WHA 43.3 (Handbook of resolutions and decisions of the World Health Assembly and the Executive Board, Volume III, 3rd ed., Geneva, 1993, p.64).
6. Relevant information from progress reports between 1982 and 1990 has been combined into a single document (WHO/MCH/NUT/90.1). Complementing this synthesis is a second document (WHO/HLE/NUT/92.1) that focuses on the Code's individual articles

and describes how each has been given expression through national legislation and other suitable measures. Progress reports presented to the Health Assembly in even years from 1982 to 1994 are found in annex to the corresponding volume 1 of WHO official records.

7. With regard to sources for national authorities of information and documentation on measures that have been adopted in various countries to give effect to the International Code, see the recommendations of the technical meeting in The Hague (Annex 3) under the heading "development and implementation".