

## **DOHaD Society**

### **International Society for Developmental Origins of Health and Disease**



### **Society Policy Position on Receiving Sponsorship from Industries Marketing Food/Nutrition and Infant Formula Products**

DOHaD Council and the Society membership acknowledge that there is potential conflict of interest as the Society advocates healthy lifestyle including healthy food and nutrition and breastfeeding as the preferred option for adult, child and infant feeding wherever possible (e.g. the Society has an MoU with the International Society for Research in Human Milk and Lactation (ISRHML)). This potential conflict of interest, which also applies to research collaborations, was recently highlighted in an opinion paper<sup>1</sup> and has the potential to create ambiguity and adversely affect perception of the goals and values of the Society. The Society, however, also recognises that the use of nutritional supplementation/formula products is necessary in some situations and that interaction with the DOHaD community may serve to improve food/nutrition and formula products and contribute to improved child and infant health.

To manage this potential conflict, the DOHaD Society Council has committed to maintain transparency regarding the nature of the engagement with food/nutrition and infant formula industries and to adhere to the following guidelines and principles.

1. The DOHaD Society advocates that, whenever possible, a baby should exclusively receive breast milk until introduction of solids at around four to six months of age.
2. The DOHaD Society advocates that breast milk is the preferred milk for infants for at least the first 12 months after birth.
3. The DOHaD Society recognises and respects that breast feeding is not always feasible, and that some mothers choose not to breast-feed.
4. The DOHaD Society acknowledges that there are some clinical situations in which formula alternatives or nutritional supplements are necessary for early nutrition of newborns.
5. The DOHaD Society recognises that engagement by expert members of the Society with industries producing breast milk substitutes and engaging in food/nutrition development and sale, may be of mutual benefit for improving the quality of these products.
6. The DOHaD Society advocates that while not prohibiting members from engaging with industry, it strongly advocates full disclosure and declaration of interest in both published scientific and publicly distributed articles, as well as presentations made at the World Congress or symposia (i.e. any presentation made will have a first slide containing a declaration of interest).
7. The DOHaD Society rejects any practice that seeks to promote formula feeding as preferable to breast feeding, or any practice that advocates intake of poor nutritional or food additives or products as described by the WHO.
8. The DOHaD Society will not permit the display of formula products or any products from any food/nutrition industry at its Congresses, workshops and any other Society sponsored or endorsed events.
9. The DOHaD Society will not permit distribution of formula products or any products from any food/nutrition industry to any of the attendees of a DOHaD Congress, workshops and any other Society sponsored or endorsed events.
10. Conference organisers should seek/accept support only from those healthcare product and food and nutrition suppliers recognised as producing safe and high quality products and the Society reserves the right to decline sponsorship.

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### **References**

1. Public–Private Collaboration in Clinical Research During Pregnancy, Lactation, and Childhood: Joint Position Statement of the Early Nutrition Academy and the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition. *JPGN* Volume 58, Number 4, April 2014

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## Policy on Commercial Sponsorship

### Terms of Reference

Develop a Position Statement for the International DOHaD Society on Industry Sponsorship of its activities.

### Advantages of industry sponsorship:

- Industry sponsorship facilitates and enables the International DOHaD Society to maintain and expand its objectives including the promotion and expansion of research in different geographic regions worldwide for the exploration of early development in relation to health and chronic disease in later life.
- Industry sponsorship provides financial support for the DOHAD Congress, and activities that support the Society's objectives including the provision of funds for trainees engaged in work that meet these objectives.
- It is important for DOHaD members to have a strong and understanding relationship with industries that develop products that impact on health and wellbeing, to both inform and to be informed, of industry developments. Interactions through trade exhibits facilitate this two-way conversation.

### Potential disadvantages of industry sponsorship include:

- Threat to scientific independence.
- Threat to organisational independence.
- Apparent endorsement by association of industry products.
- Apparent endorsement by association of industry marketing practices, both nationally and internationally.
- There is a particular concern around sponsorship from the food and nutrition industry particularly infant formula companies. Thus, the Society has clear guidelines on relationships with food/nutrition industries.

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## Industry codes of conduct and professional organisation guidelines:

The DOHaD Society notes the following industry codes of conduct and other national/international guidelines:

- The World Health Organisation International Code of Marketing of Breast-milk substitutes and subsequent relevant World Health Assembly resolutions<sup>1</sup>
- The Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement<sup>2</sup>
- The Medicines Australia Code of Conduct<sup>3</sup>
- The WHO Code clearly recognises that industry plays a role in education, research, and professional development when it advises that relationships between manufacturers/distributors and healthcare professionals need to be disclosed by industry and the recipient of such benefits to the healthcare organisation. (Article 7, Section 7.5)
- All members of the International DOHaD Society must remain transparent, declaring conflict of interest and declarations of interest with any industry that is or perceived to be in conflict with the DOHaD Society Conditions of Sponsorship (including industries in the food/nutrition arena)
  - It is not appropriate for any member of the International DOHaD Society to receive any direct personal benefit from a sponsorship arrangement, including owning shares in the company; business class travel; per diems; gifts and honoraria.
- DOHaD Society Congress Chairs, as well as organizers of any workshop symposia or event that is sponsored by or endorsed through the DOHaD Society, must agree with and declare that sponsorship has been carefully considered with reference to the WHO International Code of Marketing Breastmilk Substitutes' and other codes that refer to sponsorship and relationships with other health related and food/nutrition related industries.
- Conference/workshop/symposia organizers must:
  - know about the Code
  - have given due thought and consideration to the issues that arise from conference sponsorship
  - have publically committed to adhering to the Code and
  - indirectly, understand that the Code does not prohibit such relationships (in fact it acknowledges them)
- DOHaD Society has a separate statement, which clarifies the Society's position on the food/nutrition industry and position on breastfeeding.

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## Guidelines

1. The DOHaD Society Council will retain transparency in communicating that any industry support provided, is essential to support activities.
2. The DOHaD Society retains ultimate autonomy with respect to its organisation, membership and scientific meetings.
3. An independent organising committee will have control over all aspects of scientific meetings, including content, speakers, sponsorship of conference, attendees etc. This committee should handle any funds from industries supporting the event.
4. Acceptance of sponsorship from industry does not imply the Society's endorsement of their products. This needs to be stated explicitly in the relevant DOHaD document e.g. the program proceedings for the annual scientific congress.
5. The DOHaD Society will endeavour to engage with a wide range of organisations and/or industries in sponsoring its activities and objectives, including multiple sponsors from the same industry sector, to avoid a strong reliance on any one sponsor.
6. Congress, workshop and symposia organisers should seek/accept support only from those healthcare product and food and nutrition suppliers recognised as producing safe and high quality products.
7. The DOHaD Society reserves the right to decline sponsorship.
8. Sponsors / other organisations may not use the DOHaD Society name or logo without the express permission of the DOHaD Executive Council.
9. Organising committee members and speaker affiliations/interests must be declared transparently (and in a timely fashion) and if there are conflicts of interest, these individuals should likely not be involved in either the organizational process. A mere declaration of a conflict of interest does not resolve the conflict, nor does a declaration of interest always equate to conflict of interest.
10. An up-to-date listing of sponsors will be posted on the DOHaD Society website.

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## Expectations and responsibilities of both parties

1. The DOHaD Society has the right to use acquired sponsor funds, which are not tied to a specific agreement, in a manner it determines appropriate to meet the objectives of the Society.
2. Sponsors may not seek direct commercial gain from their sponsorship of DOHaD Society sponsored events nor directly influence the Society activities.
3. It is not appropriate for any member of DOHaD to receive any direct personal benefit from a sponsorship arrangement.
4. The DOHaD Society will consider private and confidential any information provided by a Sponsor about its functioning or activities, unless otherwise stated.
5. The DOHaD Society will only accept sponsorship from industry sponsors that sign a document acknowledging the conditions of their sponsorship and which attest to their agreement to abide by a relevant industry code of conduct (see *Conditions of Acceptance of Industry Sponsorship* form).

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## References

1. *WHO International Code of Marketing Breastmilk Substitutes,*
2. *Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement - The MAIF Agreement and*
3. the Australian Breastfeeding Association website <https://www.breastfeeding.asn.au/who-code> discussing the WHO Code
4. *The Baby Friendly Hospital Initiative: A guide for health workers to working within the International Code of Marketing of Breastmilk Substitutes – Unicef*
5. *NHMRC EAT FOR HEALTH Infant Feeding Guidelines Information for health workers*



**Conditions of Acceptance of Industry Sponsorship**

DOHaD is grateful for the generous support from many organisations in recent years, and wishes to maintain its good relationship with companies in order to promote healthy nutrition and lifestyles.

Our acceptance of sponsorship from any source is guided by the following principles, which we require potential sponsors to endorse:

1. DOHaD will only accept sponsorship from companies that agree to abide by the DOHaD Policy on Commercial Sponsorship, and which also abide with the relevant industry code of conduct in relation to involvement with DOHaD.
2. Products cannot be displayed on exhibition stands nor samples of products provided.
3. Sponsors may not use the DOHaD name or logo except with the express permission of the DOHaD Executive.
4. Acceptance of sponsorship from industry does not imply DOHaD endorsement of their products.
5. Whilst products cannot be displayed, information sheets and any advertising materials displaying the company logo (e.g. pens, notepads, lanyards etc) are acceptable, but images of bottles/teats or foods/beverages that are not in alignment with DOHaD's commitment to promoting healthy nutrition and lifestyles will not be permitted.
6. No member of the DOHaD Society shall receive any direct personal benefit from a sponsorship arrangement.
7. All cases of conflict will be reviewed by the Society Secretariat in consultation with the Society Sponsorship and Industry subcommittee.
8. Failure to comply with the Society's Conditions of Sponsorship will be brought before the Society's Council and may result in the termination of the Society's relationship with the parties involved.

**I confirm that our company abides by all of the above principles of acceptance of sponsorship.**

**Signed:** .....

**Position:** .....

**Company:** .....

**Date:** ...../...../.....



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### **Frequently asked questions re exhibiting at DOHaD Conferences.**

**Question: Can companies who market Infant Formulas be allowed to sponsor at DOHaD events?**

Answer: DOHaD will only accept sponsorship from companies producing and/or marketing infant formula that agree to abide by the DOHaD Policy on Commercial Sponsorship, and which also abide with the relevant industry code of conduct (in particular the World Health Organization International Code of Marketing of Breast milk Substitutes, Geneva; 1981) in relation to their involvement with DOHaD.

**Question: Can Industry sponsors who abide by their codes display their products at DOHaD events?**

Answer: No product, eg nutritional supplements, infant formula, fortified foods can be displayed on exhibition stands, nor samples provided. Whilst products cannot be displayed, information sheets about the products and advertising materials displaying the company logo (e.g. pens, notepads, lanyards etc) are acceptable.

**Question: Can companies display bottles, teats and pacifiers at DOHaD events?**

Answer: These must not be displayed.

*International Code of Marketing of  
Breast-milk Substitutes*



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- Annex 3. Excerpts from the introductory statement by the Representative of the Executive Board to the Thirty-fourth World Health Assembly on the subject of the draft international code of marketing of breast-milk substitutes

## Introduction

THE WORLD HEALTH ORGANIZATION (WHO) and the United Nations Children's Fund (UNICEF) have for many years emphasized the importance of maintaining the practice of breast-feeding—and of reviving the practice where it is in decline—as a way to improve the health and nutrition of infants and young children. Efforts to promote breast-feeding and to overcome problems that might discourage it are a part of the overall nutrition and maternal and child health programmes of both organizations and are a key element of primary health care as a means of achieving health for all by the year 2000.

A variety of factors influence the prevalence and duration of breast-feeding. The Twenty-seventh World Health Assembly, in 1974, noted the general decline in breast-feeding in many parts of the world, related to sociocultural and other factors including the promotion of manufactured breast-milk substitutes, and urged "Member countries to review sales promotion activities on baby foods to introduce appropriate remedial measures, including advertisement codes and legislation where necessary".<sup>1</sup>

The issue was taken up again by the Thirty-first World Health Assembly in May 1978. Among its recommendations were that Member States should give priority to preventing malnutrition in infants and young children by, *inter alia*, supporting and promoting breast-feeding, taking legislative and social action to facilitate breast-feeding by working mothers, and "regulating inappropriate sales promotion of infant foods that can be used to replace breast milk".<sup>2</sup>

Interest in the problems connected with infant and young child feeding and emphasis on the importance of breast-feeding in helping to overcome them have, of course, extended well beyond WHO and UNICEF. Governments, nongovernmental organizations, professional associations, scientists, and manufacturers of infant foods have also called for action to be taken on a world scale as one step towards improving the health of infants and young children.

In the latter part of 1978, WHO and UNICEF announced their intention of organizing jointly a meeting on infant and young child feeding, within their existing programmes, to try to make the most effective use of this groundswell of opinion. After thorough consideration on how to ensure the fullest participation, the meeting was convened in Geneva from 9 to 12 October 1979 and was attended by some 150 representatives of governments, organizations of the United Nations system and other intergovernmental bodies, nongovernmental organizations, the infant-food industry, and experts in related disciplines. The discussions were organized on five main themes: the encouragement and support of breast-feeding; the promotion and support of appropriate and timely complementary feeding (weaning) practices with the use of

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<sup>1</sup> Resolution WHA27.43 (Handbook of Resolutions and Decisions of the World Health Assembly and the Executive Board, Volume II, 4<sup>th</sup> ed., Geneva, 1981, p.58).

<sup>2</sup> Resolution WHA31.47 (Handbook of Resolutions and Decisions.... Volume II, 4<sup>th</sup> ed., p.62).

local food resources; the strengthening of education, training and information on infant and young child feeding; the promotion of the health and social status of women in relation to infant and young child health and feeding; and the appropriate marketing and distribution of breast-milk substitutes.

The Thirty-third World Health Assembly, in May 1980, endorsed in their entirety the statement and recommendations agreed by consensus at this joint WHO/UNICEF meeting and 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", requesting the Director-General to prepare such a code "in close consultation with Member States and with all other parties concerned".<sup>3</sup>

To develop an international code of marketing of breast-milk substitutes in accordance with the Health Assembly's request, numerous and lengthy consultations were held with all interested parties. Member States of the World Health Organization and groups and individuals who had been represented at the October 1979 meeting were requested to comment on successive drafts of the code, and further meetings were held in February and March and again in August and September in 1980. WHO and UNICEF placed themselves at the disposal of all groups in an effort to foster a continuing dialogue on both the form and the content of the draft code and to maintain as a basic minimum content those points which had been agreed upon by consensus at the meeting in October 1979.

In January 1981, the Executive Board of the World Health Organization at its sixty-seventh session, considered the fourth draft of the code, endorsed it, and unanimously recommended<sup>4</sup> to the Thirty-fourth World Health Assembly the text of a resolution by which it would adopt the code in the form of a recommendation rather than as a regulation.<sup>5</sup> In May 1981, the Health Assembly debated the issue after it had been introduced by the representative of the Executive Board.<sup>6</sup> It adopted the code, as proposed, on 21 May by 118 votes in favour to 1 against, with 3 abstentions.<sup>7</sup>

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<sup>3</sup> See resolution WHA33.32, reproduced in Annex 2.

<sup>4</sup> See resolution EB67.R12, reproduced in Annex 1.

<sup>5</sup> The legal implications of the adoption of the code as a recommendation or as a regulation are discussed in a report on the code by the Director-General of WHO to the Thirty-fourth World Health Assembly; this report is contained in document WHA34/1981/REC/1, Annex 3.

<sup>6</sup> See Annex 3 for excerpts from the introductory statement by the representative of the Executive Board.

<sup>7</sup> See Annex 1 for the text of resolution WHA34.22, by which the code was adopted. For the verbatim record of the discussion at the fifteenth plenary meeting, on 21 May 1981, see document WHA34/1981/REC/2.

The Member States of the World Health Organization:

Affirming the right of every child and every pregnant and lactating woman to be adequately nourished, as a means of attaining and maintaining health;

Recognizing that infant malnutrition is part of the wider problems of lack of education, poverty, and social injustice;

Recognizing that the health of infants and young children cannot be isolated from the health and nutrition of women, their socioeconomic status and their roles as mothers;

Conscious that breast-feeding is an unequalled way of providing ideal food for the healthy growth and development of infants; that it forms a unique biological and emotional basis for the health of both mother and child; that the anti-infective properties of breast-milk help to protect infants against disease; and that there is an important relationship between breast-feeding and child-spacing;

Recognizing that the encouragement and protection of breast-feeding is an important part of the health, nutrition and other social measures required to promote healthy growth and development of infants and young children; and that breast-feeding is an important aspect of primary health care;

Considering that, when mothers do not breast-feed, or only do so partially, there is a legitimate market for infant formula and for suitable ingredients from which to prepare it; that all these products should accordingly be made accessible to those who need them through commercial or non-commercial distribution systems; and that they should not be marketed or distributed in ways that may interfere with the protection and promotion of breast-feeding;

Recognizing further that inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in all countries, and that improper practices in the marketing of breast-milk substitutes and related products can contribute to these major public health problems;

Convinced that it is important for infants to receive appropriate complementary foods, usually when they reach four to six months of age, and that every effort should be made to use locally available foods; and convinced, nevertheless, that such complementary foods should not be used as breast-milk substitutes;

Appreciating that there are a number of social and economic factors affecting breast-feeding, and that, accordingly, governments should develop social support systems to protect, facilitate and encourage it, and that they should create an environment that fosters breast-feeding, provides appropriate family and community support, and protects mothers from factors that inhibit breast-feeding;

Affirming that health care systems, and the health professionals and other health workers serving in them, have an essential role to play in guiding infant

feeding practices, encouraging and facilitating breast-feeding, and providing objective and consistent advice to mothers and families about the superior value of breast-feeding, or, where needed, on the proper use of infant formula, whether manufactured industrially or home-prepared;

Affirming further that educational systems and other social services should be involved in the protection and promotion of breastfeeding, and in the appropriate use of complementary foods;

Aware that families, communities, women's organizations and other nongovernmental organizations have a special role to play in the protection and promotion of breast-feeding and in ensuring the support needed by pregnant women and mothers of infants and young children, whether breast-feeding or not;

Affirming the need for governments, organizations of the United Nations system, nongovernmental organizations, experts in various related disciplines, consumer groups and industry to cooperate in activities aimed at the improvement of maternal, infant and young child health and nutrition;

Recognizing that governments should undertake a variety of health, nutrition and other social measures to promote healthy growth and development of infants and young children, and that this Code concerns only one aspect of these measures;

Considering that manufacturers and distributors of breast-milk substitutes have an important and constructive role to play in relation to infant feeding, and in the promotion of the aim of this Code and its proper implementation;

Affirming that governments are called upon to take action appropriate to their social and legislative framework and their overall development objectives to give effect to the principles and aim of this Code, including the enactment of legislation, regulations or other suitable measures;

Believing that, in the light of the foregoing considerations, and in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breast-milk substitutes, the marketing of breast-milk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products;

**THEREFORE:**

The Member States hereby agree the following articles which are recommended as a basis for action.



### *Article 1. Aim of the Code*

The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast-feeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

### *Article 2. Scope of the Code*

The Code applies to the marketing, and practices related thereto, of the following products: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottled complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast milk; feeding bottles and teasts. It also applies to their quality and availability, and to information concerning their use.

### *Article 3. Definitions*

For the purposes of this Code:

"Breast-milk substitute"	means	any food being marketed or otherwise presented as a partial or total replacement for breast milk, whether or not suitable for that purpose.
"Complementary food"	means	any food whether manufactured or locally prepared, suitable as a complement to breast milk or to infant formula, when either become insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called "weaning food" or breast-milk supplement".
"Container"	means	any form of packaging of products for sale as a normal retail unit, including wrappers.
"Distributor"	means	a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this Code. A "primary distributor" is a manufacturer's sales agent, representative, national distributor or broker.

"Health care system"	means	governmental, nongovernmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets.
"Health worker"	means	a person working in a component of such a health care system, whether professional or non-professional, including voluntary unpaid workers.
"Infant formula"	means	a breast-milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as "home-prepared".
"Label"	means	any tag, brand, marks, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any products within the scope of this Code.
"Manufacturer"	means	a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code.
"Marketing"	means	product promotion, distribution, selling, advertising, product public relations, and information services.
"Marketing personnel"	means	any persons whose functions involve the marketing of a product or products coming within the scope of this Code.

"Samples"	means	single or small quantities of a product provided without cost.
"Supplies"	means	quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.

*Article 4. Information and education*

4.1 Governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition. This responsibility should cover either the planning, provision, design and dissemination of information, or their control.

4.2 Informational and educational materials, whether written, audio, or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on all the following points: (a) the benefits and superiority of breast-feeding; (b) maternal nutrition, and the preparation for and maintenance of breast-feeding; (c) the negative effect on breast-feeding of introducing partial bottle-feeding; (d) the difficulty of reversing the decision not to breast-feed; and (e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared. When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breast-milk substitutes. Such materials should not use any pictures or text which may idealize the use of breast-milk substitutes.

4.3 Donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary product that is within the scope of this Code, and should be distributed only through the health care system.

*Article 5. The general public and mothers*

5.1 There should be no advertising or other form of promotion to the general public of products within the scope of this Code.

5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.

5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.

5.4 Manufacturers and distributors should not distribute to pregnant women or mothers or infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle-feeding.

5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

#### *Article 6. Health care systems*

6.1 The health authorities in Member States should take appropriate measures to encourage and protect breast-feeding and promote the principles of this Code, and should give appropriate information and advice to health workers in regard to their responsibilities, including the information specified in Article 4.2.

6.2 No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.

6.3 Facilities of health care systems should not be used for the display of products within the scope of this Code, for placards or posters concerning such products, or for the distribution of material provided by a manufacturer or distributor other than that specified in Article 4.3.

6.4 The use by the health care system of "professional service representatives", "mothercraft nurses" or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.

6.5 Feeding with infant formula, whether manufactured or home-prepared, should be demonstrated only by health workers, or other community workers if necessary; and only to the mothers or family members who need to use it; and the information given should include a clear explanation of the hazards of improper use.

6.6 Donations or low-price sales to institutions or organizations of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used or distributed for infants who have to be fed on breast-milk substitutes. If these supplies are distributed for use outside the institutions, this should be done only by the institutions or organizations concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement.

6.7 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution or organization should take steps to ensure that supplies can be continued as long as the infants concerned need them. Donors, as well as institutions or organizations concerned, should bear in mind this responsibility.

6.8 Equipment and materials, in addition to those referred to in Article 4.3, donated to a health care system may bear a company's name or logo, but should not refer to any proprietary product within the scope of this Code.

#### *Article 7. Health workers*

7.1 Health workers should encourage and protect breast-feeding; and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code, including the information specified in Article 4.2.

7.2 Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle-feeding is equivalent or superior to breast-feeding. It should also include the information specified in Article 4.2.

7.3. No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.

7.4 Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use, should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.

7.5 Manufacturers and distributors of products within the scope of this Code should disclose to the institution to which a recipient health worker is affiliated any contribution made to him or on his behalf for fellowships, study tours, research grants, attendance at professional conferences, or the like. Similar disclosures should be made by the recipient.

#### *Article 8. Persons employed by manufacturers and distributors*

8.1 In systems of sales incentives for marketing personnel, the volume of sales of products within the scope of this Code should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should

not be understood to prevent the payment of bonuses based on the overall sales by a company of other products marketed by it.

8.2 Personnel employed in marketing products within the scope of this Code should not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. This should not be understood as preventing such personnel from being used for other functions by the health care system at the request and with the written approval of the appropriate authority of the government concerned.

### *Article 9. Labelling*

9.1 Labels should be designed to provide the necessary information about the appropriate use of the product, and so as not to discourage breast-feeding.

9.2 Manufacturers and distributors of infant formula should ensure that each container as a clear, conspicuous, and easily readable and understandable message printed on it, or on a label which cannot readily become separated from it, in an appropriate language, which includes all the following points: (a) the words "Important Notice" or their equivalent; (b) a statement of the superiority of breast-feeding; (c) a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use; (d) instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation. Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealize the use of infant formula. They may, however, have graphics for easy identification of the product as a breast-milk substitute and for illustrating methods of preparation. The terms "humanized", "materialized" or similar terms should not be used. Inserts giving additional information about the product and its proper use, subject to the above conditions, may be included in the package or retail unit. When labels give instructions for modifying a product into infant formula, the above should apply.

9.3 Food products within the scope of this Code, marketed for infant feeding, which do not meet all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant. Since sweetened condensed milk is not suitable for infant feeding, nor for use as a main ingredient of infant formula, its label should not contain purported instructions on how to modify it for that purpose.

9.4 The label of food products within the scope of this Code should also state all the following points: (a) the ingredients used; (b) the composition/analysis of the product; (c) the storage conditions required; and (d) the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.

### *Article 10. Quality*

10.1 The quality of products is an essential element for the protection of the health of infants and therefore should be of a high recognized standard.

10.2 Food products within the scope of this Code should, when sold or otherwise distributed, meet applicable standards recommended by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practice for Foods for Infants and Children.

### *Article 11. Implementation and monitoring*

11.1 Governments should take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures. For this purpose, governments should seek, when necessary, the cooperation of WHO, UNICEF and other agencies of the United Nations system. National policies and measures, including laws and regulations, which are adopted to give effect to the principles and aim of this Code should be publicly stated, and should apply on the same basis to all those involved in the manufacture and marketing of products within the scope of this Code.

11.2 Monitoring the application of this Code lies with governments acting individually, and collectively through the World Health Organization as provided in paragraphs 6 and 7 of this Article. The manufacturers and distributors of products within the scope of this Code, and appropriate nongovernmental organizations, professional groups, and consumer organizations should collaborate with governments to this end.

11.3 Independently of any other measures taken for implementation of this Code, manufacturers and distributors of products within the scope of this Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aim of this Code, and for taking steps to ensure that their conduct at every level conforms to them.

11.4 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 this Code, so that appropriate action can be taken. The appropriate governmental authority should also be informed.

11.5 Manufacturers and primary distributors of products within the scope of this Code should apprise each member of their marketing personnel of the Code and of their responsibilities under it.

11.6 In accordance with Article 62 of the Constitution of the World Health Organization, Member States shall communicate annually to the Director-General information on action taken to give effect to the principles and aim of this Code.

11.7 The Director-General shall report in even years to the World Health Assembly on the status of implementation of the Code; and shall, on request, provide technical support to Member States preparing national legislation or regulations, or taking other appropriate measures in implementation and furtherance of the principles and aim of this Code.



*Annex 1*

Resolutions of the Executive Board at its Sixty-seventh Session and of  
the Thirty-fourth World Health Assembly on the International Code of  
Marketing of Breast-milk Substitutes

**Resolution EB67.R12**  
**Draft International Code of Marketing of Breast-milk Substitutes**

The Executive Board,

Having considered the report by the Director-General on the Draft  
International Code of Marketing of Breast-milk Substitutes;

1. ENDORSES in its entirety the Draft International Code prepared by the  
Director-General;
2. FORWARDS the Draft International Code to the Thirty-fourth World Health  
Assembly;
3. RECOMMENDS to the Thirty-fourth World Health Assembly the adoption of  
the following resolution:

*28 January 1981*

[The text recommended by the Executive Board was adopted by the Thirty-fourth  
World Health Assembly, on 21 May 1981, as resolution WHA34.22, reproduced  
overleaf.]

**Resolution WHA34.22**  
**International Code of Marketing of Breast-milk Substitutes**

The Thirty-fourth World Health Assembly,

Recognizing the importance of sound infant and young child nutrition for the future health and development of the child and adult;

Recalling that breast-feeding is the only natural method of infant feeding and that it must be actively protected and promoted in all countries;

Convinced that governments of Member States have important responsibilities and a prime role to play in the protection and promotion of breast-feeding as a means of improving infant and young child health;

Aware of the direct and indirect effects of marketing practices for breast-milk substitutes on infant feeding practices;

Convinced that the protection and promotion of infant feeding, including the regulation of the marketing of breast-milk substitutes, affect infant and young child health directly and profoundly, and are a problem of direct concern to WHO;

Having considered the draft International Code of Marketing of Breast-milk Substitutes prepared by the Director-general and forwarded to it by the Executive Board;

Expressing its gratitude to the Director-General and to the Executive Director of the United Nations Children's Fund for the steps they have taken in ensuring close consultation with Member States and with all other parties concerned in the process of preparing the draft International Code;

Having considered the recommendation made thereon by the Executive Board at its sixty-seventh session;

Confirming resolution WHA33.32, including the endorsement in their entirety of the statement and recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding held from 9 to 12 October 1979;

Stressing that the adoption of and adherence to the International Code of Marketing of Breast-milk Substitutes is a minimum requirement and only one of several important actions required in order to protect health practices of infant and young child feeding;

1. ADOPTS, in the sense of Article 23 of the Constitution, the International Code of Marketing of Breast-milk Substitutes annexed to the present resolution;

2. URGES all Member States:
  - (1) to give full and unanimous support to the implementation of the recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding and of the provisions of the International Code in its entirety as an expression of the collective will of the membership of the World Health Organization;
  - (2) to translate the International Code into national legislation, regulations or other suitable measures;
  - (3) to involve all concerned social and economic sectors and all other concerned parties in the implementation of the International Code and in the observance of the provisions thereof;
  - (4) to monitor the compliance with the Code;
3. DECIDES that the follow-up to and review of the implementation of this resolution shall be undertaken by regional committees, the Executive Board and the Health Assembly in the spirit of resolution WHA33.17.
4. REQUESTS the FAO/WHO Codex Alimentarius Commission to give full consideration, within the framework of its operational mandate, to action it might take to improve the quality standards of infant foods, and to support and promote the implementation of the International Code;
5. REQUESTS the Director-General:
  - (1) to give all possible support to Member States, as and when requested, for the implementation of the International Code, and in particular in the preparation of national legislation and other measures related thereto in accordance with operative subparagraph 6(6) of resolution WHA33.32;
  - (2) to use his good offices for the continued cooperation with all parties concerned in the implementation and monitoring of the International Code at country, regional and global levels;
  - (3) to report to the Thirty-sixth World health Assembly on the status of compliance with and implementation of the Code at country, regional and global levels;
  - (4) based on the conclusions of the status report, to make proposals, if necessary, for revision of the text of the Code and for the measures needed for its effective application.

*21 May 1981*

## Annex 2

### Resolution of the Thirty-third World Health Assembly on Infant and Young Child Feeding

#### **Resolution WHA 33.32 Infant and young child feeding**

The Thirty-third World Health Assembly,

Recalling resolutions WHA27.43 and WHA31.47 which in particular reaffirmed that breast-feeding is ideal for the harmonious physical and psychosocial development of the child, that urgent action is called for by governments and the Director-General in order to intensify activities for the promotion of breast-feeding and development of actions related to the preparation and use of weaning foods based on local products, and that there is an urgent need for countries to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation, as well as to take appropriate supportive social measures for mothers working away from their homes during the lactation period;

Recalling further resolutions WHA31.55 and WHA32.42 which emphasized maternal and child health as an essential component of primary health care, vital to the attainment of health for all by the year 2000;

Recognizing that there is a close interrelationship between infant and young child feeding and social and economic development, and that urgent action by governments is required to promote the health and nutrition of infants, young children and mothers, *inter alia* through education, training and information in this field;

Noting that a joint WHO/UNICEF Meeting on Infant and Young Child Feeding was held from 9 to 12 October 1979, and was attended by representatives of governments, the United Nations system and technical agencies, nongovernmental organizations active in the area, the infant-food industry and other scientists working in this field;

1. ENDORSES in their entirety the statement and recommendations made by the joint WHO/UNICEF meeting, namely on the encouragement and support of breast-feeding; the promotion and support of appropriate weaning practices; the strengthening of education, training and information; the promotion of the health and social status of women in relation to infant and young child feeding; and the appropriate marketing and distribution of breast-milk substitutes. This statement and these recommendations also make clear the responsibility in this field incumbent on the health services, health personnel, national authorities, women's and other nongovernmental organizations, the United Nations agencies and the infant-food industry, and stress the importance for countries to have a coherent food and nutrition policy and the need for pregnant and lactating women to be adequately nourished; the joint Meeting also recommended that "There should be an international code of marketing of infant formula and other products used as breast-milk substitutes. This should be supported by both exporting and importing countries and observed by all

manufacturers. WHO and UNICEF are requested to organize the process for its preparation, with the involvement of all concerned parties, in order to reach a conclusion as soon as possible";

2. RECOGNIZES the important work already carried out by the World Health Organization and UNICEF with a view to implementing these recommendations and the preparatory work done on the formulation of a draft international code of marketing of breast-milk substitutes;

3. URGES countries which have not already done so to review and implement resolutions WHA27.43 and WHA32.42;

4. URGES women's organizations to organize extensive information dissemination campaigns in support of breast-feeding and healthy habits;

5. REQUESTS the Director-General ;

(1) to cooperate with Member States on request in supervising or arranging for the supervision of the quality of infant foods during their production in the country concerned, as well as during their importation and marketing;

(2) to promote and support the exchange of information on laws, regulations, and other measures concerning marketing of breast-milk substitutes;

6. FURTHER REQUESTS the Director-General to intensify his activities for promoting the application of the recommendations of the joint WHO/UNICEF Meeting and, in particular:

(1) to continue efforts to promote breast-feeding as well as sound supplementary feeding and weaning practices as a prerequisite to healthy child growth and development;

(2) to intensify coordination with other international and bilateral agencies for the mobilization of the necessary resources for the promotion and support of activities related to the preparation of weaning foods based on local products in countries in need of such support and to collate and disseminate information on methods of supplementary feeding and weaning practices successfully used in different cultural settings;

(3) to intensify activities in the field of health education, training and information on infant and young child feeding, in particular through the preparation of training and other manuals for primary health care workers in different regions and countries;

(4) to prepare an international code on marketing of breast-milk substitutes in close consultation with Member States and with all other parties concerned including such scientific and other experts whose collaboration may be deemed appropriate, bearing in mind that:

- (a) the marketing of breast-milk substitutes and weaning foods must be viewed within the framework of the problems of infant and young child feeding as a whole;
- (b) the aim of the code should be to contribute to the provision of safe and adequate nutrition of infants and young children, and in particular to promote breast-feeding and ensure, on the basis of adequate information, the proper use of breast-milk substitutes, if necessary;
- (c) the code should be based on existing knowledge of infant nutrition;
- (d) the code should be governed *inter alia* by the following principles:
  - (i) the production, storage and distribution, as well as advertising, of infant feeding products should be subject to national legislation or regulations, or other measures as appropriate to the country concerned;
  - (ii) relevant information on infant feeding should be provided by the health care system of the country in which the product is consumed;
  - (iii) products should meet international standards of quality and presentation, in particular those developed by the Codex Alimentarius Commission, and their labels should clearly inform the public of the superiority of breast-feeding;
- (5) to submit the code to the Executive Board for consideration at its sixty-seventh session and for forwarding with its recommendations to the Thirty-fourth World Health Assembly, together with proposals regarding its promotion and implementation, either as a regulation in the sense of Articles 21 and 22 of the Constitution of the World Health Organization or as a recommendation in the sense of Article 23, outlining the legal and other implications of each choice;
- (6) to review the existing legislation in different countries for enabling and supporting breast-feeding, especially by working mothers, and to strengthen the Organization's capacity to cooperate on the request of Member States in developing such legislation;
- (7) to submit to the Thirty-fourth World Health Assembly, in 1981, and thereafter in even years, a report on the steps taken by WHO to promote breast-feeding and to improve infant and young child feeding, together with an evaluation of the effect of all measures taken by WHO and its Member States.

23 May 1980

**Excerpts from the Introductory Statement by the Representative of the Executive Board to the Thirty-fourth World Health Assembly on the Subject of the Draft International Code of Marketing of Breast-milk Substitutes**

The topic "infant and young child feeding" was extensively reviewed and discussed in May 1980 at the Thirty-third World Health Assembly, and it has also been extensively discussed this morning. Delegates will recall last year's Health Assembly's resolution WHA33.32 to this effect, which was adopted unanimously and which among other things requested the Director-General "to prepare an international code of marketing of breast-milk substitutes in close consultation with Member States and with other parties concerned". The need for such a code and the principles on which it should be developed were thus unanimously agreed upon at last year's Health Assembly.<sup>2</sup> It should therefore not be necessary in our deliberations today to repeat this review and these discussions.

There are two issues before the Committee today: firstly, the content of the code; and secondly, the question of whether the code should be adopted as a regulation in the sense of Articles 21 and 22 of the WHO Constitution or as a recommendation in the sense of Article 23.

The proposal now before the Committee in document A34/8 is the fourth distinct draft of the code; it is the result of a long process of consultations carried out with Member States and other parties concerned, in close cooperation with UNICEF. Few, if any, issues before the Executive Board and the Health Assembly have been the object of such extensive consultations as has the draft code.

.....

During the Executive Board's discussion on this item at its sixty-seventh session, in January 1981, many members addressed themselves to the aim and the principles of the code and stressed that, as presently drafted, it constituted the minimum acceptable requirements concerning the marketing of breast-milk substitutes. Since even at this late date, as reflect in recent newspaper articles, some uncertainty persists with respect to the content of the code, particularly its scope, I believe it would be useful to make some remarks on this point. I hasten to remind delegates, however, that the scope of the code was not the source of difficulty during the Board's discussion.

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<sup>1</sup> This statement by Dr Torbjørn Mork (Director-General of Health Services, Norway), representative of the Executive Board, was delivered before Committee A on 20 May 1981. The summary records of the discussion of this topic at the thirteenth, fourteenth and fifteenth meetings of Committee A are contained in document WHA34/1981/REC/3.

<sup>2</sup> See document WHA33/1980/REC/1, Annex 6; document WHA33/1980/REC/2, page 327; and document WHA33/1980/REC/3, pages 67-95 and 200-204.

The scope of the draft code is defined in Article 2. During the first four to six months of life, breast milk alone is usually adequate to sustain the normal infant's nutritional requirements. Breast milk may be replaced (substituted for) during this period by *bona fide* breast-milk substitutes, including infant formula. Any other food, such as cow's milk, fruit juices, cereals, vegetables, or any other fluid, solid or semi-solid food intended for infants and given after this initial period, can no longer be considered as a replacement for breast milk (or as its *bona fide* substitute). Such foods only complement breast milk or breast-milk substitutes, and are thus referred to in the draft code as complementary foods. They are also commonly called weaning foods or breast-milk supplements.

Products other than *bona fide* breast-milk substitutes, including infant formula, are covered by the code only when they are "marketed or otherwise represented to be suitable . . . for use as a partial or total replacement of breastmilk". Thus the code's references to products used as partial or total replacements for breast milk are not intended to apply to complementary foods unless these foods are actually marketed — as breast-milk substitutes, including infant formula, are marketed — as being suitable for the partial or total replacement of breast milk. So long as the manufacturers and distributors of the products do not promote them as being suitable for use as partial or total replacements for breast milk, the code's provisions concerning limitations on advertising and other promotional activities do not apply to these products.

The Executive Board examined the draft code very carefully.<sup>3</sup> Several Board members indicated that they considered introducing amendments in order to strengthen it and to make it still more precise. The Board considered, however, that the adoption of the code by the Thirty-fourth World Health Assembly was a matter of great urgency in view of the serious situation prevailing, particularly in developing countries, and that amendments introduced at the present stage might lead to a postponement of the adoption of the code. The Board therefore unanimously recommended to this Thirty-fourth World Health Assembly the adoption of the code as presently drafted, realizing that it might be desirable or even necessary to revise the code at an early date in the light of the experience obtained in the implementation of its various provisions. This is reflected in operative paragraph 5(4) of the recommended resolution contained in resolution EB67.R12.

The second main question before the Executive Board was whether it should recommend the adoption of the code as a recommendation or as a regulation. Some Board members expressed a clear preference for its adoption as a regulation in the sense of Articles 21 and 22 of the WHO Constitution. It became clear, however, that, although there had not been a single dissenting voice in the Board with regard either to the need for an international code or to its scope or content, opinion was divided on the question of a recommendation versus a regulation.

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<sup>3</sup> The summary record of the Board's discussions is contained in document EB67/1981/REC/2, pages 306-322.



It was stressed that any decision concerning the form the code should take should be based on an appreciation of which alternative had the better chance of fulfilling the purpose of the code — that is, to contribute to improved infant and child nutrition and health. The Board agreed that the moral force of a unanimous recommendation could be such that it would be more persuasive than a regulation that had gained less than unanimous support from Member States. It was considered, however, that the implementation of the code should be closely monitored according to the existing WHO constitutional procedures; that future Assemblies should assess the situation in the light of reports from Member States; and that the Assembly should take any measures it judged necessary for its effective application

After carefully weighing the different points raised during its discussion, the Board unanimously adopted resolution EB67.R12, which contains the draft resolution recommended for adoption by the World Health Assembly. In this connexion I wish to draw the Committee's particular attention to the responsibilities outlined in the draft resolution: those of Member States, the regional committees, the Director-General, the Executive Board, and the Health Assembly itself for appropriate follow-up action once the code has been adopted.

In carrying out their responsibilities, Member States should make full use of their Organization — at global, regional and country levels — by requesting its technical support in the preparation of national legislation, regulations or other appropriate measures, and in the monitoring of the application of the code.

.....

I think that I can best reflect the sentiments of the Board by closing my introduction with a plea for consensus on the resolution as it was unanimously recommended to the World Health Assembly by the Board. We are not today dealing with an economic issue of particular importance only to one or a few Member States. We are dealing with a health issue of essential importance to all Member States, and particularly to developing countries, and of importance to the children of the world and thus to all future generations.