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ACCESS TO NUTRITION INITIATIVE

Model Policy on the Marketing of Breast-milk Substitutes to Fully Implement the International Code of Marketing of Breast-milk Substitutes and All Subsequent Relevant World Health Assembly Resolutions

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About the model policy on marketing breast-milk substitutes

Promotion of breast-milk substitutes (BMS) has been shown to undermine optimal breastfeeding practices, which include exclusive breastfeeding in the first six months of life and continued breastfeeding up to 2 years of age or beyond, and which have invaluable benefits on infant and young child health.[1] Manufacturers and distributors of BMS should therefore ensure BMS advertising and promotion does not occur in any form, for any BMS product, in all countries. The aim of the model policy is to guide manufacturers and distributors of BMS in marketing those products in compliance with international standards and guidance, namely the International Code of Marketing of Breast-milk Substitutes and all subsequent World Health Assembly resolutions which support and augment the International Code since its development in 1981. This model policy is therefore based on the provisions set out by the International Code in 1981 and the subsequent World Health Assembly resolutions up to and including WHA resolution 69.9 which was adopted in 2016. It is important to note that company policies should be reviewed periodically as the provisions described in this model policy are subject to change in line with updated guidance and resolutions by the World Health Assembly, the World Health Organization, and other relevant international bodies. The International Code of 1981 and subsequent relevant World Health Assembly resolutions (collectively referred to hereinafter as the Code) must be considered together in the interpretation and translation into policy and practice.

The model BMS marketing policy was developed by the Access to Nutrition Initiative (ATNI), a non-profit organization which develops accountability tools to assess private sector actions in addressing global nutrition challenges. Given the importance of protecting, promoting and supporting breastfeeding, a key area of research at ATNI is the assessment of companies' marketing policies and practices in relation to BMS. ATNI's methodology aligns with the requirements of the Code.

ATNI would also like to thank the World Health Organization, United Nations Children's Fund, Helen Keller International and Save the Children for providing technical support in the development of the model policy.

[1] The Lancet Breastfeeding Series, 2016

Introduction

[Company name] accepts The International Code of Marketing of Breast-milk Substitutes and all subsequent, relevant World Health Assembly (WHA) resolutions, up to and including WHA 71.9 (collectively referred to hereinafter as the Code), and affirms its obligation to comply with the Code to contribute to optimal infant and young child health and nutrition in all countries in which its products are sold. Implementation of the Code is generally regarded as a key measure to deliver the right to health (by, inter alia, reducing infant mortality and promoting optimal nutrition for healthy growth and development) as stipulated by a number of international human rights treaties, most notably the United Nations Convention on the Rights of the Child. Moreover, [company's] compliance with the Code contributes to delivering the Sustainable Development Goals, specifically SDG 2 (Zero Hunger) and SDG 3 (Good Health).

[Company name] believes that breastfeeding gives babies the best start in life. [Company name] therefore supports exclusive breastfeeding for the first six months and continued breastfeeding for two years or more with the introduction of appropriate complementary foods from the age of six months. [Company name] has developed and offers its BMS products for those women and caregivers who cannot breastfeed or choose not to, and for the small minority of infants and young children with medically diagnosed health conditions which do not allow them to fully meet their nutritional requirements from breastmilk.

[Company name] understands that full compliance with the Code is critical to ensuring that breastfeeding is fully protected, promoted and supported, and that when used, BMS products are used safely.

1. Policy Scope

Product scope

In line with the definition of Breast-milk Substitutes (BMS) as set out by the World Health Assembly (WHA), this policy applies to infant formula (intended for infants aged 0-6 months), follow-up formula (intended for older infants between 6 and 12 months) and milks (or milk replacements) intended for young children aged 12-36 months (otherwise known as growing-up milks or toddler milk).
It includes all formulas for special medical purposes (FSMPs) intended for infants and young children aged 0-36 months irrespective of their classification in national legislation.[2]

Complementary foods should not be promoted for consumption before 6 months of age, including water, juices and baby teas.
This policy does not however address the marketing of complementary foods intended for older infants and young children 6-36 months of age, although they are also covered by the Code as clarified by the guidance associated with WHA 69.9 on ending the inappropriate promotion of foods for infants and young children. [Company name] addresses the marketing of these products in a separate policy in alignment with the recommendations for marketing complementary foods for children 6-36 months as set out in the guidance on ending the inappropriate promotion of foods for infants and young children.

This policy also covers any feeding bottles and teats manufactured by the company.

Business scope

This policy applies to all joint ventures and subsidiaries. [Company name] will undertake efforts within its capacity to ensure that this policy is also applied (to the extent possible) to its affiliates where [company name] has a holding of less than 50%.[3] All employees and third parties acting under the company's authorization must comply with this policy.

Geographic scope

This policy applies in all markets in which [company name] sells its BMS products, with no exceptions. [Company name] makes no distinction between 'higher-risk' and 'lower-risk' markets.

[2] According to Codex (STAN 72-1981) Standard for infant formula and formulas for special medical purposes intended for infants (revision 2007), formula for special medical purposes intended for infants means a substitute for human milk or infant formula that is specially manufactured to satisfy, by itself, the special nutritional requirements of infants with specific disorders, diseases or medical conditions during the first months of life up to the introduction of appropriate complementary feeding.

[3] This statement has been updated on April 5, 2022.

2. Policy application in relation to national laws, regulations and standards

[Company name] acknowledges Article 11.3 of the Code which stipulates that all manufacturers and distributors of breast-milk substitutes are responsible for adherence to the Code "independently of any other measures taken for implementation." [Company name] takes this to mean that even if a government has not fully implemented the Code in national legislation, we as manufacturers and distributors, have a responsibility to comply with it.

[Company name] therefore pledges to comply with all relevant national laws, regulations and standards as a minimum. In countries where such legal measures are absent, or where they are less stringent or less extensive than this policy in terms of product scope and provisions covered, this policy will apply, so that [company name] upholds the same high standards across all markets in which [company name] operates.

3. Policy commitments

3.1 Overarching commitment

In line with Article 1 of the Code

[Company name] fully commits to comply with all provisions of the International Code of Marketing of Breast-milk Substitutes, and all subsequent relevant WHA resolutions, up to and including WHA 71.9, in contributing to optimal infant and young child nutrition by protecting and promoting breastfeeding and ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

[Company name] fully supports the World Health Organization's recommendations on optimal infant and young child feeding practices: exclusive breastfeeding for the first six months of life and the introduction of appropriate complementary foods at six months of age with continued breastfeeding for two years or beyond.

3.2 Informational and educational materials intended for pregnant women, mothers of infants and young children and other caregivers

In line with WHA 69.9 (Recommendation 6 of the associated guidance)[4]

- [Company name] will not directly nor indirectly provide education to parents and other caregivers on infant and young child feeding. This entails informational and educational material in all forms including verbal, written, audio, visual, or any other tangible or digital form.
- [Company name] will not donate or distribute any informational or educational equipment and materials, to healthcare facilities.

3.3 Advertising to the general public and mothers

In line with Article 5 of the Code and WHA 69.9 (Recommendation 5 and 6 of the associated guidance)

- [Company name] will not advertise or promote its BMS products to the general public on any form of media including but not limited to:
  - TV
  - Radio
  - Print
  - Outdoor
  - Social media
  - Digital media

  (Article 5.1)

[4] WHA 69.9 (recommendation 6 of the associated guidance supersedes article 4 of the Code, WHA 58.32, and WHA 61.20)

- [Company name] will not provide, directly or indirectly (including through our product distributors), to pregnant women, mothers of infants and young children or members of their families or any caregivers, samples of any products.

  (Article 5.2)

- [Company name] will not use point-of-sale advertising, giving of samples, or any other promotion device to induce sales of BMS products directly to the consumer at the retail level whether in a physical or online setting. Examples of point-of-sale promotions include but are not limited to:

  – Special displays

  – Discount coupons

  – Premiums

  – Special sales

  – Loss-leaders

  – Tie-in sales

  (Article 5.3)

- [Company name] will not distribute in any setting or via any means to pregnant women, mothers of infants and young children, members of their families or any caregivers, any coupons or gifts of articles or utensils that may promote the use of breast-milk substitutes or bottle feeding. The same applies to [company's] distributors.

  (Article 5.4 augmented by WHA 69.9 recommendation 6 of the associated guidance)

- All company staff, particularly marketing personnel, in their business capacity, in any setting or via any means, will not seek direct or indirect contact of any kind with pregnant women, mothers of infants and young children, or members of their families or any caregivers. [Company name] will refrain from establishing relationships with parents and other caregivers, for example through baby clubs, company helplines, online chats, social media groups, childcare classes, and contests.

  (Article 5.5 augmented by WHA 69.9 recommendation 5 of the associated guidance)

- [Company name] will not engage in any form of cross-promotion across the different types of BMS (i.e. infant formula, follow-up formula, and growing-up milk) and between BMS products and complementary foods intended for older infants and young children 6-36 months of age.[5]

  To avoid cross-promotion the packaging design and labelling will be different for each type of product (for example, different colour schemes, designs, names, slogans and mascots other than the company name and logo will be used).

  (WHA 69.9 recommendation 5 of the associated guidance)

[5] WHO/UNICEF information note: cross-promotion of infant formula and toddler milks (May 2019)

3.4 Health care systems

In line with Article 6 of the Code and WHA 69.9 (Recommendation 6 of the associated guidance)

- [Company name] will not use any facility within the health care system for the purpose of promoting its BMS products.[6]
- [Company name] (including its product distributors) will not use any facility within the health care system for the display of products within the scope of the Code, nor placards or posters concerning such products.

  (Article 6.3)
- [Company name] (including its product distributors) will not give any gifts or coupons to parents, caregivers and families throughout the health system.

  (WHA 69.9 recommendation 6 of the associated guidance)
- [Company name] (including its product distributors/representatives) will not provide direct or indirect education to parents and other caregivers on infant and young child feeding in health facilities.

  (WHA 69.9 recommendation 6 of the associated guidance)
- [Company name] (including its product distributors) will not provide or pay for 'professional service representatives', 'mothercraft nurses' or similar personnel to work in the health care system.

  (Article 6.4)
- Company personnel and representatives will not demonstrate feeding with formula, whether manufactured or home-prepared. This should only be demonstrated by health workers, or other community workers if necessary; and only to the mothers or family members who need to use it.

  (Article 6.5)
- [Company name] will not use health facilities to host events, contests or campaigns.

  (WHA 69.9 recommendation 6 of the associated guidance)

Regarding **donations within the health care system[7]**:

- [Company name] will not provide free products, samples or reduced-price[8] BMS products to families through health workers or health facilities, except as supplies distributed through officially sanctioned health programs.[9] Products distributed in such programs will not display company brands.

  Otherwise, where infants and young children require breast-milk substitutes (in maternity wards), these products will be purchased through normal procurement and distribution channels.

  (WHA 39.28, WHA 45.34 and WHA 69.9 recommendation 6 of the associated guidance)

[6] WHA 69.9, recommendation 6 of the associated guidance expands on WHA 49.15, WHA 58.32 and WHA 61.20

[7] The provisions outlined in this section supersede articles 6.6, 6.7 and 6.8 of the Code

[8] According to the Baby-Friendly Hospital Initiative guidance, "low-cost" or "low-price" sales are sales at prices below the wholesale price, or lower than 80% of the retail price in the absence of a standard wholesale price.

[9] In the case where government infrastructure is weak and government approval is not possible, other organizations that have high-level oversight on child health, such as UN organizations or large non-governmental organizations, must determine which products are appropriate for distribution.

- [Company name] will not donate or distribute any equipment, materials, or services to any part of the health care system.

  (WHA 69.9 recommendation 6 of the associated guidance)

Regarding **product donations within humanitarian settings and emergencies**:

- [Company name] will not provide donations of BMS products in humanitarian and emergency settings. Any required breast-milk substitutes should be purchased, distributed and used according to strict criteria.
- In case of officially requested donations by responsible government authorities and/or the national humanitarian coordination structure, we will comply with the provisions of the Code and the Operational Guidance for Infant and Young Child Feeding in Emergencies by, inter alia, ensuring that the right type of products are provided and that they comply with relevant Codex Alimentarius standards (see "Quality" section on page 14), that no expired products or products which are close to expiry are donated[10], and that the products are distributed through the appropriate channels to ensure a targeted distribution based on identified need.

  (WHA 47.5 and WHA 63.23)

Regarding **product donations within social welfare institutions** (including orphanages and food banks):

- [Company name] will only donate or sell low-price BMS products upon official request from such an institution when such supplies are needed for infants and young children who require these products.
- [Company name] (including its product distributors) will not use such donations or low-price sales as a sales inducement and will not distribute these supplies for use outside the institutions.

  (Articles 6.6 and 6.7)

All requirements concerning appropriate labelling of products covered by the Code (described in the "Labelling" section on page 12) apply to donated and low-cost products as well.

3.5 Health care workers

In line with Article 7 of the Code and WHA 69.9 (Recommendation 6 of the associated guidance)

- Company personnel are strictly prohibited from providing any information, direct or indirect education to parents, caregivers and family members in health facilities on infant and young child feeding. If prompted, company personnel should refer them to the responsible healthcare professional.

  (WHA 69.9 recommendation 6 of the associated guidance)
- [Company name] will provide information to health workers regarding the products within the scope of the Code, but it will be restricted to scientific and factual matters.

  (Article 7.2 and WHA 69.9 recommendation 6 of the associated guidance)

[10] Supplies should have a six-month shelf-life from point of delivery

Any information the company provides to health workers will not imply or aim to create a belief that bottle-feeding is equivalent or superior to breastfeeding. It will also include the following information (specified in Article 4.2 of the Code and augmented by WHA 58.32 and WHA 61.20):

- the benefits and superiority of breastfeeding;
- maternal nutrition, and the preparation for and maintenance of breastfeeding;
- the negative effect on breastfeeding of introducing partial bottle-feeding;
- the difficulty of reversing the decision not to breastfeed; and
- the proper use of formula, when being used, whether manufactured industrially or home-prepared.

When such materials contain information about the use of formula, they will include:

- the social and financial implications of the use of formula;
- the health hazards of inappropriate foods or feeding methods; and in particular,
- the health hazards of unnecessary or improper use of formula and other breast-milk substitutes.

All health workers are provided with information that powdered formula may cause illness if not prepared properly. Instructions for the appropriate preparation of powdered formulas will follow WHO/FAO Guidelines on Safe Preparation, Storage and Handling of Powdered Infant Formula (2007) and the Codex Alimentarius Code of Hygienic Practice for Powdered Formulae for Infants and Young Children (CAC/RCP 66-2008); instructions on labels/inserts will:

- graphically illustrate the method of preparation;
- show the use of hygienic practices, e.g., clean hands and preparation surfaces;
- show the need to boil water and sterilize utensils;
- show the need for powdered formula to be prepared one feed at a time;
- show the necessity of using water at or above 70°C in order to minimize micro-organisms contamination during preparation;
- show the need to cool the formula before feeding if using hot water for reconstitution;
- show that left-overs of the product need to be discarded immediately.

- [Company name] (including its product distributors/representatives) will not offer any financial or material inducements (no gifts nor incentives) to promote our products to health care staff or members of their families.

  (Article 7.3, WHA 49.15 and WHA 58.32 augmented by WHA 69.9 recommendation 6 of the associated guidance)

- [Company name] will not provide free products, samples or reduced-price BMS products to families through health workers or health facilities except as supplies distributed through officially sanctioned health programmes. Products distributed in such programmes should not display company brands.

  (WHA 69.9 recommendation 6 of the associated guidance)

- [Company name] will not provide any form of contribution including gifts, fellowships, study tours, and research grants, nor will the company sponsor any meetings of health professionals and scientific meetings.

  (WHA 69.9 recommendation 6 of the associated guidance)

3.6 Persons Employed by Manufacturers and Distributors

In line with Article 8 of the Code and WHA 69.9 (Recommendation 6 of the associated guidance)

- In systems of sales incentives for marketing personnel, [company name] will not include within the calculation of bonuses for sales representatives any form of measurement of the volume of sales of BMS products[11], nor should quotas be set specifically for sales of these products.

  (Article 8.1)

- [Company name] will not allow any personnel employed in marketing products within the scope of the Code to deliver educational functions to pregnant women or mothers of infants and young children.

  (Article 8.2 superseded by WHA 69.9 recommendation 6 of the associated guidance)

3.7 Labelling

In line with Article 9 of the Code and WHA 69.9 (Recommendation 4 of the associated guidance)

[Company name], including its product distributors, will ensure that each container of formula has labels/inserts that:

- provide necessary information about the appropriate use of the product, so as not to discourage breastfeeding
- are clear and conspicuous
- are easy to read
- are in all relevant local languages
- are printed on the container or that cannot readily become separated from the container

[Company name] containers' labels/inserts for infant formula will contain:

- the words "Important Notice" or their equivalent
- a conspicuous statement of the superiority of breastfeeding
- 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
- instructions for appropriate preparation and a warning against the health hazards of inappropriate preparation

[Company's] containers and labels/inserts for infant formula will **not** include:

- the terms 'humanized', 'maternalized' or similar terms
- pictures of infants
- other pictures or text which may idealize[12] the use of infant formula

[11] While Article 8.1 of the Code explicitly refers to "the volume of sales" of products within the scope of the Code, it is important to note that this includes all forms of sales values, including measures of market share.

[12] [Company name] considers idealization to be any pictures or text that imply that formula are superior or equal to breastmilk including pictures of infants and caregivers, pictures or text which imply that an infant's health and happiness is associated with these products, any references to infant or caregiver emotions, and any implication in text or graphics which directly or indirectly refers to "the best" or "ideal method" of feeding.

- (graphics however are allowed for easy identification of the product as a BMS and for illustrating methods of preparation)

  (Article 9.1 and 9.2)

For all types of products covered by the Code, labels/inserts will include:

- the ingredients used
- the composition/analysis of the unmodified product
- the storage conditions required
- the batch number and date before which the product is due to be consumed, taking into account local storage conditions
- a statement on the importance of exclusive breastfeeding for the first 6 months and continued breastfeeding for up to two years or beyond
- the appropriate age range for consumption

  (Article 9.4 and WHA 69.9 recommendation 4 of the associated guidance)

For powdered infant formula, labels/inserts will include:

- an explicit message that *powdered formula* may cause illness if not prepared properly
- instructions for the appropriate preparation of *powdered formulas* in line with WHO/FAO Guidelines on Safe Preparation, Storage and Handling of Powdered Infant Formula (2007) and the Codex Alimentarius Code of Hygienic Practice for Powdered Formulae for Infants and Young Children (CAC/RCP 66-2008); instructions on labels/inserts will:
  - graphically illustrate the method of preparation;
  - show the use of hygienic practices, e.g., clean hands and preparation surfaces;
  - show the need to boil water and sterilize utensils;
  - show the need for powdered formula to be prepared one feed at a time;
  - show the necessity of using water at or above 70°C in order to minimize micro-organisms contamination during preparation;
  - show the need to cool the formula before feeding if using hot water for reconstitution;
  - show that left-overs of the product need to be discarded immediately.

  (WHA 58.32 and WHA 61.20)

For all types of products covered by the Code, labels/inserts will **not**:

- include any image, text or other representation that might suggest use for infants under 6 months for all products intended for older infants and young children 6-36 months of age
- include any image, text or other representation that might suggest use for infants under 12 months for all products intended for young children 12-36 months
- include an image, text or other representation that is likely to undermine or discourage breastfeeding, make a comparison to breastmilk or suggest that the product is nearly equivalent to breastmilk or superior to breastmilk
- recommend feeding the product in a bottle or otherwise promoting bottle feeding
- convey an endorsement or anything that may be construed as an endorsement by a professional or other body, unless this has been specifically approved by the national or international regulatory authorities

  (*WHA 69.9 recommendation 4 of the associated guidance*)

- [Company name] will not make any health or nutrition claims on products for infants or young children except where specifically provided for in national legislation requirements set out by the national authorities.

  (WHA 58.32, WHA 63.23 and WHA 69.9)

- Labels/inserts of products within the scope of the Code that are marketed for infant feeding, which do not meet all requirements of an infant formula but which can be modified to do so, will carry a warning label that the unmodified product should not be the sole source of nourishment of an infant.

  Labels on [company's] sweetened condensed milk products will not contain any purported instructions on how to modify them for infant feeding or use them as a main ingredient for infant formula.

  (Article 9.3)

3.8 Quality

In line with Article 10 of the Code

[Company's] products will meet high recognized standards including all applicable standards of the Codex Alimentarius Commission[13] and the Codex Code of Hygienic Practice for Foods for Infants and Children.

The Code's Article 10.2 specifically refers to the Codex Code of Hygienic Practice for Foods for Infants and Children (CAC/RCP 21-1979). In the case of powdered formula, this Codex Code has been superseded by the Code of Hygienic Practice for Powdered Formulae for Infants and Young Children (CAC/RCP 66-2008).

3.9 Implementation and monitoring

In line with Article 11 of the Code

- [Company name] will support and not undermine any efforts by governments and international bodies in the adoption of Code-aligned legal frameworks. [Company name] will not express any objections to the enactment, monitoring or enforcement of any Code-aligned provisions in national legislation, decrees, or regulations.

  (Article 11.1)

- [Company name] (including its product distributors) takes responsibility for its marketing practices according to the principles and aim of the Code. As such, [company name] (including its product distributors) is responsible for monitoring its marketing practices and taking steps to ensure that its conduct at every level conforms to this policy, national legislation, and the Code.

  (Article 11.3)

- All nongovernmental organizations, professional groups, institutions and individuals concerned are encouraged to share their concerns through clear communication channels regarding [the company's] activities or that of its distributors with regards to the marketing of any of the products

[13] **1.** Codex Alimentarius Standards for Infant Formula and Formulas for Special Medical Purposes Intended for Infants. Codex Stan 72 – 1981. FAO and WHO, 2007.

2. Codex Alimentarius Standard for Follow-Up Formula. Codex Stan 156 – 1987. FAO and WHO, 2017.

covered by the Code. [Company's] employees are also encouraged to share concerns of non-compliance to this policy through a safe and accessible whistleblowing system *[Provide references to the whistleblowing system here]*. [Company name] will ensure that effective systems are in place to investigate the shared concerns *[Provide references to these systems]* and respond to them in a timely manner to correct any misconduct appropriately.

(Article 11.4)

- [Company name] will apprise each member of its marketing personnel of this policy and their responsibilities relating to it *[Provide details on how the company will carry this out]*.

  (Article 11.5)

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