

THE WORLD HEALTH ASSEMBLY DECISIONS ON INFANT & YOUNG CHILD FEEDING

with focus on Maternity Protection at Work

We have summarised the International Code of Marketing of Breast-milk Substitutes (IC) to make it easier to understand. Subsequent relevant World Health Assembly (WHA) Resolutions are also listed and we quote the relevant parts.

The Resolutions are important because they have the same official status as the IC.

In other words, they make one package. Resolution WHA55.15, Infant and young child nutrition, is the most recent resolution on infant feeding (2002). It adopted the Global Strategy on infant and young child feeding (GS). We have summarised the GS and quote only the paragraphs that relate to maternity protection.

WHA 34.22/The International Code of Marketing of Breast-milk Substitutes - 1981

- Art. 1:** The Code aims to protect infant health by protecting and supporting breastfeeding. It does not ban breastmilk substitutes but sets out appropriate marketing of breastmilk substitutes.
- Art. 2:** It applies to breastmilk substitutes including infant formula, other milk products, foods and beverages, including bottle-fed complementary foods when marketed or otherwise represented to be suitable for use as partial or total replacement of breastmilk; it also covers bottles and teats.
- Art. 4:** It clarifies the responsibilities of governments concerning information about infant and child feeding and their relation to company information material; warnings are compulsory; it is forbidden to idealise breastmilk substitutes.
- Art. 5:** Advertisements are forbidden for the general public and companies cannot seek to contact pregnant women or mothers.
- Art. 6:** Promotion of products and distribution of free supplies to the health care system are forbidden.
- Art. 7:** Companies cannot distribute free samples to health professionals; information they give has to be factual and scientific; if they fund activities there should be no conflict of interest.
- Art. 8:** Company personnel cannot train mothers or pregnant women; companies are not allowed to pay employees on commission.
- Art. 9:** Labels must include warnings, clear instructions for use in an appropriate language, no idealised text or image.
- Art. 10:** Products have to meet Codex Alimentarius Commission standards of quality.
- Art. 11:** It is the responsibility of governments to implement, monitor and report progress to WHO. Companies must abide by the provisions of the International Code at all levels. NGOs should monitor and report violations.

Subsequent WHA Resolutions - 1982-2001

WHA35.26 – 1982

“1. URGES Member States: *to give renewed attention to the need to adopt national legislation, regulations or other suitable measures to give effect to the International Code;*”

WHA37.30 – 1984

“3. REQUESTS the Director-General: *(1) to continue and intensify collaboration with Member States in their efforts to implement and monitor the International Code of Marketing of Breastmilk Substitutes as an important measure at the national level; (2) to support Member States in examining the problem of the promotion and use of foods unsuitable for infant and young child feeding, and ways of promoting the appropriate use of infant foods...*”

WHA39.28 - 1986

“2. URGES Member States: *... (3) to make the fullest use of all concerned parties – health professional bodies, non governmental organisations, consumer organisations, manufacturers and distributors – generally, in protecting and promoting breastfeeding and, specifically, in implementing the Code and monitoring its implementation and compliance with its provisions;*” *... (6) to ensure that the small amounts of breastmilk substitutes needed for the minority of infants who require them in maternity wards and hospitals are made available through the normal procurement channels and not through free or subsidised supplies...*”

“3. REQUESTS the Director General: *...(2) to specifically direct the attention of Member States and other interested parties to the following: (a) any food or drink given before complementary feeding is nutritionally required...should neither be promoted nor encouraged for use by infants during this period; (b) the practice being introduced in some countries of providing infants with specially formulated milks (so-called “follow-up milks”) is not necessary...*”

WHA41.11 - 1988

“2. URGES Member States: ...*(2) to ensure practices and procedures that are consistent with the aim and principles of the International Code of Marketing of Breastmilk Substitutes...*”

“3. REQUESTS the Director-General: *to continue to collaborate with Member States, through WHO regional offices and in collaboration with other agencies of the United Nations system, especially FAO and UNICEF: ... (2) in establishing effective nutritional status surveillance systems... (4) in monitoring, together with other maternal and child health indicators, changes in the prevalence and duration of full and supplemented breastfeeding with a view to improving breastfeeding rates; (5) in developing recommendations regarding diet, including timely complementary feeding and appropriate weaning practices...; (6) in providing legal and technical assistance... in the drafting and/or the implementation of national codes of marketing of breastmilk substitutes, or other similar instruments...*”

WHA43.3 - 1990

“2. URGES Member States: *(4) to enforce existing, or adopt new, maternity protection legislation or other suitable measures that will promote and facilitate breastfeeding among working women; ... (6) to ensure that the principles and aim of the International Code of Marketing of Breastmilk Substitutes and the recommendations contained in resolution WHA39.28 are given full expression in national health and nutrition policy and action...; (7) to ensure that families make the most appropriate choice with regard to infant feeding and that the health system provides the necessary support...*”

WHA45.34 - 1992

“Reaffirming that the International Code of Marketing of Breastmilk Substitutes is a minimum requirement...

Reaffirming that during the first four-to-six months of life no food or liquid other than breastmilk, not even water, is required to meet the normal infant’s nutritional requirements...;

Expressing once again its concern about the need to protect and support women in the workplace for their own sakes but also in the light of their multiple roles as mothers and care-providers, inter alia, by applying existing legislation fully for maternity protection, expanding it to cover any women at present excluded, or where appropriate, adopting new measures to protect breastfeeding...”

“2. URGES Member States: *(1) to give full expression at national level to the operational targets of the Innocenti Declaration, namely... (d) by enacting legislation and adopting means for its enforcement to protect breastfeeding rights of working women... (2) to encourage and support all public and private health facilities providing maternity services so that they become “baby-friendly”... (3) to take measures appropriate to national circumstances aimed at ending the donation or low-priced sale of supplies of breastmilk substitutes to health-care facilities providing maternity services...*”

“3. REQUESTS the Director-General: *...(5) to consider, in collaboration with the International Labour Organization, the options available to the health sector and other interested sectors for reinforcing the protection of women in the workplace in view of their maternal responsibilities, and to report to a future Health Assembly in this regard.*”

WHA47.5 -1994

“2. URGES Member States: *...(1) to promote sound infant and young child nutrition, in keeping with their commitment to the World Declaration and Plan of Action for Nutrition (FAO/WHO, International Conference on Nutrition, Rome, December 1992) (breastfeeding is superior to other feeding methods; mothers should be supported in their choice to breastfeed; health professional should be trained to support them)... (2) to ensure that there are no donations of free or subsidized supplies of breastmilk substitutes and other products covered by the International Code of Marketing of Breastmilk Substitutes in any part of the health care system...*”

REQUESTS the Director-General: *...(4) to urge Member States to initiate the Baby-friendly Hospital Initiative...and to improve educational curricula and in-service training... (5) to increase and strengthen support to Member States... in giving effect to the principles and aim of the International Code and all relevant resolutions...*”

WHA49.15 - 1996

“3. URGES Member States: *(1) to ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breast-feeding; (2) to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest...; (3) to ensure that monitoring the application of the International Code and subsequent relevant resolutions is carried out in a transparent, independent manner free from commercial influence...*”

WHA54.2 – 2001

“Noting the guidance of the Convention on the Rights of the Child, in particular Article 24, which recognises, inter alia, ... the advantages of breastfeeding for all segments of society, in particular parents and children;

“2. URGES Member States: *(1) to recognise the right of everyone to have access to safe and nutritious food... (2) to take necessary measures as States Parties effectively to implement the Convention on the Rights of the Child... (3) to set up or strengthen institutional and intersectoral discussion forums with all stakeholders in order to reach national consensus on strategies and policies including reinforcing, in collaboration with ILO, policies that support breastfeeding by working women, in order substantially to improve infant and young child feeding and to develop participatory mechanisms for establishing and implementing specific nutrition programmes and projects aimed at new initiatives and innovative approaches; (4) to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding, and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond, emphasizing channels of social dissemination of these concepts in order to lead communities to adhere to these practices; (5) to support the Baby-friendly Hospital Initiative...; (6) to improve complementary foods and feeding practices...by recommending the widest possible use of indigenous nutrient-rich foodstuffs...; (8) to strengthen national mechanisms to ensure global compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions, with regard to labelling as well as all*

forms of advertising, and commercial promotion in all types of media...; 10) to recognize and assess the available scientific evidence on the balance of risk of HIV transmission through breastfeeding compared with the risk of not breastfeeding and the need for independent research... to recognize that when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-positive women is recommended; otherwise, exclusive breastfeeding is recommended during the first months of life; and that those who choose other options should be encouraged to use them free of commercial influences...”

WHA58.32 – 2005

“1. URGES Member States:

(1) to continue to protect, promote and support exclusive breastfeeding for six months...; (2) to ensure that nutrition and health claims are not permitted for breast-milk substitutes...; (3) to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers... are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms...and, where applicable, that this information is conveyed through an explicit warning on packaging; (4) to ensure that financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflicts of interest; (5) to ensure that research on infant and young child feeding...always contains a declaration relating to conflicts of interest...; (8) to ensure policy coherence at national level...”

WHA59.21 – 2006

1. REITERATES its support for the Global Strategy for Infant and Young Child Feeding;
2. WELCOMES the Call for Action made in the Innocenti Declaration 2005 on Infant and Young Child Feeding...;
3. URGES Member States...to renew their commitment to policies and programmes related to implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions...; 5. REQUESTS the Director-General to mobilize technical support for Member States in the implementation and independent monitoring of the International Code of Marketing of Breast-milk Substitutes...

WHA61.48– 2008

1. URGES Member States:

(1) to strengthen implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions ... (2) to continue action on the Global Strategy for Infant and Young Child Feeding and the Innocenti Declaration of 2005 on infant and young child feeding and to increase support for early initiation and exclusive breastfeeding for the first six months of life... (3) to implement... the WHO/FAO guidelines on safe preparation, storage and handling of powdered infant formula... (4) to investigate... the possible use... of donor milk through human milk banks... (5) to take action... to reduce the risk of intrinsic contamination of powdered infant formula ...

2. REQUESTS the Director-General:

(1) to continue monitoring progress through reports to the Health Assembly each even year... (2) to continue to promote breastfeeding and infant and young child nutrition as essential for achieving the Millennium Development Goals... (3) to intensify support for the implementation of the International Code of Marketing of Breast-milk Substitutes; (4) to provide support ... for research on the safe use of expressed and donated breast milk... (5) to provide support for strengthening of national information systems ... for policies in this area; (6) to review the global current situation of infant and child nutrition including nutrition and HIV.

WHA55.15 - Global Strategy for Infant and Young Child Nutrition - 2002

The **Global Strategy** is based on the respect, protection, facilitation and fulfilment of accepted human rights principles as entrenched in the Convention on the Rights of the Child and in other international documents. It aims to improve, through optimal feeding, the nutritional status, growth, development, health and survival of infants and young children. Its objectives are to raise awareness of the problems affecting infant and young child feeding; to increase the commitment of governments, international agencies and other concerned parties; to create an environment that enables mothers, families and all caregivers to make informed choices about feeding; and to offer a guide for action. It asks for the concerted efforts and collaboration of all concerned, necessitates political will and public investment, calls for the awareness of health workers, as well as for the involvement of families and communities.

The Global Strategy reiterates, as a public health recommendation, that infants should be exclusively breastfed for the first six months of life and receive thereafter nutritionally adequate and safe complementary foods while still breastfeeding till the age of two or beyond. To enable this, women have to be supported in their family, their community, at the workplace with accurate information, skilled practical help, psychological assistance and maternity protection legislation (meeting the standard of ILO Convention 183).

To achieve the Strategy objectives, the strategy builds on existing approaches, the first step being to meet the four operational targets of the *Innocenti Declaration* (target 4: enacting imaginative legislation protecting the breastfeeding rights of working women and establishing means of its enforcement). As these targets are based on breastfeeding alone, additional targets have to be developed to meet the feeding requirements of children until the age of three.

The Strategy goes on to describe what protection (including maternity entitlements), promotion, and support in the health care system and at community level are needed for a feeding policy to be effective. It also describes the obligations and responsibilities of the various “concerned parties”, the government, health professional bodies, non-governmental organisations and community-based groups, commercial enterprises, the social partners, education authorities, the mass media and the international organisations.

Concerning maternity protection at the workplace, the Strategy mentions the issue in several paragraphs (12, 28, 34, 45, 46, 48):

Paragraph 12: *“Women in paid employment can be helped to continue breastfeeding by being provided with minimum enabling conditions, for example paid maternity leave, part-time work arrangements, on-site crèches, facilities for expressing and storing breast milk, and breastfeeding breaks (see paragraph 28).”*

Paragraph 28: *“Mothers should also be able to continue breastfeeding and caring for their children after they return to paid employment. This can be accomplished by implementing maternity protection legislation and related measures consistent with ILO Maternity Protection Convention, 2000 No 183 and Maternity Protection Recommendation, 2000 No. 191. Maternity leave, day-care facilities and paid breastfeeding breaks should be available for all women employed outside the home.”*

Paragraph 34: *“A comprehensive national policy, based on a thorough needs assessment, should foster an environment that protects, promotes and supports appropriate infant and young child feeding practices. An effective feeding policy consistent with efforts to promote overall household food security requires the following critical interventions:*

For protection:

- *Adopting and monitoring application of a policy of maternity entitlements, consistent with the ILO Maternity Protection Convention and Recommendation, in order to facilitate breastfeeding by women in paid employment, including those whom the standards describe as engaging in atypical forms of dependent work, for example part-time, domestic and intermittent employment...”*

Paragraph 45: *“Employers should ensure that maternity entitlements of all women in paid employment are met, including breastfeeding breaks or other workplace arrangements – for example facilities for expressing and storing breast milk for later feeding by caregiver – in order to facilitate breast milk feeding once paid maternity leave is over. Trade unions have a direct role in negotiating adequate maternity entitlements and security of employment for women of reproductive age (see paragraphs 28 and 34).”*

Paragraph 46: *“Other groups:child-care facilities, which permit working mothers to care for their infants and young children, should support and facilitate continued breastfeeding and breast-milk feeding.”*

Paragraph 48: *“Specific contributions of international organisations to facilitate the work of governments include the following: ...to support policy development and promotion: ...advocating ratification of ILO Maternity Protection Convention, 2000 No. 183 and application of Recommendation 2000 No. 191, including for women in atypical forms of dependent work;...”*

This document was prepared by Elaine Petitat-Cote, IBFAN/GIFA as part of the enclosures for the Maternity Protection Campaign kit. We would like to thank Yeong Joo Kean (ICDC, Penang) for her review of this document. The MPC Kit was produced in 2003 by the Maternity Protection Coalition (MPC), comprising the International Baby Food Action Network (IBFAN), the International Lactation Consultant Association (ILCA), the LINKAGES Project and the World Alliance for Breastfeeding Action (WABA), with technical assistance from International Maternal & Child Health, Uppsala University, Sweden (IMCH) and the United Nations Children’s Fund (UNICEF). The second edition, produced in 2008, includes two new MPC members: La Leche League International (LLL) and Academy for Educational Development (AED). LINKAGES, a former project of AED, is no longer an MPC member. The MPC supports women’s rights to breastfeed and work, by advocating for implementation and monitoring of improved maternity protection entitlement.

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