

Marketing of breast-milk substitutes

National implementation of the International Code

Status report 2022



Marketing of breast-milk substitutes

National implementation of
the International Code

Status report 2022

Marketing of breast-milk substitutes: national implementation of the International Code, Status report 2022

ISBN 978-92-4-004879-9 (electronic version)

ISBN 978-92-4-004880-5 (print version)

© World Health Organization 2022

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. Marketing of breast-milk substitutes: national implementation of the international code, status report 2022. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <https://www.who.int/copyright>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Cover design and layout: Nona Reuter (UNICEF)

CONTENTS

Acknowledgements	iv
Abbreviations	v
Executive Summary	vi

1. INTRODUCTION	1
------------------------	---

2. METHODOLOGY	7
-----------------------	---

2.1. Data collection	8
2.2. Analysis of legal provisions for the Code	8
2.3. Classification of legislation	9
2.4. Changes to scoring	9

3. LEGISLATIVE STATUS OF THE CODE	11
------------------------------------------	----

3.1. Current status of national legal measures	12
3.2. Classification of national legal measures	12
3.3. Key provisions covered	14
Case Study 1. Kenya develops regulations to implement the 2012 BMS Act	15
3.4. Characteristics of recent legal measures	17
Case Study 2. Cambodia strengthens BMS Code monitoring	19
3.5. Provisions relating to digital marketing of breast-milk substitutes	20
3.6. Summary	20
Case Study 3. Mexico monitors digital marketing of BMS	21

4. CONCLUSIONS AND RECOMMENDATIONS	23
-------------------------------------------	----

Recommendations	25
-----------------	----

ANNEXES

Annex 1. Scoring algorithm used to classify national legal measures on the Code	28
Annex 2. Legal status of the Code in all WHO Member States	31
Annex 3. Total and category sub-total scores of countries that have legal measures in place	37
Annex 4. Provisions on scope and on monitoring and enforcement	42
Annex 5. Provisions on informational and educational materials	47
Annex 6. Provisions on promotion to the general public	53
Annex 7. Provisions on promotion in health care facilities	58
Annex 8. Provisions on engagement with health care workers and health systems	63
Annex 9. Provisions on labelling in countries that have legal measures in place	69
Annex 10. Legal measures analysed for this report	76

ACKNOWLEDGEMENTS

This report was prepared by Laurence Grummer-Strawn of the World Health Organization (WHO) Department of Nutrition and Food Safety (NFS), in collaboration with Nina Chad, also of NFS, and Marcus Stahlhofer of the WHO Department of Maternal, Newborn, Child and Adolescent Health and Ageing, under the supervision of Francesco Branca, NFS. Technical inputs and support were provided by Grainne Moloney and Katherine Shats, United Nations Children's Fund (UNICEF) and Patti Rundall, Baby Milk Action, International Baby Food Action Network (IBFAN).

Ellen Sokol, independent legal consultant, United States of America (USA), undertook the analysis of available national legal measures.

Regional and country offices of WHO, UNICEF, IBFAN, the Helen Keller Institute (HKI), and Alive and Thrive were instrumental in identifying legal measures and providing additional information on legal processes in countries. Thanks are due to all individuals and organizations involved in the preparation of this report.

ABBREVIATIONS

BMS	breast-milk substitute(s)
EU	European Union
HKI	Helen Keller Institute
IBFAN	International Baby Food Action Network
IGAD	Intergovernmental Authority on Development
IYCF	infant and young child feeding
KAM	Kenya Association of Manufacturers
NetCode	Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent relevant World Health Assembly Resolutions
NFS	WHO Department of Nutrition and Food Safety
SADC	Southern African Development Community
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization
WTO	World Trade Organization

EXECUTIVE SUMMARY

This report provides updated information on the status of implementation of the International Code of Marketing of Breast-milk Substitutes (BMS) and subsequent relevant World Health Assembly (WHA) resolutions (collectively referred to as “the Code”) in countries. It presents the legal status of the Code, including the extent to which the provisions of the Code have been incorporated in national legal measures. The report examines how legal measures enacted in the past five years differ from earlier measures. It also identifies provisions specifically pertaining to the digital marketing of breast-milk substitutes (BMS).

Methodology

WHO, UNICEF and IBFAN collected information from their regional and country offices on new or additional legal measures adopted by countries since the beginning of 2020. In addition, earlier legal measures in Argentina, Australia, Cook Islands, Montenegro, and New Zealand that had been overlooked or misclassified in previous reports were added to this report. The legal measures were analysed for scope and content by using a standardized checklist of Code provisions (Annex 1).

The scoring algorithm from the 2020 status report was applied to classify countries’ legislation into categories. The algorithm assigns point values for each Code provision, with a maximum possible total of 100 points for measures that reflect all provisions in the Code. Countries with legal measures that scored 75 or greater are considered to be “substantially aligned with the Code”, those with scores of 50 - < 75 are considered to be “moderately aligned with the Code”, and those with scores < 50 are considered to have “some provisions of the Code included”. This algorithm facilitates a systematic and objective classification of countries and their legal measures.

Findings: legal status of the Code

In 2020-2021, protections against inappropriate marketing of BMS have been strengthened in nine countries, (Côte d’Ivoire, Ethiopia, Kenya, Oman, Mauritania, Sao Tome and Principe, Sierra Leone, Switzerland, and Viet Nam).

While promotion of breast-milk substitutes using unethical marketing practices continues throughout the world, many countries are fighting back.

As of March 2022, a total of 144 (74%) of the 194 WHO Members States (countries) have adopted legal measures to implement at least some of the provisions in the Code. Of these, 32 countries have measures in place that are substantially aligned with the Code. This is seven more countries than reported in the 2020 report, reflecting the fact that most of the new legislation and regulations enacted in 2020-2021 were closely aligned with the Code. A further 41 countries have measures that are moderately aligned and 71 have included some provisions; while 50 have no legal measures at all.

Examining these numbers by region, it is apparent that the WHO African, Eastern Mediterranean, and South-East Asia regions have the highest percentage of countries substantially aligned with the Code.

Findings: characteristics of recent legal measures

In the past 5 years, 26 countries have updated their legal measures or enacted new ones, whereas 86 countries continue to implement older laws and regulations. 46% of the countries with newer legal instruments are substantially aligned with Code whereas only 23% of the countries with older instruments are substantially aligned. Countries with updated legislation are much more likely to cover BMS for children up to 36 months (69%) compared to only 22% among countries with older laws.

Newer legislation and regulations are much more likely to cover provisions addressed in subsequent resolutions of the World Health Assembly. A prohibition of donations of informational and educational materials by industry, aligned with the 2016 Guidance in the World Health Assembly resolution WHA69.9, is covered more frequently, as is a complete ban on gifts or incentives for health workers. Countries enacting legal measures since 2016 are more likely to prohibit nutrition and health claims, aligning the laws with World Health Assembly resolution WHA58.32.

Similar improvement is not observed on the indicators for monitoring and enforcement of the legislation, but this may be because monitoring and enforcement provisions are

often delineated in subsequent implementing regulations and these may not have yet been elaborated for the newer legal measures.

Findings: provisions relating to digital marketing of breast-milk substitutes

Of the 144 countries with legal measures on the Code, only 37 explicitly mention promotion of BMS on the internet, digital channels or other electronic means. In most cases, this explicit mention of digital media is limited to the definition of advertising (28 countries) or mentioning digital media in the text prohibiting general promotion to the public (6 countries). The general prohibitions on BMS promotion contained in most legislation are broad. As such, for many types of promotion, including advertising, retail sales devices, and direct contact with mothers, explicit mention of digital channels maybe unnecessary as they are already covered by more general language.

However, more specificity may be needed to address various newer marketing strategies in the digital space. A small number of countries have explicit provisions in their legislation on indirect contact via electronic communications, internet help lines, online mother/baby clubs, baby competitions, electronic communication via email or websites, electronic hotlines, remote counselling services, and virtual retail outlets. Given the widespread use of digital media and tools for the marketing of BMS, particularly using newer cost-effective and powerful techniques, legal measures need to adapt to this changing environment.

Conclusions

While promotion of breast-milk substitutes using unethical marketing practices continues throughout the world, many countries are fighting back. The total number of countries with legislation substantially aligned with the Code has grown from 25 to 32 and the number of countries with legal measures on at least some provisions of the Code now stands at 144. This progress is particularly noteworthy given the challenges countries have faced in dealing with the Covid-19 pandemic during this same period.

However, significant gaps in national legislation remain. Provisions to prevent conflicts of interest are notably lacking and even the most obvious form of promotion – public

advertisements – is not fully prohibited in enough countries. High-level political will, constraints on industry lobbying, accountability measures, monitoring and enforcement mechanisms, education on the Code, and investment in human and financial resources are desperately needed to accelerate progress in protecting the health of mothers and babies through breastfeeding.

Recommendations

1. Countries that have not revised their laws or regulations on the marketing of breast-milk substitutes in the past few years should use this report to identify gaps in coverage of all Code provisions and take action to update their legal measures. The WHO/EURO model law is a tool to help to strengthen national regulatory frameworks to protect infants and young children from the harmful effects of food marketing.
2. Countries that have not yet enacted legal measures on the Code should recognize their obligations, both under international human rights law and international agreements, to eliminate inappropriate marketing practices through regulatory action.
3. Countries should examine the new promotional techniques being used in digital media and explore how legal channels can be better utilized to stop this type of promotion. While many digital strategies are already covered in existing legal provisions and simply need stronger monitoring and enforcement, some online and social media promotional approaches will require adaptations to existing regulations.
4. Governments must allocate adequate budgets and human resources to ensure that national Code legislation is monitored and fully enforced, guaranteeing that deterrent sanctions are routinely applied in the case of violations.
5. Health professional bodies and health care workers should carry out their responsibilities under the Code and national legislation to avoid conflicts of interest and fully protect, promote and support optimal infant and young child feeding.



1. *Introduction*

1. INTRODUCTION

In 2021, the world celebrated the 40th anniversary of the adoption of the International Code of Marketing of Breast-milk Substitutes. The World Health Assembly has reiterated the continued importance of the Code in subsequent resolutions, calling for enactment and enforcement of robust national legal measures implementing it. Full application of the 1981 Code and subsequent resolutions (collectively referred to as “the Code”) is essential to ensuring that parents and other caregivers are protected from inappropriate and misleading information.

Predatory marketing of breast-milk substitutes is not just a historical observation but, in fact, continues to be highly prevalent worldwide. WHO and the United Nations’ Children’s Fund (UNICEF) recently published the results of a multi-country study on the reach and influence of marketing on infant feeding.¹ The study documented pervasive marketing in all of the studied countries (Bangladesh, China, Mexico, Morocco, Nigeria, South Africa, the United Kingdom of Great Britain and Northern Ireland, and Viet Nam). Exposure to marketing was significantly related to more positive attitudes towards formula feeding among mothers and the perceived need for formula milks in place of breast milk. Marketing of breast-milk substitutes (BMS) diminishes the perceived value of breastfeeding and undermines women’s confidence in their ability to breastfeed. Marketing plays on expectations and anxieties around feeding and positions formula milk as a better alternative to breast milk.

The global COVID-19 pandemic created additional opportunities for manufacturers of breast-milk substitutes to exploit public fears and to promote their brands and

products. Examples observed include the distribution of free supplies of commercial formula milk in communities experiencing lockdowns, online content positioning the manufacturer as an expert on protection against COVID-19 in babies, immunological claims on formula protecting against COVID-19, and videos that advise against breastfeeding among women infected with SARS-CoV-2.^{2,3} This was despite the fact that from March 2020, WHO and UNICEF issued a variety of guidelines for national governments, as well as communication materials to reassure mothers of the safety of breastfeeding for mothers infected by SARS-CoV-2.^{4,5}

The global COVID-19 pandemic created additional opportunities for manufacturers of breast-milk substitutes to exploit public fears and to promote their brands and products.

The increasing use of digital media and tools for the marketing of breast-milk substitutes is of great concern. WHO has published a new report on the scope, techniques and impact of digital marketing strategies for the promotion of BMS.⁶ The report found that digital marketing has become the primary means by which national and multinational BMS manufacturers and distributors promote their brands and products, representing as much as 70% of total advertising spend on these products. Online retailers similarly generate substantial original content directly promoting BMS. The report also showed that while digital marketing can sometimes use traditional marketing approaches, many new cost-effective and powerful techniques are being applied that are not possible in traditional media, such as the use of influencers, targeted and responsive ads, or user-generated content. Digital content often crosses national boundaries, creating particular challenges for monitoring and enforcement of Code legislation.

¹ How the marketing of formula milk influences our decisions on infant feeding. Geneva: WHO and UNICEF. 2022. Licence: CC BY-NC-SA 3.0 IGO. (<https://apps.who.int/iris/rest/bitstreams/1411756/retrieve>, accessed 12 April 2022).

² Ching C, Zambrano P, Nguyen TT, Tharaneey M, Zafimanjaka MG, Mathisen R. Old Tricks, New Opportunities: How Companies Violate the International Code of Marketing of Breast-Milk Substitutes and Undermine Maternal and Child Health during the COVID-19 Pandemic. *International Journal of Environmental Research and Public Health*. 2021; 18(5):2381. doi.org/10.3390/ijerph18052381

³ Van Tulcken C, Wright C, Brown A, McCoy D, Costello A. Marketing of breastmilk substitutes during the COVID-19 pandemic. *Lancet*. Volume 396, Issue 10259, E58, 24 October 2020. doi.org/10.1016/S0140-6736(20)32119-X

⁴ WHO. COVID-19 clinical management: living guidance, 25 January 2021. Geneva: WHO; 2021 (<https://apps.who.int/iris/handle/10665/338882>, accessed 16 November 2021).

⁵ WHO. Breastfeeding and COVID-19: scientific brief, 23 June 2020. Geneva: WHO; 2020 (<https://apps.who.int/iris/handle/10665/332639>, accessed 16 November 2021)

⁶ Scope and impact of digital marketing strategies for promoting breast-milk substitutes. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO. (add URL in late April)

The WHO/UNICEF Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent relevant World Health Assembly Resolutions (NetCode)⁷ continues to provide technical assistance to countries on Code legislation, monitoring, and enforcement. Partners include Action Against Hunger, Emergency Nutrition Network, HKI, IBFAN, International Lactation Consultant Association, La Leche League International, Save the Children, and the World Alliance for Breastfeeding Action. UNICEF contracted legal experts to provide country-level technical assistance in a large number of African and Asian countries in 2020 and 2021.⁸ While global travel restrictions have limited the ability to conduct regional workshops or provide direct technical assistance in countries, virtual platforms have increasingly been used to share country experiences and disseminate information regarding Code implementation.

For example, in 2020, UNICEF, in collaboration with HKI, WHO and other partners, convened a series of webinars to disseminate research on country level status of implementation of the World Health Assembly resolution WHA69.9, which contributed to strengthened capacities of Southern African Development Community (SADC) and Intergovernmental Authority on Development (IGAD) Member States. Also in 2020, the Pan-American Health Organization convened virtual meetings on legislating the Code in Latin American and Caribbean Countries in order to increase awareness about the need for countries to strengthen domestic legislation so as to fulfil their obligations in implementing the International Code. Further, UNICEF, WHO, Alive & Thrive, HKI and IBFAN, in collaboration with the West Africa Health Organization organized a regional webinar in implementing the Code and relevant World Health Assembly resolutions in West and Central Africa. Video recordings of various webinars are available online and can be accessed for education and advocacy on the Code.^{9,10,11}

In 2022, WHO's Regional Office for Europe published a policy brief on Effective regulatory frameworks for ending inappropriate marketing of breast-milk substitutes and foods for infants and young children in the WHO European Region.¹² The Brief includes a "model law" to serve as a template for regulations that are in line with the Code and reflect provisions in relevant WHA resolutions, including those related to the marketing of follow-up formulas, toddler milks and complementary foods.

Together with several civil society organizations, WHO and UNICEF in 2020 issued a Call to Action¹³ to manufacturers of BMS to publicly commit to full compliance with the Code and subsequent resolutions and develop a roadmap of how they would achieve this. It was disappointing to see that none of the companies agreed to all the points in the Call to Action, and only two companies, representing only about 1% of global sales, committed

⁷ NetCode. Geneva: WHO. n.d. (<https://apps.who.int/nutrition/netcode/en/>, accessed 12 April 2022)

⁸ Angola, Benin, Burkina Faso, Cambodia, Côte d'Ivoire, Ethiopia, Indonesia, Kenya, Lao People's Democratic Republic, Madagascar, Malawi, Mozambique, Namibia, Philippines, Rwanda, Sierra Leone, South Africa, South Sudan, Togo, Uganda and Zimbabwe.

⁹ 40th Anniversary of the International Code of Marketing of Breast-milk Substitutes event: Event recording. (<https://www.globalbreastfeedingcollective.org/40th-anniversary-international-code-marketing-breast-milk-substitutes-event>, accessed 12 April 2022).

¹⁰ Online Launch: 2020 Status Report on the National Implementation of the Code of Marketing of Breast-milk substitutes. 28 May 2020. Geneva: WHO (<https://www.who.int/news-room/events/detail/2020/05/28/default-calendar/online-launch-2020-status-report-on-the-national-implementation-of-the-code-of-marketing-of-breast-milk-substitutes>, accessed 12 April 2022).

¹¹ Regional webinar: Implementing the Code and relevant World Health Assembly resolutions in West and Central Africa. 26 May 2021. (<https://www.breastmilkonly.com/en/news/regional-webinar-implementing-code-and-relevant-world-health-assembly-resolutions-west-and>, accessed 20 April 2022).

¹² Ending inappropriate marketing of breast-milk substitutes and foods for infants and young children in the WHO European Region. Copenhagen: WHO Regional Office for Europe, 2022. Licence CC BY-NC-SA 3.0 IGO (<https://apps.who.int/iris/bitstream/handle/10665/352003/WHO-EURO-2022-4885-44648-63367-eng.pdf>, accessed 12 April 2022).

¹³ Breastmilk Substitutes Call to Action - The Road to Code Compliance (<https://www.bmscalltoaction.info/>, accessed 12 April 2022).

to market their BMS products in full compliance with the Code by 2030. This supports the clear need for legislative measures to implement the Code over voluntary or self-regulatory approaches.

The year 2021 was named by Canada and Bangladesh to be a "Year of action on nutrition," culminating in the Nutrition for Growth Global Summit in Tokyo in December 2021. The Summit was a key moment for announcing bold commitments to improve nutrition. Out of concern about conflicts of interest and undue influence, manufacturers of BMS were prohibited from attending the Summit. The Global Breastfeeding Collective called upon countries to make nine key pledges related to breastfeeding, including to "enact, monitor and enforce legislation covering all provisions of the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions."¹⁴ These messages were re-enforced and further disseminated through a number of sensitization

and side events in the run up to the Nutrition for Growth Summit.¹⁵ At least a dozen countries did announce pledges to increase rates of exclusive breastfeeding, many of whom specifically indicated a commitment to strengthen their Code legislation.¹⁶

This report updates information on the status of country implementation of the Code. It presents the legal status of the Code, including the extent to which its provisions have been incorporated into national legal measures. The report highlights specific provisions considered to be particularly instrumental in addressing and eliminating promotion of BMS, feeding bottles and teats. The report further examines recent progress in strengthening these national measures. Particular attention is paid to exploring the ways in which digital marketing of BMS is covered in existing national legislation.

¹⁴ Advocacy Brief: Nutrition for Growth Year of Action: Nine SMART Breastfeeding Pledges. Geneva and New York: WHO and UNICEF. June 2021. ISBN (WHO) 978-92-4-003094-7. (<https://www.globalbreastfeedingcollective.org/media/1371/file/N4G-Advocacy-Toolkit-Final%2072021.pdf>, 12 April 2022).

¹⁵ Improving Nutrition Through Bold Actions in Health and Food Systems - Fostering commitments for N4G. Health Talks for the Nutrition for Growth Summit. 11-14 October 2021. WHO and UNICEF (<https://n4g-health-week.heysummit.com/>

¹⁶ <https://nutritionforgrowth.org/tokyo-compact-on-global-nutrition-for-growth/>, accessed 12 April 2022).



2. *Methodology*

2. METHODOLOGY

This report uses the same methodology as described in the 2020 status report, including the application of a scoring algorithm to classify countries' legislation. This algorithm allows for standardized classification of countries following criteria agreed among WHO, UNICEF and IBFAN. All three organizations collected information from their regional and country offices on new or additional legal measures adopted by countries since 2020 and also identified some legal measures that had been overlooked in the previous reports. Additional analyses were conducted to compare the provisions covered in older versus new legal measures and to identify provisions specifically pertaining to the digital marketing of BMS.

2.1. Data collection

For those countries that have adopted legal measures since the 2020 report, the relevant documents were obtained through ministries of health, with the assistance of WHO, UNICEF and IBFAN regional and country offices. Documentation was also obtained from legal databases (Lexis-Nexis and FAOLEX), national gazettes and internet search engines. Where needed, additional copies of legislation and translations were acquired from UNICEF and IBFAN-International Code Documentation Centre files. While every attempt is made to identify all relevant legal measures, it is possible that some measures have been overlooked. In particular, general laws on advertising or consumer protection may have a few provisions relevant to the Code. Furthermore, monitoring and enforcement procedures may exist in related legal measures but have not

been reported to WHO. New legal measures were entered into the WHO *Global database on the implementation of nutrition action*.¹⁷ Only legal measures that have come into force or will be in force by the end of 2022 are included in this report.

2.2. Analysis of legal provisions for the Code

Legal measures for which documentation was available were analysed for scope and content by using the standardized checklist of Code provisions. The checklist included relevant provisions covered in subsequent World Health Assembly resolutions, including the guidance associated with resolution WHA69.9. All legal measures available were analysed, including those examined in previous Code status reports as well as new legislation or new amendments or regulations.

National legal measures were scored in terms of how well they reflect the recommendations put forward in the Code and subsequent resolutions.¹⁸ Each provision of the Code was given a points value, with the total of all points adding up to a maximum of 100. The provisions were broken down into seven categories, with a specified number of points possible in each category (see Table 1). A more detailed breakdown of the scoring algorithm is provided in Annex 1. This algorithm facilitates a systematic and objective classification of countries and their legal measures.

Table 1. Scoring algorithm used to classify national legal measures on the Code, points per category

Category:	Maximum points available:
Scope	20
Monitoring and enforcement	10
Informational/educational materials on IYCF	10
Promotion to general public	20
Promotion in health care facilities	10
Engagement with health workers and systems	15
Labelling	15
Total	100

¹⁷ Global database on the Implementation of Nutrition Action (GINA). WHO. (<https://www.who.int/nutrition/gina/en/>, accessed 12 April 2022).

¹⁸ Resolution WHA69.9. Ending inappropriate promotion of foods for infants and young children. In: Sixty-ninth World health Assembly, Geneva, 23–28 May 2016. Resolutions and decisions, annexes. Geneva: WHO; 2016 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R9-en.pdf, accessed 23 April 2020).

2.3. Classification of legislation

Based on a maximum possible total of 100, all WHO Member States were classified as follows:

- **Substantially aligned with the Code:** countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing a significant set of provisions of the Code (score of 75 - 100);
- **Moderately aligned with the Code:** countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing a majority of provisions of the Code (score of 50 - < 75);
- **Some provisions of the Code included:** countries have enacted legislation or adopted regulations, decrees or other legally binding measures covering less than half of the provisions of the Code (score of < 50);
- **No legal measures:** countries have taken no action or have implemented the Code only through voluntary agreements or other non-legal measures (includes countries that have drafted legislation but not enacted it).

2.4. Changes to scoring

Subsequent to publication of the 2020 report, an error was discovered in the software calculating the scores. Countries that included follow-up formula or growing up milks within the scope of their legislation but did not specify an upper age limit to define these drinks were inadvertently not given the full points described in the algorithm. Correcting this error moved one country from the “Some provisions” category to the “Moderately aligned” category, but otherwise did not change classification of countries.

Corrections were also made to the scoring for individual countries based on feedback from the country pointing out different interpretations of language of the measures reviewed. Also, closer examination of specific provisions in national legislation revealed important exceptions that have led to a reconsideration of whether those provisions are indeed adequately covered. For example, in some countries (most notably in the European Union), advertising of infant formula and formulas for special medical purposes is not generally allowed, but exceptions are made for “publications specializing in childcare.” Since this is not fully a prohibition on advertising, the assessment on this provision was changed to “not covered”. In addition, countries that had a ban on idealizing imagery were previously given credit for the prohibition on labels of follow-on formula having “text or other representation that is likely to undermine or discourage breastfeeding, that makes a comparison to breast-milk, or that suggests that the product is nearly equivalent or superior to breast-milk”. However, this was changed to “not covered” since text is not included in the prohibition.





3. Legislative status of the Code

3. LEGISLATIVE STATUS OF THE CODE

Under Article 11.1 of the Code, governments are requested to “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, regulation or other suitable measures”. In resolution WHA34.22 (1981), in which the Code was adopted, the World Health Assembly stresses that adoption of and adherence to the Code is a minimum requirement for all Member States and urges all Member States to implement it “in its entirety”.¹⁹

Furthermore, the United Nations special rapporteurs on the right to food and the right to health and other human rights bodies have stated that adoption of comprehensive and enforceable normative measures to protect babies and mothers from marketing of BMS and fully align with the recommendations contained in the International Code are part of States’ core obligations under the Convention on the Rights of the Child and other relevant UN human rights instruments.²⁰

3.1. Current status of national legal measures

In 2020-2021, protections against inappropriate marketing of BMS were strengthened in nine countries, an impressive degree of progress given the challenges countries have faced dealing with the Covid-19 pandemic during this same period.

Three countries in the WHO African Region that previously had no legislation related to the Code passed new measures (Mauritania, Sao Tome and Principe, and Sierra Leone). Ethiopia enacted a strong new directive to replace older legislation that only covered a few Code provisions. Implementing decrees or regulations in Côte d’Ivoire, Kenya,

and Oman clarified a number of issues in existing legislation, such that additional provisions are now enforceable.

Switzerland put in place new restrictions on information and educational materials to reflect Code provisions. Finally, Viet Nam issued a new decree to update and revise the sanctions that may be applied when enforcing its legislation. China adopted a new National Food Safety Standard for infant formula and young child formula in 2021, but as the standard does not take effect until 2023, this standard is not included in this year’s status report.

32 countries have measures in place that are substantially aligned with the Code, seven more countries than reported in the 2020 report.

Some countries that had previously been considered to have no legislation on Code provisions have been reconsidered. In Australia and New Zealand, while the Code is mostly managed through a voluntary agreement, some provisions on labelling are covered in the Food Standards Act. Whereas Argentina had been considered to have repealed its bromatological standards in the Argentine Food Code, subsequent information indicates that the standards for labelling remain active. Food regulations in the Cook Islands from 2014 were uncovered and are included in this report. Similarly, a 2015 law on food safety and a 2016 regulation on marketing of foods for special nutritional needs in Montenegro were also identified and added here.

3.2. Classification of national legal measures

As of March 2022, a total of 144 (74%) of the 194 WHO Members States (countries) have adopted legal measures to implement at least some of the provisions in the Code. Of these, 32 countries have measures in place that are substantially aligned with the Code. This is seven more countries than reported in the 2020 report, reflecting

¹⁹ Resolution WHA34.22. International Code of Marketing of Breast-milk Substitutes. In: Thirty-fourth World Health Assembly, Geneva, 4–22 May 1981. Resolutions and decisions, annexes. Geneva: World Health Organization; 1981 (http://www.who.int/nutrition/topics/WHA34.22_iycn_en.pdf, accessed 23 April 2020).

²⁰ Committee on the Elimination of Discrimination against Women considers the report of Bangladesh. 8 November 2016. UN OHCHR Media Centre. (<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20871&LangID=E>, accessed 12 April 2022).

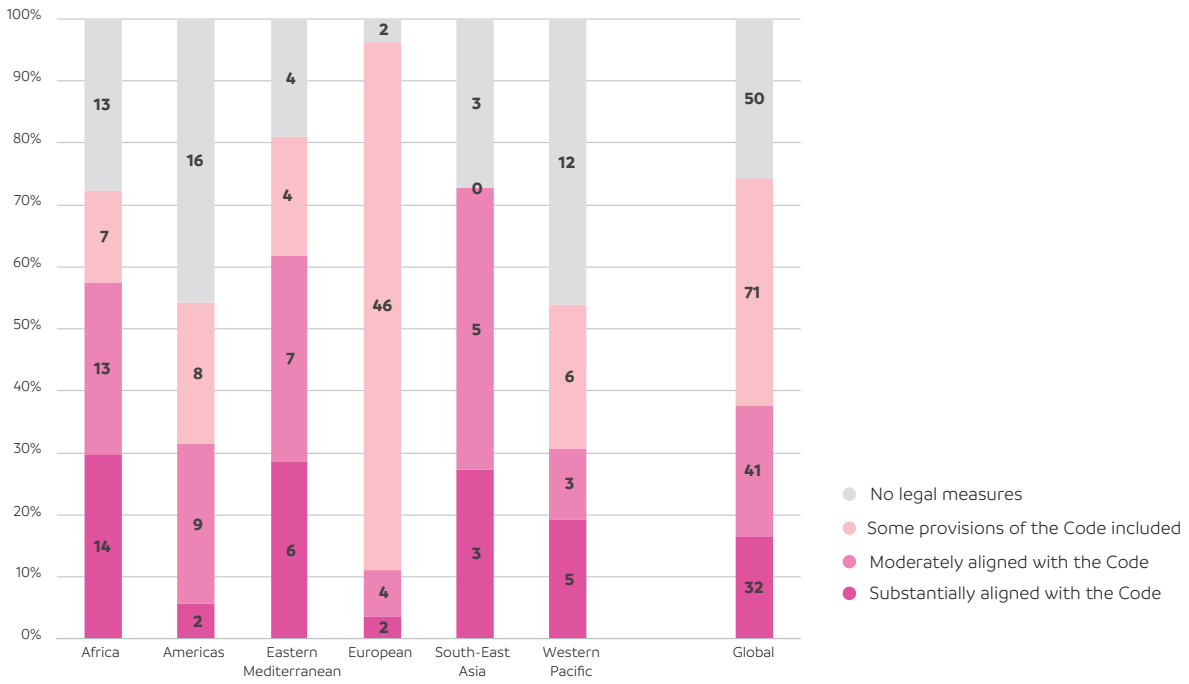


Figure 1. Legal status of the Code as enacted in countries, by WHO region (n=194)

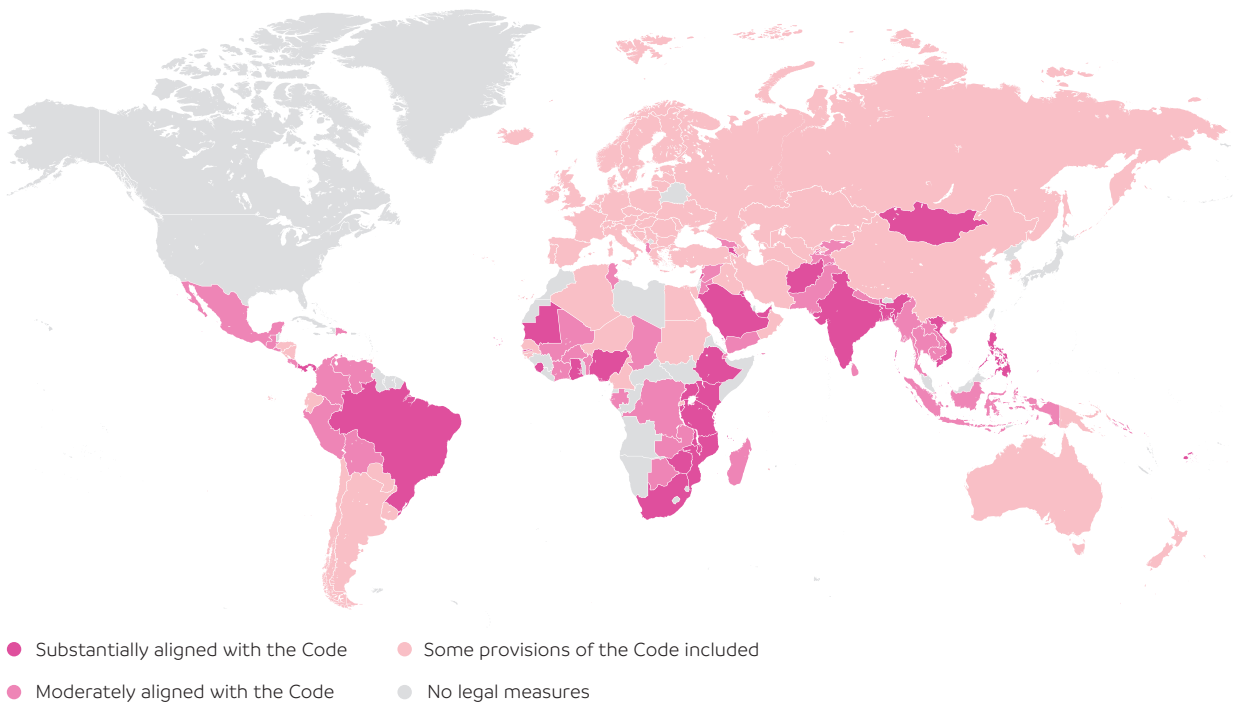


Figure 2. National legal status of the Code, 2022

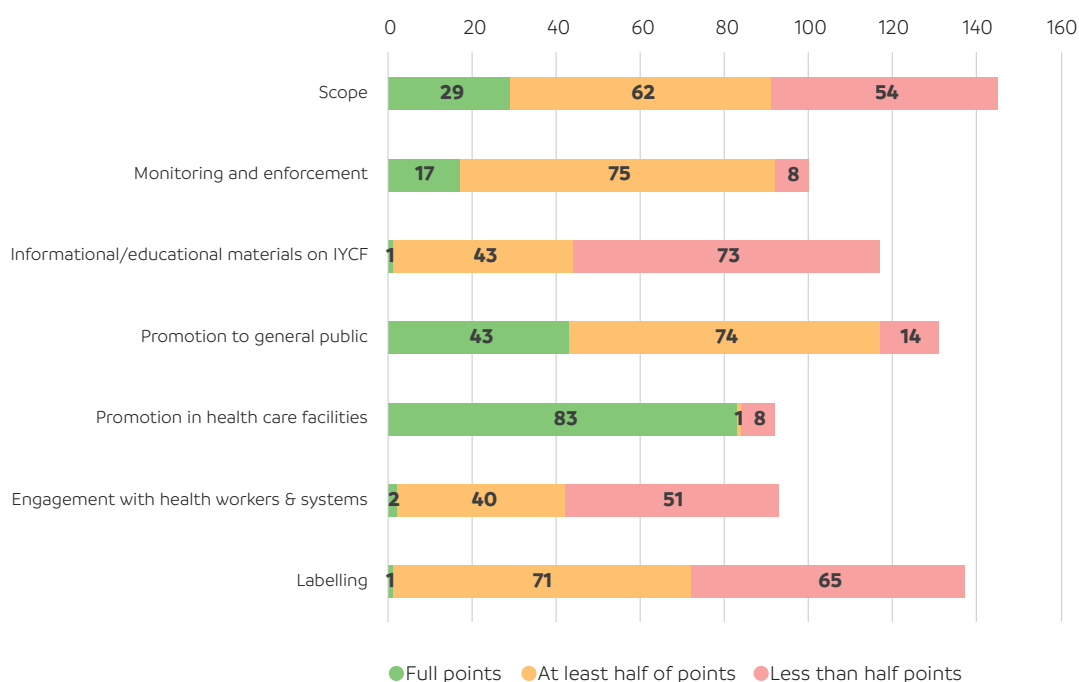


Figure 3. Number of countries receiving full, at least half, or at least some points on each section of the scoring algorithm

the fact that most of the new legislation and regulations enacted in 2020-2021 were closely aligned with the Code. A further 41 countries have measures that are moderately aligned and 71 have included some provisions; while 50 have no legal measures at all.

Examining these numbers by region, it is apparent that the WHO African, Eastern Mediterranean, and South-East Asia regions have the highest percentage of countries substantially aligned with the Code (see Figure 1). While Europe has the largest proportion of countries with at least some legal measures on the Code, the European Directive that applies to all EU members and affiliated states only covers some Code provisions. Countries of the Americas and the Western Pacific are the least likely to have enacted legal measures on the Code.

Figure 2. shows a global map of where Code legislation is the strongest (see also Annex 2). While the majority of countries still have either limited or no legal measures in place, the number of countries substantially aligned with the Code is growing and the number of countries with no legal measures is shrinking.

3.3. Key provisions covered

The provisions covered in the 144 countries that do have national legal measures in place were divided into seven sections: scope; monitoring and enforcement; informational/ educational materials on infant and young child feeding (IYCF); promotion to the general public; promotion in health care facilities; engagement with health workers and systems; and labelling (Annex 3). Closer examination of the sub-scores for each of these sections provides a better understanding of where there are key gaps in existing legislation. Figure 3 shows the number of countries receiving full points, those with at least half the possible points, and those covering at least some of the provisions for each section.

Although all national laws describe the scope of products included, only 29 countries have legislation covering the full scope of the Code, including breast-milk substitutes marketed up to 3 year of age, complementary foods inappropriately marketed as suitable for infants 0-5 months of age, and feeding bottles and teats.

Somewhat surprisingly, only 98 countries include any description of monitoring and enforcement responsibilities in the law. For the remaining countries, it is possible that these responsibilities are delineated in separate laws or regulations not provided to WHO and thus not analysed for this report.

Case Study 1. KENYA DEVELOPS REGULATIONS TO IMPLEMENT THE 2012 BMS ACT

Contrary to the national guidelines on infant feeding, which recommend exclusive breastfeeding in the first 6 months of life, about 23% of infants aged below 6 months in Kenya are fed on breast milk plus water and other milks. Kenya aims to increase the rate of exclusive breastfeeding from the 61% reported in the Kenya Demographic and Health Survey 2014 to 75% by 2022. In order to protect, promote and support breastfeeding, Kenya enacted the Breast Milk Substitute (BMS) (Regulation and Control) Act in 2012. The Act provides for the appropriate marketing and distribution of BMS, bottles and teats, as well as ensuring safe and adequate nutrition for infants through the promotion of breastfeeding and proper use of BMS.

However, violations of the BMS Act have continued to undermine national efforts to improve breastfeeding rates, necessitating the development of regulations to operationalize existing legislation. The BMS Act 2012 gives the Cabinet Secretary for Health powers to make regulations prescribing how implementation of certain sections of the Act should be accomplished.

The objective of these regulations is to regulate the manufacture, sale and marketing of BMS and to protect, promote and support breastfeeding. The regulations needed to take into consideration the provisions in existing national legislation, policies and standards, as well as the need for alignment with the Constitution of Kenya, 2010, including guarantees of the right to the highest attainable standard of health, freedom from hunger, basic nutrition, shelter and health care, parental care and protection. Furthermore, consumers have the right to information on goods and services and to protection of their health, safety and economic interests. The regulations also took into account World Trade Organization (WTO) agreements, particularly the WTO Technical Barriers to Trade agreement.



Photo: Breastfeeding mother in Kenya, courtesy of George Ndagu. Shared by Kavle Consulting

The regulations were developed by the Ministry of Health, in collaboration with UN agencies, civil society organizations, NGO partners, the office of the Attorney General, the Kenya Law reform commission, and the Kenya Bureau of Standards. The proposed regulations were published in the Kenya Gazette.

The process encountered strong opposition from the Kenya Association of Manufacturers (KAM) and from various parties through the WTO. The KAM petitioned the National Assembly to reject the regulations. WHO and UNICEF supported the Ministry of Health with technical briefs and response documents, technical feedback on specific issues, and a Regulation impact assessment to examine the likely benefits, costs and effects of the proposed regulations. The Ministry of Health and the KAM presented their positions to the Parliamentary Committee on delegated legislation. The Parliamentary Committee presented its report to the full house of the Assembly, which adopted the Breastmilk Substitutes (General) Regulations on November 10, 2021. These regulations will become effective from May 2022 as directed by the National Assembly.

The regulations now provide the legal framework for establishing and operationalizing a BMS complaints and violations monitoring system. Operationalizing these regulations and documenting results will help to increase the rate of exclusive breastfeeding through the protection, promotion and support of breastfeeding.

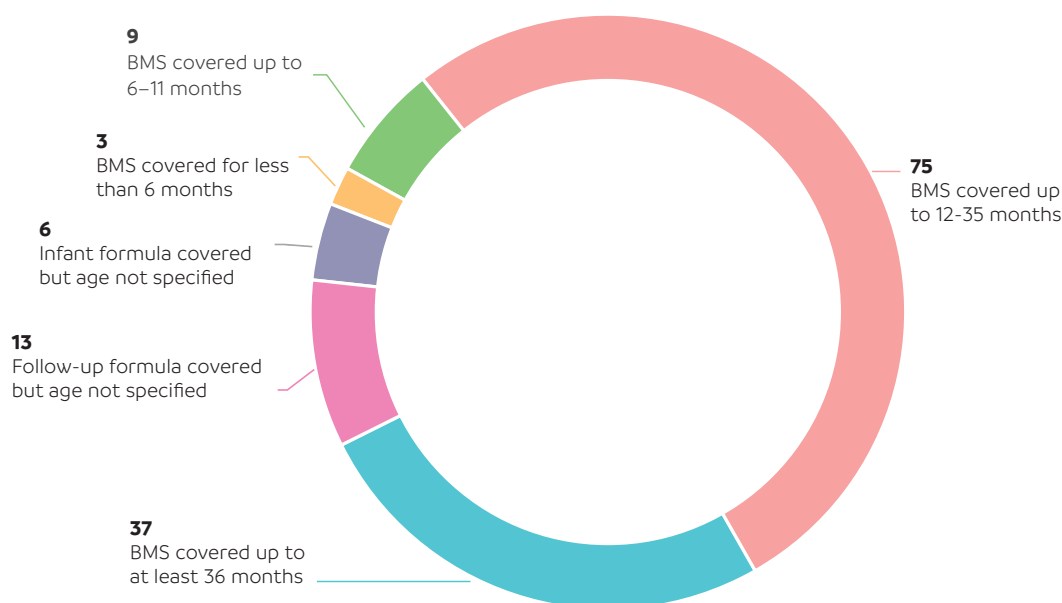


Figure 4. BMS products covered in scope of legal measures (n=143)

At least some provisions on labelling of milk formulas are included in almost all countries with Code legislation (136 countries). Unfortunately, only one country (Ethiopia) includes all Code provisions on labelling. Promotion to the general public is also covered in most legislation (131 countries), with somewhat better alignment with the Code. Some provisions on promotion in health care facilities and engagement with health workers and systems are less frequently covered (92 and 93 countries respectively). When national legislation does address promotion in health care facilities, the provisions are typically well-aligned with the Code, whereas when engagement with health workers and systems is addressed, many more gaps are observed, with only two countries (Sierra Leone and Uganda) covering all provisions in this section.

Annexes 4 through 9 of the report provide detailed and updated information on all provisions covered by national legal measures in the 144 countries. With regard to the scope of products covered in national legislation, all countries except one cover BMS (Papua New Guinea only has legislation regarding bottles and teats). Of these 143 countries, only 37 have legal measures clearly covering the full breadth of BMS, which includes milk products targeted for use up to at least 36 months (Figure 4). An additional 13 countries cover follow-up formula without specifying an age range, suggesting that milks up to 36 months might be included. Overall, 125 of the 143 countries (87%) covering BMS cover them at least through the first 12 months of life. In addition, 85 countries cover complementary foods marketed as suitable for infants 0-5 months of age, while 78 countries include bottles and teats in the scope of their national legislation.

Figure 5 highlights some key provisions of the Code. These provisions were selected to highlight persistent challenges witnessed in many countries and does not in any way diminish the importance of other Code provisions. Indeed, as emphasized in resolution WHA34.22, adoption of and adherence to the Code is a minimum requirement for all countries, and the Code should be implemented in its entirety.

Countries continue to show significant variation in Code provisions incorporated in national legislation. While most countries (121 countries) prohibit the use of pictures on labels that may idealize the use of infant formula, fewer countries (63 countries) prohibit the inclusion of nutrition and health claims on labels. Similarly, many countries have prohibitions on advertising (90 countries) and the use of promotional devices at points of sale (114 countries), but few (27 countries) prohibit the distribution of informational or educational materials from manufacturers or distributors.

The health system has been a traditional conduit for promoting products falling under the scope of the Code, and promotion in health facilities persists in many countries. In spite of this, too few countries have robust measures in place to reduce these promotional practices. While many countries (83 countries) prohibit the use of health facilities for promotion, fewer (55 countries) have provisions in place that prohibit the distribution of free or low-cost supplies in the health care system. A surprisingly low number of countries (33 countries) prohibit gifts or incentives to health workers. In addition, only 21 countries have legal restrictions on industry sponsorship of meetings of health professionals or scientific groups.

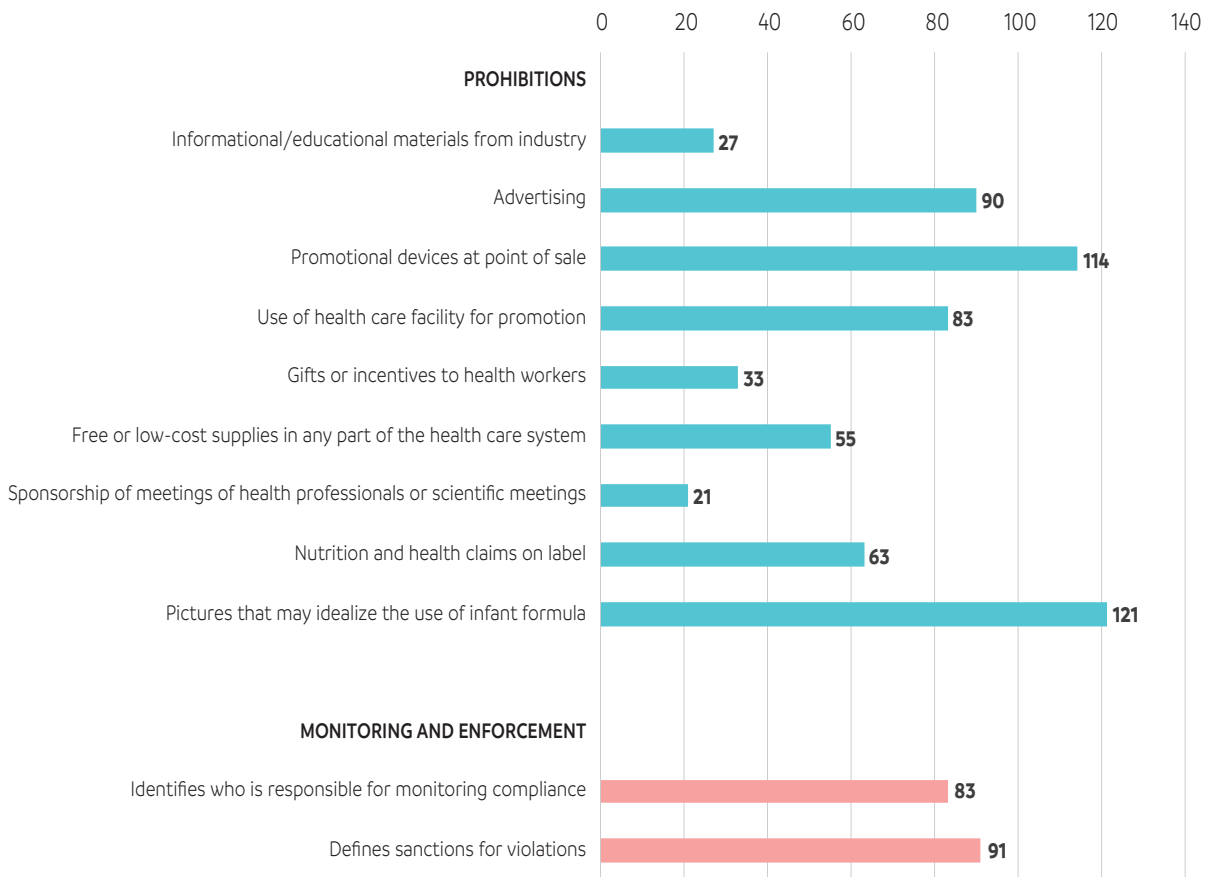


Figure 5. Number of countries with key Code provisions enumerated in legal measures, by provision

For national Code legislation or regulations to be effective, responsible government agencies must be empowered to monitor compliance with national legal measures, identify Code violations, and take corrective action when violations are identified, through administrative, legal or other sanctions. Therefore, legal measures must include clear provisions which enable and empower authorized agencies to take the corrective action needed. However, only 83 countries have measures that clearly spell out who in government is responsible for monitoring compliance, and only 91 define sanctions for violations. Without clear legal provisions on monitoring and enforcement, there is often considerable ambiguity on these matters, leading to the law being poorly enforced.

3.4. Characteristics of recent legal measures

The first joint WHO/UNICEF/IBFAN Code Status Report was published in 2016. This was also the year in which the WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children was released. In resolution WHA69.9, the World Health Assembly urged Member States “to take all necessary measures in the interest of public health to end the inappropriate promotion of foods for infants and young children, including, in particular, implementation of the guidance recommendations.” The analysis below examines the characteristics of laws and regulations enacted or updated in the past 5 years (2017-2021) compared to those enacted earlier. To avoid skewing the results, the EU regulation enacted in 2016 was counted only once in this analysis.

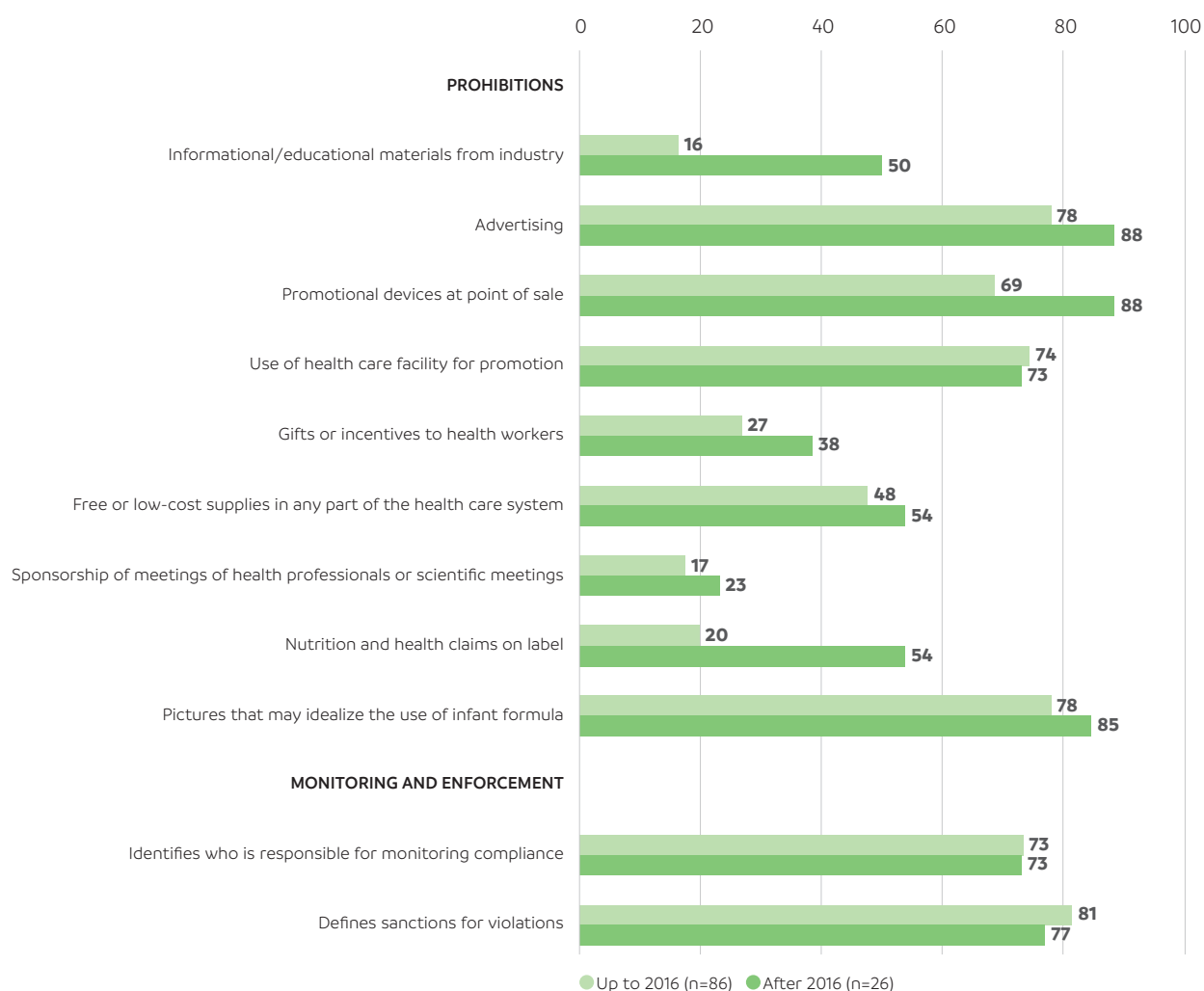


Figure 6. Percent of countries with key Code provisions enumerated in legal measures, by year of enactment

Since 2016, 26 countries have updated their legal measures or enacted new ones, whereas 86 countries continue to implement older laws and regulations. 46% of the countries with newer legal instruments are substantially aligned with Code whereas only 23% of the countries with older instruments are substantially aligned. Whereas the text of the Code in 1981 did not set a specific upper age limit to define breast-milk substitutes, the 2016 WHA Guidance document clarified that milk products for children up to 36 months function as BMS and are thus included with the scope of the Code. This element of the 2016 Guidance has helped shape subsequent legislation, as 69% of the newer instruments include within their scope milk products for children up to 36 months compared to only 22% of the older instruments.

Figure 6 examines the coverage of the same provisions shown earlier in Figure 5. For all prohibitions considered, the newer legislation/regulations tend to be stronger than the older ones. Particularly large improvements are

observed for prohibiting donations of informational and educational materials by industry, promotional devices at point of sale, gifts or incentives for health workers, and nutrition and health claims.

The full prohibition of donations of informational and educational materials by industry reflects the clarification in the 2016 WHA Guidance that companies should provide no direct or indirect education for parents, whereas the 1981 Code text allowed for donation of materials if requested by the government. Similarly, the Guidance calls for a complete ban on gifts or incentives for health workers, while the 1981 Code language prohibits gifts only if they can be shown to be financial or material inducements to promote products. In addition, the original Code text allows for contributions to health workers for fellowships and related professional activities as long as they are disclosed. In 2005, World Health Assembly Resolution WHA58.32 stated that nutrition and health claims should not be permitted for breast-milk substitutes and in 2010 the Assembly extended the claims

Case Study 2. CAMBODIA STRENGTHENS BMS CODE MONITORING

In 2005, the Cambodian government adopted many of the provisions of the International Code of Marketing of Breast-milk Substitutes, enacting the Cambodian Sub-Decree on Marketing of Products for Infant and Young Child Feeding (Sub-decree 133). However, no mechanisms for enforcement or monitoring were established until 2014, when a multi-sectoral Oversight Board was created to spark renewed action. The Oversight Board is led by the Ministry of Health, with representation from three other ministries – Commerce, Information, and Industry and Handicraft. The Oversight Board contains two arms, the Control Committee and the Executive Working Group, which respectively review and approve labelling and packaging for BMS and oversee and monitor compliance. Implementation guidelines and Terms of Reference, piloted between 2015 and 2017, detail the roles and responsibilities for implementing, monitoring, and enforcing Sub-decree 133.

Following the initial pilot of tools and guidelines, the Ministries of Health and Commerce revised their own tools, training materials, and procedures to integrate BMS monitoring into routine inspections of health facilities, pharmacies, and other retail locations. These modifications included practice sessions for monitors, simplified tools, and electronic reporting, and were rolled out in 2019 through a series of province-level trainings. Checklists were integrated into the existing monitoring tools at point-of-sale locations and health facilities, and training on BMS Code monitoring has been integrated into existing in-service curricula.

From 2019 to 2022, the Ministries of Health and Commerce, with support from Helen Keller International, WHO, UNICEF, and Alive and Thrive, trained 302 Code monitors. Staff from the two ministries carry out monthly inspections at point-of-sale locations and health facilities, although inspections slowed down in 2020 as a result of the COVID-19 pandemic. Monitors submit their monthly reports via mobile phone, highlighting violations.



In addition to official monitoring, efforts are underway to make it easier for civil society and private citizens to report Code violations. An internet-based reporting tool was launched in late 2021, with support from World Vision International, but uptake has been slow. Violation reports have also been submitted by civil society organizations.

Since 2017, the Executive Working Group has issued 47 warning letters to companies that violated Sub-decree 133. By 2022, fines were imposed on companies that continued to be in noncompliance, with a total of 28 monetary penalties (ranging from 2,500,000-5,000,000 riel) levied against violators. In addition, the Ministry of Health has taken action to prevent the donation of 79,716 cans of BMS as part of COVID-19 response activities.

The Cambodian experience demonstrates that a comprehensive, systematic approach to monitoring and enforcing Code legislation is possible within existing government systems. Key to Cambodia's success was the involvement of a range of organizations, high level commitment, and the support of civil society.

prohibition to all foods for infants and young children (resolution WHA63.23).

Unfortunately, improvement is not observed on the selected indicators of monitoring and enforcement of the legislation. This is despite the reiteration of the importance of monitoring and enforcement expressed in Resolutions WHA54.2 (2001) and WHA61.20 (2008). However, it is noted that monitoring and enforcement provisions are often delineated in subsequent implementing regulations and these may not have been elaborated yet for the newer legal measures.

3.5. Provisions relating to digital marketing of breast-milk substitutes

An increasingly common marketing tactic is the use of digital technologies, including the internet and social media. In general, legislation that prohibits advertisements overall would be considered to be broad enough to cover advertisements on digital media. Likewise, prohibitions on sales devices, such as discounts, tie-in sales, or loss-leaders, used in retail would logically include online retailers. Various forms of interactions between company representatives and mothers via social media would logically be covered by legal prohibitions on direct or indirect contact. However, regulatory clarity is likely needed on various newer strategies being used in the digital space, such as the use of social media influencers, promoting and disseminating user-generated content, creation of online social networks or “baby clubs”, professional advisory lines, and data harvesting for message targeting.

Of the 144 countries with legal measures on the Code, only 37 explicitly mention promotion of BMS on the internet, digital channels or other electronic means. In most cases, this explicit mention of digital media is limited to the definition of advertising (28 countries) or mentioning digital media in the text prohibiting general promotion to the public (6 countries). None of the legislation that prohibits BMS promotions explicitly exempts digital

marketing. However, clarification may be required to ensure that digital marketing strategies used for the promotion of BMS are included in legal definitions of advertising or promotion. In three countries (Botswana, South Africa and Tanzania), the national Code legislation prohibits indirect contact via electronic communications. Internet help lines are prohibited in Botswana, Egypt, and Tanzania and online mother/baby clubs are prohibited in Botswana, Mauritania, and Tanzania. Online baby competitions are prohibited in Botswana and Tanzania. Electronic communication via email or websites is prohibited in Botswana, Iran, and Tanzania. Legislation in Egypt specifically prohibits electronic hotlines or programmes to counsel women and their families on infant and young child feeding. South Africa is the only country to explicitly cover virtual retail outlets in the prohibition of promotional devices.

Digital technologies enable advertisers to evade scrutiny from enforcement agencies because promotions can be delivered to personal accounts without ever being published on broadcast media. Additional laws or regulations may be required to hold BMS manufacturers and distributors to account for promotions generated in virtual support groups by the general public and mothers, including social media influencers, who are not direct employees or contractors of those companies. Additionally, digital marketing platforms enable advertisers to reach beyond national borders, adding further challenges to enforcement of national laws.

Digital marketing platforms enable advertisers to reach beyond national borders, adding further challenges to enforcement of national laws.

3.6. Summary

This analysis demonstrates that while significant gaps remain, progress is being made in aligning national laws with the Code. In the past five years, 26 countries have enacted new legislation or regulations on the Code. These new legal measures generally cover more Code provisions and show a greater degree of alignment with the Code. Greater clarity and specificity are needed within regulations to address new techniques of promotion based on digital technologies. Development of robust monitoring and enforcement measures must urgently be addressed.

Case Study 3. MEXICO MONITORS DIGITAL MARKETING OF BMS

In 2021, UNICEF, in collaboration with the National Institute of Public Health, conducted a study on how digital marketing of BMS and commercial complementary foods influences breastfeeding and child feeding practices in Mexico. It included a survey of parents, health professionals, advertising agencies, social media influencers and others. Breastfeeding rates in Mexico are low, with only 28.6% of children under 6 months exclusively breastfed. Although Mexico has enacted several provisions of the Code, significant gaps exist and continue to be exploited by the formula companies. In particular, digital channels are being used to convince caregivers and health professionals that BMS products are equal to, or better than, breastmilk, and positioning processed food as a healthier and more convenient alternative to home-prepared foods, despite many of these products containing high levels of sugar, salt and fat. BMS companies have been promoting their products through a variety of digital strategies, including electronic newsletters, social media influencers, as well as through paid sponsorship of content by parents and health professionals to create 'organic' and personalized marketing that results in false and misleading messages on infant feeding practices.

The study used the CLICK methodology proposed by WHO to analyze digital advertising. CLICK is a monitoring framework developed by the WHO Regional Office for Europe to monitor digital marketing of unhealthy products to children.⁹ The results showed that digital marketing, especially the use of personalized messages and techniques not identified as advertising by consumers, influences caregivers' decisions about child feeding and contributes to social norms that negatively affect breastfeeding and complementary feeding practices. The study also found that digital marketing increased purchases of BMS and was associated with a lower likelihood of exclusive breastfeeding. At the same time, companies used the COVID-19 pandemic as an opportunity to promote their products



© UNICEF México/Balam-Ha Carrillo

through digital media by sending messages of support containing misleading health claims and creating confusion about the importance of continued breastfeeding.

More specifically, the study found that: 1) digital marketing of BMS and baby food is not regulated in Mexico; 2) more than half of the websites analysed violated the Code; 3) almost 40% of the websites analysed used health professionals to promote confidence in the advertised products; 4) 80% of parents with access to the internet report having seen digital marketing of BMS and baby food during the month prior to the survey; 5) almost 55% of surveyed parents stated that BMS and baby food companies convinced them that their products are superior to breastmilk; 6) 33% of the analysed digital media, mainly online stores, contained digital marketing of BMS for infants between 0 – 6 months, which is prohibited by law; 7) 20% of digital marketing of BMS and baby food was generated by influencers and social media users; and 8) a strong suggestion was made to introduce a form of plain packaging on BMS and baby food labels.

These findings are currently being used to review and amend existing norms and regulations in Mexico.

⁹ WHO Regional Office for Europe. Monitoring and restricting digital marketing of unhealthy products to children and adolescents: Report based on the expert meeting on monitoring of digital marketing of unhealthy products to children and adolescents. 2018;1–85. (http://www.euro.who.int/__data/assets/pdf_file/0008/396764/Online-version_Digital-Mktg_March2019.pdf, accessed 12 April 2022).





4. *Conclusions and Recommendations*

4. CONCLUSIONS AND RECOMMENDATIONS

Despite 41 years of global efforts to curb the promotion of breast-milk substitutes, bottles and teats, unethical marketing practices continue to be used throughout the world. New evidence published in 2021 documented the experiences of pregnant women and mothers being targeted by television advertisements, misleading claims, social media networks, and retail promotions to sway their infant feeding decisions.¹ Health professionals likewise continue to be the targets of campaigns, gifts, and free supplies. Manufacturers of BMS have capitalized on the Covid-19 pandemic to increase their sales.^{2,5}

At the same time, many countries are fighting back. Since 2020, nine countries have put into effect new legal measures to protect breastfeeding by restricting the marketing of breast-milk substitutes, bottles and teats. The total number of countries with legislation substantially aligned with the Code has grown from 25 to 32 and the number of countries with legal measures on at least some provisions of the Code now stands at 144. Legislation enacted in the past five years is generally more closely aligned with the Code than older legislation, covering important provisions highlighted in subsequent resolutions on nutrition and health claims, conflicts of interest, and industry-produced educational materials.

This report also documents numerous gaps in the legal measures that do exist to effectively stop harmful marketing of BMS. Only 33 countries prohibit all gifts and incentives to health workers and only 21 countries do not allow BMS companies to sponsor meetings of health professionals or scientific meetings. This failure to directly address

conflicts of interest in the health system leads to lukewarm attitudes towards breastfeeding, inadequate training on IYCF counselling and lactation management, and poor support for Code implementation. Only 26 countries prohibit companies from disseminating informational and educational materials, allowing them to directly reach parents and position themselves as alternative experts on the care and feeding of children. The most obvious form of promotion, public advertisements, is only prohibited in 90 countries. Similarly, the relatively weak nature of monitoring and enforcement measures included in national Code legislation must be addressed.

The reasons for these gaps are many and include the absence of high-level political will, industry interference, poor accountability, lack of monitoring and enforcement mechanisms, limited understanding of the Code, and insufficient human and

financial resources.²¹ It is hoped that strong global advocacy and the increasing availability of tools to implement the Code will address many of these barriers and accelerate progress on full Code compliance.

The Code remains as relevant and important today as when it was adopted in 1981, if not more so. The Code is an essential part of creating an overall environment that enables mothers to make the best possible decisions about infant and young child feeding, based on impartial information and free of commercial influences, and to be fully supported in doing so. Protecting the health of children and their mothers from continued misleading marketing practices should be seen by countries as a public health priority and human rights obligation.

The number of countries with legal measures on at least some provisions of the Code now stands at 144. Legislation enacted in the past five years is generally more closely aligned with the Code than older legislation.

²¹ Granheim S et al. Interference in public health policy: examples of how the baby food industry uses tobacco industry tactics, *World Nutrition* 8(2):2017. doi.org/10.26596/wn.201782288-310.

Recommendations

1. Countries that have not revised their laws or regulations on the marketing of breast-milk substitutes in the past few years should use this report to identify gaps in coverage of all Code provisions and take action to update their legal measures. The WHO/EURO model law is a tool to help to strengthen national regulatory frameworks to protect infants and young children from the harmful effects of food marketing.
2. Countries that have not yet enacted legal measures on the Code should recognize their obligations, both under international human rights law and international agreements, to eliminate inappropriate marketing practices through regulatory action.
3. Countries should examine the new promotional techniques being used in digital media and explore how legal channels can be better utilized to stop this type of promotion. While many digital strategies are already covered in existing legal provisions and simply need stronger monitoring and enforcement, some online and social media promotional approaches will require adaptations to existing regulations.
4. Governments must allocate adequate budgets and human resources to ensure that national Code legislation is monitored and fully enforced, guaranteeing that deterrent sanctions are routinely applied in the case of violations.
5. Health professional bodies and health care workers should carry out their responsibilities under the Code and national legislation to avoid conflicts of interest and fully protect, promote and support optimal infant and young child feeding.





Annexes

ANNEX 1. SCORING ALGORITHM USED TO CLASSIFY NATIONAL LEGAL MEASURES ON THE CODE

In this algorithm, developed for use with a WHO/UNICEF/IBFAN checklist, national legal measures are scored in terms of how well they reflect the recommendations put forward in the Code. Each provision of the Code is assigned a points value, and the provisions are grouped into seven categories, with the maximum score of points across all categories adding up to 100. Table A1.1 details the maximum number of points available for each provision covered and the subtotals for each category.

Table A1.1. Scoring algorithm used to classify national legal measures on the Code, points by provision covered

Category	Provision covered:	Points	Sub-totals	
Scope	BMS covered at least up to 6 months of age (where infant formula is covered but no definition of age is provided, half credit is awarded, i.e., two points)	4		
	BMS covered at least up to 12 months of age (in addition to above)	4		
	BMS covered at least up to 36 months of age (in addition to above) (where follow-up formula is covered but no age range is specified, half credit is awarded, i.e., two points)	4		
	Complementary foods covered	4		
	Bottles and teats covered	4		
	Scope: sub-total score			20
Monitoring and enforcement	Definition of sanctions for violations	5		
	Identification of who is responsible for monitoring compliance	3		
	Requirement that monitoring and enforcement should be independent, transparent and free from commercial influence	2		
	Monitoring and enforcement sub-total score			10
Informational/educational materials on IYCF	Informational/educational materials from industry prohibited	4		
	Required information in these materials –one third point for each of the following nine elements: — the benefits and superiority of breastfeeding — maternal nutrition, and 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 — proper use of infant formula — for materials on use of infant formula: social and financial implications of its use — for materials on use of infant formula: health hazards of inappropriate feeding — for materials on use of infant formula: health hazards of inappropriate use — for materials on use of infant formula: risk of intrinsic contamination of powdered formula	3		
	Prohibition of reference to proprietary products	1.5		
	Prohibition of pictures or text idealizing BMS	1.5		
	Informational/educational materials on IYCF sub-total score			10

Category	Provision covered:	Points	Sub-totals
Promotion to general public	Advertising ²²	7	
	Promotional devices at point of sale	6	
	Samples to public	2	
	Gifts to pregnant women and mothers	2	
	Contact with mothers	3	
	Promotion to general public sub-total score		
Promotion in health care facilities	Overall prohibition on use of health care facilities for promotion. If no overall prohibition, two points are given for each of the following five prohibited specific types of promotion within health facilities:	10	
	— displaying covered products		
	— displaying placards or posters concerning covered products		
	— distribution of any material provided by a manufacturer or distributor		
	— use of health facility to host events, contests or campaigns		
	— use of personnel provided by or paid for by manufacturers and distributors		
Promotion in health care facilities sub-total score			10
Engagement with health workers and systems	Overall prohibition ²³ of all gifts or incentives to health workers and health systems. If no overall prohibition (total three points), one point is given for each of the following specific types of gifts or incentives that are prohibited:	3	
	— financial or material inducements to promote products within the scope		
	— fellowships, study tours, research grants, attendance at professional conferences (where these are not prohibited but they must be disclosed to the institution, half credit is awarded, i.e., half point)		
	Provision of free or low-cost supplies ²⁴ in any part of the health care system	2	
	Donations of equipment or services (where donations are prohibited only if they refer to a proprietary product, half credit is awarded, i.e., one point)	2	
	Product samples	2	
	Product information restricted to scientific and factual matters	2	
Sponsorship of meetings of health professionals or scientific meetings ²⁵	4		
Engagement with health workers and systems sub-total score			15

²² No points are awarded if exceptions are made for certain types of advertising.

²³ Points are awarded only if manufacturers and distributors are prohibited for providing gifts or incentives. Prohibitions directed only at health workers or health systems receiving gifts or incentives are not considered adequate.

²⁴ No points are awarded if permission may be granted for exceptions. Provisions related to donations to social welfare and other organisations or institutions were not part of this analysis.

²⁵ Points are awarded only if the sponsorship of the meeting itself is prohibited. Prohibitions on sponsorship of individual attendance at meetings is not considered to be adequate.

Category	Provision covered:	Points	Sub-totals
Labelling	Prohibition of nutrition and health claims	4	
	Required information on infant formula products— (one-half point for each of the following six elements): <ul style="list-style-type: none"> — the words “Important Notice” — a statement on superiority of breastfeeding — a statement on using only on the advice of a health worker — instructions for appropriate preparation — warning on health hazards of inappropriate preparation — warning that powdered formula may contain pathogens 	3	
	Prohibition of pictures that may idealize the use of infant formula on label of infant formula products	3	
	Required information for follow-up formula, growing up milks, as well as other foods for IYC up to 3 years--one-third point for each of the following three elements: <ul style="list-style-type: none"> — the recommended age for introduction of the product — the importance of continued breastfeeding for 2 years — the importance of no complementary feeding before 6 months 	1	
	Prohibited content for follow-up formula, growing up milks, as well as other foods for IYC up to 3 years —one point for each of the following four elements: <ul style="list-style-type: none"> — any representation suggesting use before 6 months — images or text that discourages breastfeeding or compares to breast milk²⁶ — messages that recommend or promote bottle feeding — professional endorsements 	4	
	Labelling sub-total score		
Maximum total score from all categories:			100

²⁶ No points are awarded if only images are prohibited rather than images and text.

ANNEX 2. LEGAL STATUS OF THE CODE IN ALL WHO MEMBER STATES

Table A2.1. Legal status of the Code in WHO Member States, date of most recent legal measure and status category

Country	Region	Date of most recent legal measure	Legal status of the Code (category)
Afghanistan	Eastern Mediterranean	2009	Substantially aligned with the Code
Albania	European	2017	Moderately aligned with the Code
Algeria	Africa	2012	Some provisions of the Code included
Andorra	European	2016	Some provisions of the Code included
Angola	Africa		No legal measures
Antigua and Barbuda	Americas		No legal measures
Argentina	Americas	2018	Some provisions of the Code included
Armenia	European	2014	Substantially aligned with the Code
Australia	Western Pacific	2016	Some provisions of the Code included
Austria	European	2016	Some provisions of the Code included
Azerbaijan	European	2003	Some provisions of the Code included
Bahamas	Americas		No legal measures
Bahrain	Eastern Mediterranean	2018	Substantially aligned with the Code
Bangladesh	South-East Asia	2017	Substantially aligned with the Code
Barbados	Americas		No legal measures
Belarus	European		No legal measures
Belgium	European	2016	Some provisions of the Code included
Belize	Americas		No legal measures
Benin	Africa	1997	Moderately aligned with the Code
Bhutan	South-East Asia		No legal measures
Bolivia (Plurinational State of)	Americas	2006	Moderately aligned with the Code
Bosnia and Herzegovina	European	2000	Some provisions of the Code included
Botswana	Africa	2005	Moderately aligned with the Code
Brazil	Americas	2018	Substantially aligned with the Code
Brunei Darussalam	Western Pacific		No legal measures
Bulgaria	European	2016	Some provisions of the Code included
Burkina Faso	Africa	1993	Moderately aligned with the Code
Burundi	Africa	2013	Substantially aligned with the Code
Cabo Verde	Africa	2007	Substantially aligned with the Code
Cambodia	Western Pacific	2007	Moderately aligned with the Code
Cameroon	Africa	2005	Some provisions of the Code included
Canada	Americas		No legal measures

Country	Region	Date of most recent legal measure	Legal status of the Code (category)
Central African Republic	Africa		No legal measures
Chad	Africa	2019	Moderately aligned with the Code
Chile	Americas	2015	Some provisions of the Code included
China	Western Pacific	2015	Some provisions of the Code included
Colombia	Americas	1992	Moderately aligned with the Code
Comoros	Africa	2014	Moderately aligned with the Code
Congo	Africa		No legal measures
Cook Islands	Western Pacific	2014	Some provisions of the Code included
Costa Rica	Americas	1995	Moderately aligned with the Code
Côte d'Ivoire	Africa	2021	Moderately aligned with the Code
Croatia	European	2016	Some provisions of the Code included
Cuba	Americas		No legal measures
Cyprus	European	2016	Some provisions of the Code included
Czechia	European	2016	Some provisions of the Code included
Democratic People's Republic of Korea	South-East Asia		No legal measures
Democratic Republic of the Congo	Africa	2006	Moderately aligned with the Code
Denmark	European	2016	Some provisions of the Code included
Djibouti	Eastern Mediterranean	2010	Moderately aligned with the Code
Dominica	Americas		No legal measures
Dominican Republic	Americas	1996	Moderately aligned with the Code
Ecuador	Americas	1999	Some provisions of the Code included
Egypt	Eastern Mediterranean	2010	Some provisions of the Code included
El Salvador	Americas	2013	Moderately aligned with the Code
Equatorial Guinea	Africa		No legal measures
Eritrea	Africa		No legal measures
Estonia	European	2016	Some provisions of the Code included
Eswatini	Africa		No legal measures
Ethiopia	Africa	2021	Substantially aligned with the Code
Fiji	Western Pacific	2016	Substantially aligned with the Code
Finland	European	2016	Some provisions of the Code included
France	European	2016	Some provisions of the Code included
Gabon	Africa	2004	Moderately aligned with the Code
Gambia	Africa	2006	Substantially aligned with the Code

Country	Region	Date of most recent legal measure	Legal status of the Code (category)
Georgia	European	1999	Moderately aligned with the Code
Germany	European	2016	Some provisions of the Code included
Ghana	Africa	2000	Substantially aligned with the Code
Greece	European	2016	Some provisions of the Code included
Grenada	Americas		No legal measures
Guatemala	Americas	1987	Moderately aligned with the Code
Guinea	Africa		No legal measures
Guinea-Bissau	Africa	1982	Some provisions of the Code included
Guyana	Americas		No legal measures
Haiti	Americas		No legal measures
Honduras	Americas	2013	Some provisions of the Code included
Hungary	European	2016	Some provisions of the Code included
Iceland	European	2016	Some provisions of the Code included
India	South-East Asia	2003	Substantially aligned with the Code
Indonesia	South-East Asia	2013	Moderately aligned with the Code
Iran (Islamic Republic of)	Eastern Mediterranean	2010	Some provisions of the Code included
Iraq	Eastern Mediterranean	2015	Some provisions of the Code included
Ireland	European	2016	Some provisions of the Code included
Israel	European		No legal measures
Italy	European	2016	Some provisions of the Code included
Jamaica	Americas		No legal measures
Japan	Western Pacific		No legal measures
Jordan	Eastern Mediterranean	2015	Moderately aligned with the Code
Kazakhstan	European	2015	Some provisions of the Code included
Kenya	Africa	2021	Substantially aligned with the Code
Kiribati	Western Pacific	2014	Substantially aligned with the Code
Kuwait	Eastern Mediterranean	2014	Substantially aligned with the Code
Kyrgyzstan	European	2008	Moderately aligned with the Code
Lao People's Democratic Republic	Western Pacific	2019	Moderately aligned with the Code
Latvia	European	2016	Some provisions of the Code included
Lebanon	Eastern Mediterranean	2008	Substantially aligned with the Code
Lesotho	Africa		No legal measures
Liberia	Africa		No legal measures

Country	Region	Date of most recent legal measure	Legal status of the Code (category)
Libya	Eastern Mediterranean		No legal measures
Lithuania	European	2016	Some provisions of the Code included
Luxembourg	European	2016	Some provisions of the Code included
Madagascar	Africa	2011	Moderately aligned with the Code
Malawi	Africa	2004	Moderately aligned with the Code
Malaysia	Western Pacific		No legal measures
Maldives	South-East Asia	2008	Substantially aligned with the Code
Mali	Africa	2006	Moderately aligned with the Code
Malta	European	2016	Some provisions of the Code included
Marshall Islands	Western Pacific		No legal measures
Mauritania	Africa	2020	Substantially aligned with the Code
Mauritius	Africa		No legal measures
Mexico	Americas	2012	Moderately aligned with the Code
Micronesia (Federated States of)	Western Pacific		No legal measures
Monaco	European	2016	Some provisions of the Code included
Mongolia	European	2017	Substantially aligned with the Code
Montenegro	European	2016	Some provisions of the Code included
Morocco	Eastern Mediterranean		No legal measures
Mozambique	Africa	2005	Substantially aligned with the Code
Myanmar	South-East Asia	2014	Moderately aligned with the Code
Namibia	Africa		No legal measures
Nauru	Western Pacific		No legal measures
Nepal	South-East Asia	1994	Moderately aligned with the Code
Netherlands	European	2016	Some provisions of the Code included
New Zealand	Western Pacific	2015	Some provisions of the Code included
Nicaragua	Americas	1999	Some provisions of the Code included
Niger	Africa	1998	Some provisions of the Code included
Nigeria	Africa	2019	Substantially aligned with the Code
Niue	Western Pacific		No legal measures
North Macedonia	European	2004	Some provisions of the Code included
Norway	European	2016	Some provisions of the Code included
Oman	Eastern Mediterranean	2021	Moderately aligned with the Code
Pakistan	Eastern Mediterranean	2018	Moderately aligned with the Code

Country	Region	Date of most recent legal measure	Legal status of the Code (category)
Palau	Western Pacific	2006	Substantially aligned with the Code
Panama	Americas	2012	Substantially aligned with the Code
Papua New Guinea	Western Pacific	1984	Some provisions of the Code included
Paraguay	Americas	1999	Some provisions of the Code included
Peru	Americas	2006	Moderately aligned with the Code
Philippines	Western Pacific	2012	Substantially aligned with the Code
Poland	European	2016	Some provisions of the Code included
Portugal	European	2016	Some provisions of the Code included
Qatar	Eastern Mediterranean		No legal measures
Republic of Korea	Western Pacific	2016	Some provisions of the Code included
Republic of Moldova	European	2018	Some provisions of the Code included
Romania	European	2016	Some provisions of the Code included
Russian Federation	European	2015	Some provisions of the Code included
Rwanda	Africa	2006	Some provisions of the Code included
Saint Kitts and Nevis	Americas		No legal measures
Saint Lucia	Americas		No legal measures
Saint Vincent and the Grenadines	Americas		No legal measures
Samoa	Western Pacific		No legal measures
San Marino	European	2016	Some provisions of the Code included
Sao Tome and Principe	Africa	2020	Moderately aligned with the Code
Saudi Arabia	Eastern Mediterranean	2019	Substantially aligned with the Code
Senegal	Africa	1994	Some provisions of the Code included
Serbia	European	2016	Some provisions of the Code included
Seychelles	Africa	1992	Some provisions of the Code included
Sierra Leone	Africa	2021	Substantially aligned with the Code
Singapore	Western Pacific		No legal measures
Slovakia	European	2016	Some provisions of the Code included
Slovenia	European	2016	Some provisions of the Code included
Solomon Islands	Western Pacific	2010	Moderately aligned with the Code
Somalia	Eastern Mediterranean		No legal measures
South Africa	Africa	2012	Substantially aligned with the Code
South Sudan	Africa		No legal measures
Spain	European	2016	Some provisions of the Code included
Sri Lanka	South-East Asia	2004	Moderately aligned with the Code

Country	Region	Date of most recent legal measure	Legal status of the Code (category)
Sudan	Eastern Mediterranean	2000	Some provisions of the Code included
Suriname	Americas		No legal measures
Sweden	European	2016	Some provisions of the Code included
Switzerland	European	2020	Some provisions of the Code included
Syrian Arab Republic	Eastern Mediterranean	2000	Moderately aligned with the Code
Tajikistan	European	2006	Moderately aligned with the Code
Thailand	South-East Asia	2017	Moderately aligned with the Code
Timor-Leste	South-East Asia		No legal measures
Togo	Africa		No legal measures
Tonga	Western Pacific		No legal measures
Trinidad and Tobago	Americas	1985	Some provisions of the Code included
Tunisia	Eastern Mediterranean	1983	Moderately aligned with the Code
Turkey	European	2019	Some provisions of the Code included
Turkmenistan	European	2009	Some provisions of the Code included
Tuvalu	Western Pacific		No legal measures
Uganda	Africa	1997	Substantially aligned with the Code
Ukraine	European	2013	Some provisions of the Code included
United Arab Emirates	Eastern Mediterranean	2018	Substantially aligned with the Code
United Kingdom	European	2016	Some provisions of the Code included
United Republic of Tanzania	Africa	2012	Substantially aligned with the Code
United States of America	Americas		No legal measures
Uruguay	Americas	2017	Some provisions of the Code included
Uzbekistan	European	2019	Some provisions of the Code included
Vanuatu	Western Pacific		No legal measures
Venezuela (Bolivarian Republic of)	Americas	2007	Moderately aligned with the Code
Viet Nam	Western Pacific	2020	Substantially aligned with the Code
Yemen	Eastern Mediterranean	2002	Moderately aligned with the Code
Zambia	Africa	2006	Moderately aligned with the Code
Zimbabwe	Africa	1998	Substantially aligned with the Code

ANNEX 3. TOTAL AND CATEGORY SUB-TOTAL SCORES OF COUNTRIES THAT HAVE LEGAL MEASURES IN PLACE

Table A3.1. Total and category sub-total scores of countries that have legal measures in place

Country	Sub-total scores							Total Score*
	Scope	Monitoring and enforcement	Informational/educational materials	Promotion to general public	Promotion in health care facilities	Engagement with health workers and systems	Labelling	
Maximum points available:	20	10	10	20	10	15	15	100
Afghanistan	18	10	10	17	10	14	14	92
Albania	20	8	9	17	10	8	3	74
Algeria	2	0	0	0	0	0	4	6
Andorra	8	0	3	10	0	0	11	32
Argentina	12	8	0	0	0	0	13	33
Armenia	20	8	9	17	10	14	12	90
Australia	8	8	0	0	0	0	11	27
Austria	8	0	3	10	0	0	11	32
Azerbaijan	16	0	0	0	10	8	2	35
Bahrain	20	8	7	20	10	8	7	80
Bangladesh	20	8	6	20	10	4	11	79
Belgium	8	0	3	10	0	0	11	32
Benin	18	5	2	17	10	9	5	65
Bolivia (Plurinational State of)	16	8	4	17	10	5	8	68
Bosnia and Herzegovina	6	5	0	15	10	0	6	42
Botswana	20	10	4	20	10	8	1	73
Brazil	20	8	8	17	10	6	14	83
Bulgaria	8	0	3	10	0	0	11	32
Burkina Faso	4	5	2	20	10	6	6	52
Burundi	16	5	5	17	10	9	13	75
Cabo Verde	16	10	8	15	10	12	7	78
Cambodia	16	8	5	0	10	5	7	51
Cameroon	16	0	3	9	2	6	5	41
Chad	20	5	2	20	10	8	7	72
Chile	12	5	0	7	0	0	5	29
China	8	8	0	7	2	0	0	25
Colombia	12	0	1	17	10	9	6	55
Comoros	8	8	5	20	10	4	6	60

Country	Sub-total scores							Total Score*
	Scope	Monitoring and enforcement	Informational/educational materials	Promotion to general public	Promotion in health care facilities	Engagement with health workers and systems	Labelling	
Cook Islands	2	8	0	7	10	0	10	37
Costa Rica	16	8	3	5	10	4	10	56
Côte d'Ivoire	16	8	6	20	10	5	8	73
Croatia	8	0	3	10	0	0	11	32
Cyprus	8	0	3	10	0	0	11	32
Czechia	8	0	3	10	0	0	11	32
Democratic Republic of the Congo	12	8	4	20	10	4	3	60
Denmark	8	0	3	10	0	0	11	32
Djibouti	14	5	0	20	10	7	0	56
Dominican Republic	16	10	3	20	10	3	8	70
Ecuador	8	8	5	0	10	2	6	40
Egypt	16	0	8	10	0	0	2	36
El Salvador	10	8	3	20	10	4	4	59
Estonia	8	0	3	10	0	0	11	32
Ethiopia	16	8	6	20	10	10	15	85
Fiji	20	10	9	17	10	14	5	85
Finland	8	0	3	10	0	0	11	32
France	8	0	3	10	0	0	11	32
Gabon	16	8	4	15	10	7	6	66
Gambia	20	8	8	17	10	9	5	77
Georgia	20	3	3	18	10	4	7	65
Germany	8	0	3	10	0	0	11	32
Ghana	16	8	10	20	10	6	6	75
Greece	8	0	3	10	0	0	11	32
Guatemala	8	8	4	14	10	6	4	53
Guinea-Bissau	2	0	0	17	10	2	0	31
Honduras	16	8	4	0	0	2	7	38
Hungary	8	0	3	10	0	0	11	32
Iceland	8	0	3	10	0	0	11	32
India	16	8	4	20	10	13	8	78

Annex 3. Total and category sub-total scores of countries that have legal measures in place

Country	Sub-total scores							Total Score*
	Scope	Monitoring and enforcement	Informational/educational materials	Promotion to general public	Promotion in health care facilities	Engagement with health workers and systems	Labelling	
Indonesia	18	8	3	14	10	5	6	63
Iran (Islamic Republic of)	14	8	4	9	0	4	0	39
Iraq	18	0	4	0	10	2	7	40
Ireland	8	0	3	10	0	0	11	32
Italy	8	0	3	10	0	0	11	32
Jordan	14	3	2	20	10	5	1	55
Kazakhstan	2	3	0	7	2	0	0	14
Kenya	16	10	10	20	10	9	7	82
Kiribati	18	8	4	17	10	14	10	81
Kuwait	20	10	6	20	10	14	7	86
Kyrgyzstan	16	8	5	20	10	6	9	73
Lao People's Democratic Republic	20	8	5	17	6	6	11	72
Latvia	8	0	3	10	0	0	11	32
Lebanon	20	8	9	20	10	14	9	90
Lithuania	8	0	3	10	0	0	11	32
Luxembourg	8	0	3	10	0	0	11	32
Madagascar	16	8	6	17	10	9	7	73
Malawi	12	10	6	20	10	9	5	71
Maldives	20	10	6	20	10	14	14	93
Mali	10	5	6	20	10	4	1	56
Malta	8	0	3	10	0	0	11	32
Mauritania	20	0	8	20	10	4	13	76
Mexico	12	3	0	20	10	5	11	60
Monaco	8	0	3	10	0	0	11	32
Mongolia	20	8	7	15	10	11	7	78
Montenegro	14	8	0	17	0	2	6	47
Mozambique	20	10	10	20	10	8	3	81
Myanmar	16	8	5	20	10	3	12	74
Nepal	16	8	6	17	10	7	7	71
Netherlands	8	0	3	10	0	0	11	32

Country	Sub-total scores							Total Score*
	Scope	Monitoring and enforcement	Informational/educational materials	Promotion to general public	Promotion in health care facilities	Engagement with health workers and systems	Labelling	
New Zealand	8	8	0	0	0	0	11	27
Nicaragua	16	8	3	2	10	2	9	50
Niger	8	8	0	9	4	4	4	37
Nigeria	20	8	6	20	10	9	11	84
North Macedonia	12	8	0	2	0	2	0	24
Norway	8	0	3	10	0	0	11	32
Oman	20	0	0	20	10	3	12	65
Pakistan	16	5	6	20	10	10	6	73
Palau	20	10	6	17	10	14	13	90
Panama	16	8	5	20	10	12	9	80
Papua New Guinea	4	5	0	7	2	0	0	18
Paraguay	16	8	5	0	0	0	2	31
Peru	16	8	4	17	10	6	11	72
Philippines	20	10	9	10	10	14	12	85
Poland	8	0	3	10	0	0	11	32
Portugal	8	0	3	10	0	0	11	32
Republic of Korea	2	8	0	9	0	4	3	26
Republic of Moldova	8	0	3	10	0	0	10	31
Romania	8	0	3	10	0	0	11	32
Russian Federation	12	0	0	0	0	0	6	18
Rwanda	8	3	2	20	10	2	5	50
San Marino	8	0	3	10	0	0	11	32
Sao Tome and Principe	20	8	4	15	10	7	3	67
Saudi Arabia	20	8	4	20	10	8	7	77
Senegal	12	8	0	0	10	2	0	32
Serbia	16	0	6	17	0	2	7	48
Seychelles	4	3	0	17	10	0	6	40
Sierra Leone	20	10	10	20	10	15	14	99
Slovakia	8	0	3	10	0	0	11	32
Slovenia	8	0	3	10	0	0	11	32

Annex 3. Total and category sub-total scores of countries that have legal measures in place

Country	Sub-total scores							Total Score*
	Scope	Monitoring and enforcement	Informational/educational materials	Promotion to general public	Promotion in health care facilities	Engagement with health workers and systems	Labelling	
Solomon Islands	4	10	3	17	10	2	6	52
South Africa	20	8	4	20	10	13	12	87
Spain	8	0	3	10	0	0	11	32
Sri Lanka	16	8	2	20	10	8	5	69
Sudan	4	5	0	15	10	2	1	37
Sweden	8	0	3	10	0	0	11	32
Switzerland	16	0	6	7	0	0	11	40
Syrian Arab Republic	8	8	4	20	10	8	6	63
Tajikistan	20	8	8	8	10	13	3	70
Thailand	16	10	1	20	2	10	6	65
Trinidad and Tobago	10	8	0	0	0	0	7	25
Tunisia	16	8	0	20	10	4	6	64
Turkey	12	5	3	10	0	2	7	39
Turkmenistan	20	5	0	13	2	2	7	49
Uganda	16	10	6	20	10	15	6	83
Ukraine	12	8	0	10	0	2	5	37
United Arab Emirates	16	8	4	17	10	14	10	79
United Kingdom	8	8	3	10	0	0	11	40
United Republic of Tanzania	20	5	6	20	10	10	8	78
Uruguay	12	3	0	17	10	0	5	47
Uzbekistan	16	3	0	11	2	6	5	43
Venezuela (Bolivarian Republic of)	16	5	5	17	10	8	14	74
Viet Nam	16	10	5	20	10	10	9	80
Yemen	16	5	1	17	10	1	7	57
Zambia	18	8	4	20	10	4	9	72
Zimbabwe	20	8	6	20	10	10	7	81

*Total score may differ slightly from the sum of sub-scores due to rounding error.

ANNEX 4. PROVISIONS ON SCOPE AND ON MONITORING AND ENFORCEMENT

Table A4.1. Provisions on scope and monitoring and enforcement, in countries that have legal measures in place

Country	Scope			Monitoring & Enforcement		
	BMS products covered up to age (months)	Complementary foods	Bottles & teats	Identifies who is responsible for monitoring compliance	Defines sanctions for violations	Requires that monitoring and enforcement should be independent, transparent and free from commercial influence
Afghanistan	unspecified	✓	✓	✓	✓	✓
Albania	36	✓	✓	✓	✓	✗
Algeria	unspecified	✗	✗	✗	✗	✗
Andorra	12	✗	✗	✗	✗	✗
Argentina	24	✓	✗	✓	✓	✗
Armenia	36	✓	✓	✓	✓	✗
Australia	12	✗	✗	✓	✓	✗
Austria	12	✗	✗	✗	✗	✗
Azerbaijan	36	✓	✗	✗	✗	✗
Bahrain	36	✓	✓	✓	✓	✗
Bangladesh	60	✓	✓	✓	✓	✗
Belgium	12	✗	✗	✗	✗	✗
Benin	unspecified	✓	✓	✗	✓	✗
Bolivia (Plurinational State of)	24	✓	✓	✓	✓	✗
Bosnia and Herzegovina	unspecified	✗	✓	✗	✓	✗
Botswana	36	✓	✓	✓	✓	✓
Brazil	36	✓	✓	✓	✓	✗
Bulgaria	12	✗	✗	✗	✗	✗
Burkina Faso	4	✗	✓	✗	✓	✗
Burundi	30	✓	✓	✗	✓	✗
Cabo Verde	24	✓	✓	✓	✓	✓
Cambodia	24	✓	✓	✓	✓	✗
Cameroon	30	✓	✓	✗	✗	✗
Chad	36	✓	✓	✗	✓	✗
Chile	12	✓	✗	✗	✓	✗
China	12	✗	✗	✓	✓	✗
Colombia	24	✓	✗	✗	✗	✗
Comoros	4	✓	✓	✓	✓	✗
Cook Islands	unspecified	✗	✗	✓	✓	✗
Costa Rica	12	✓	✓	✓	✓	✗

Country	Scope			Monitoring & Enforcement		
	BMS products covered up to age (months)	Complementary foods	Bottles & teats	Identifies who is responsible for monitoring compliance	Defines sanctions for violations	Requires that monitoring and enforcement should be independent, transparent and free from commercial influence
Côte d'Ivoire	24	✓	✓	✓	✓	✗
Croatia	12	✗	✗	✗	✗	✗
Cyprus	12	✗	✗	✗	✗	✗
Czechia	12	✗	✗	✗	✗	✗
Democratic Republic of the Congo	6	✓	✓	✓	✓	✗
Denmark	12	✗	✗	✗	✗	✗
Djibouti	unspecified	✗	✓	✗	✓	✗
Dominican Republic	24	✓	✓	✓	✓	✓
Ecuador	12	✗	✗	✓	✓	✗
Egypt	24	✓	✓	✗	✗	✗
El Salvador	unspecified	✗	✗	✓	✓	✗
Estonia	12	✗	✗	✗	✗	✗
Ethiopia	36	✓	✗	✓	✓	✗
Fiji	60	✓	✓	✓	✓	✓
Finland	12	✗	✗	✗	✗	✗
France	12	✗	✗	✗	✗	✗
Gabon	12	✓	✓	✓	✓	✗
Gambia	36	✓	✓	✓	✓	✗
Georgia	36	✓	✓	✓	✗	✗
Germany	12	✗	✗	✗	✗	✗
Ghana	12	✓	✓	✓	✓	✗
Greece	12	✗	✗	✗	✗	✗
Guatemala	6	✗	✓	✓	✓	✗
Guinea-Bissau	unspecified	✗	✗	✗	✗	✗
Honduras	24	✓	✓	✓	✓	✗
Hungary	12	✗	✗	✗	✗	✗
Iceland	12	✗	✗	✗	✗	✗
India	24	✓	✓	✓	✓	✗
Indonesia	unspecified	✓	✓	✓	✓	✗
Iran (Islamic Republic of)	unspecified	✓	✗	✓	✓	✗
Iraq	unspecified	✓	✓	✗	✗	✗

Country	Scope			Monitoring & Enforcement		
	BMS products covered up to age (months)	Complementary foods	Bottles & teats	Identifies who is responsible for monitoring compliance	Defines sanctions for violations	Requires that monitoring and enforcement should be independent, transparent and free from commercial influence
Ireland	12	x	x	x	x	x
Italy	12	x	x	x	x	x
Jordan	unspecified	✓	x	✓	x	x
Kazakhstan	unspecified	x	x	✓	x	x
Kenya	24	✓	✓	✓	✓	✓
Kiribati	unspecified	✓	✓	✓	✓	x
Kuwait	36	✓	✓	✓	✓	✓
Kyrgyzstan	24	✓	✓	✓	✓	x
Lao People's Democratic Republic	36	✓	✓	✓	✓	x
Latvia	12	x	x	x	x	x
Lebanon	36	✓	✓	✓	✓	x
Lithuania	12	x	x	x	x	x
Luxembourg	12	x	x	x	x	x
Madagascar	24	✓	✓	✓	✓	x
Malawi	6	✓	✓	✓	✓	✓
Maldives	36	✓	✓	✓	✓	✓
Mali	unspecified	x	x	x	✓	x
Malta	12	x	x	x	x	x
Mauritania	36	✓	✓	x	x	x
Mexico	36	x	x	✓	x	x
Monaco	12	x	x	x	x	x
Mongolia	36	✓	✓	✓	✓	x
Montenegro	unspecified	✓	x	✓	✓	x
Mozambique	36	✓	✓	✓	✓	✓
Myanmar	24	✓	✓	✓	✓	x
Nepal	12	✓	✓	✓	✓	x
Netherlands	12	x	x	x	x	x
New Zealand	12	x	x	✓	✓	x
Nicaragua	24	✓	✓	✓	✓	x
Niger	6	x	✓	✓	✓	x
Nigeria	36	✓	✓	✓	✓	x

Country	Scope			Monitoring & Enforcement		
	BMS products covered up to age (months)	Complementary foods	Bottles & teats	Identifies who is responsible for monitoring compliance	Defines sanctions for violations	Requires that monitoring and enforcement should be independent, transparent and free from commercial influence
North Macedonia	6	✓	✓	✓	✓	✗
Norway	12	✗	✗	✗	✗	✗
Oman	36	✓	✓	✗	✗	✗
Pakistan	12	✓	✓	✗	✓	✗
Palau	36	✓	✓	✓	✓	✓
Panama	12	✓	✓	✓	✓	✗
Papua New Guinea	not covered	✗	✓	✗	✓	✗
Paraguay	20	✓	✓	✓	✓	✗
Peru	24	✓	✓	✓	✓	✗
Philippines	36	✓	✓	✓	✓	✓
Poland	12	✗	✗	✗	✗	✗
Portugal	12	✗	✗	✗	✗	✗
Republic of Korea	unspecified	✗	✗	✓	✓	✗
Republic of Moldova	12	✗	✗	✗	✗	✗
Romania	12	✗	✗	✗	✗	✗
Russian Federation	12	✓	✗	✗	✗	✗
Rwanda	6	✗	✓	✓	✗	✗
San Marino	12	✗	✗	✗	✗	✗
Sao Tome and Principe	36	✓	✓	✓	✓	✗
Saudi Arabia	36	✓	✓	✓	✓	✗
Senegal	12	✓	✗	✓	✓	✗
Serbia	12	✓	✓	✗	✗	✗
Seychelles	6	✗	✗	✓	✗	✗
Sierra Leone	36	✓	✓	✓	✓	✓
Slovakia	12	✗	✗	✗	✗	✗
Slovenia	12	✗	✗	✗	✗	✗
Solomon Islands	6	✗	✗	✓	✓	✓
South Africa	36	✓	✓	✓	✓	✗
Spain	12	✗	✗	✗	✗	✗
Sri Lanka	12	✓	✓	✓	✓	✗
Sudan	4	✓	✗	✗	✓	✗

Country	Scope			Monitoring & Enforcement		
	BMS products covered up to age (months)	Complementary foods	Bottles & teats	Identifies who is responsible for monitoring compliance	Defines sanctions for violations	Requires that monitoring and enforcement should be independent, transparent and free from commercial influence
Sweden	12	✗	✗	✗	✗	✗
Switzerland	36	✓	✗	✗	✗	✗
Syrian Arab Republic	6	✗	✓	✓	✓	✗
Tajikistan	36	✓	✓	✓	✓	✗
Thailand	36	✓	✗	✓	✓	✓
Trinidad and Tobago	unspecified	✗	✗	✓	✓	✗
Tunisia	12	✓	✓	✓	✓	✗
Turkey	36	✗	✗	✗	✓	✗
Turkmenistan	36	✓	✓	✗	✓	✗
Uganda	12	✓	✓	✓	✓	✓
Ukraine	36	✗	✗	✓	✓	✗
United Arab Emirates	24	✓	✓	✓	✓	✗
United Kingdom	12	✗	✗	✓	✓	✗
United Republic of Tanzania	60	✓	✓	✗	✓	✗
Uruguay	12	✓	✗	✓	✗	✗
Uzbekistan	36	✓	✗	✓	✗	✗
Venezuela (Bolivarian Republic of)	24	✓	✓	✗	✓	✗
Viet Nam	24	✓	✓	✓	✓	✓
Yemen	24	✓	✓	✗	✓	✗
Zambia	unspecified	✓	✓	✓	✓	✗
Zimbabwe	60	✓	✓	✓	✓	✗

✗ = the provision is not included in national legal measures

ANNEX 5. PROVISIONS ON INFORMATIONAL AND EDUCATIONAL MATERIALS

Table A5.1. Provisions on informational and educational materials, in countries that have legal measures in place

Country	Informational/educational materials from industry prohibited	Required content for all information/education/communication materials					Required content for materials dealing with infant formula				Prohibited content	
		The benefits and superiority of breastfeeding	Maternal nutrition and 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	Proper use of infant formula	Social and financial implications of its use	Health hazards of inappropriate feeding	Health hazards of inappropriate use	Risk of intrinsic contamination of powdered formula	Reference to proprietary products	Pictures or text idealizing BMS
Afghanistan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
Albania	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓
Algeria	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Andorra	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Argentina	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Armenia	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓
Australia	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Austria	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Azerbaijan	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Bahrain	✓	✓	✓	✓	✗	✗	✗	✓	✓	✗	✗	✓
Bangladesh	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✗	✗
Belgium	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Benin	✗	✓	✓	✓	✓	✗	✓	✗	✓	✗	✗	✗
Bolivia (Plurinational State of)	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Bosnia and Herzegovina	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Botswana	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗
Brazil	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓
Bulgaria	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Burkina Faso	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗
Burundi	✗	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓
Cabo Verde	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓
Cambodia	✗	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✓
Cameroon	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓
Chad	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗
Chile	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
China	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗

Country	Informational/educational materials from industry prohibited	Required content for all information/education/communication materials					Required content for materials dealing with infant formula				Prohibited content	
		The benefits and superiority of breastfeeding	Maternal nutrition and 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	Proper use of infant formula	Social and financial implications of its use	Health hazards of inappropriate feeding	Health hazards of inappropriate use	Risk of intrinsic contamination of powdered formula	Reference to proprietary products	Pictures or text idealizing BMS
Colombia	x	✓	x	✓	x	x	x	✓	x	x	x	x
Comoros	x	✓	✓	✓	x	✓	✓	✓	✓	x	✓	✓
Cook Islands	x	x	x	x	x	x	x	x	x	x	x	x
Costa Rica	x	✓	✓	x	x	✓	x	✓	✓	x	x	✓
Côte d'Ivoire	✓	✓	✓	✓	x	✓	✓	✓	✓	x	x	x
Croatia	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Cyprus	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Czechia	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Democratic Republic of the Congo	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	x
Denmark	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Djibouti	x	x	x	x	x	x	x	x	x	x	x	x
Dominican Republic	x	✓	✓	✓	x	x	x	x	x	x	✓	x
Ecuador	x	✓	✓	✓	✓	✓	✓	x	✓	x	✓	✓
Egypt	✓	✓	✓	x	✓	✓	x	✓	✓	x	x	✓
El Salvador	x	✓	✓	x	x	✓	x	x	✓	✓	x	✓
Estonia	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Ethiopia	✓	✓	x	x	x	x	x	x	x	x	x	✓
Fiji	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓
Finland	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
France	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Gabon	x	✓	✓	✓	✓	x	x	x	x	x	✓	✓
Gambia	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓
Georgia	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Germany	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Ghana	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Greece	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Guatemala	x	✓	✓	✓	✓	✓	x	✓	✓	x	x	✓
Guinea-Bissau	x	x	x	x	x	x	x	x	x	x	x	x

Country	Informational/educational materials from industry prohibited	Required content for all information/education/communication materials					Required content for materials dealing with infant formula				Prohibited content	
		The benefits and superiority of breastfeeding	Maternal nutrition and 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	Proper use of infant formula	Social and financial implications of its use	Health hazards of inappropriate feeding	Health hazards of inappropriate use	Risk of intrinsic contamination of powdered formula	Reference to proprietary products	Pictures or text idealizing BMS
Honduras	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓
Hungary	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Iceland	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
India	x	✓	✓	✓	✓	x	✓	✓	✓	x	✓	x
Indonesia	x	✓	✓	✓	✓	x	x	x	x	x	x	✓
Iran (Islamic Republic of)	x	✓	x	✓	✓	✓	✓	x	✓	x	x	✓
Iraq	x	✓	✓	✓	x	✓	x	✓	✓	x	✓	x
Ireland	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Italy	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Jordan	x	✓	✓	x	x	✓	✓	✓	✓	x	x	x
Kazakhstan	x	x	x	x	x	x	x	x	x	x	x	x
Kenya	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Kiribati	✓	x	x	x	x	x	x	x	x	x	x	x
Kuwait	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Kyrgyzstan	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓
Lao People's Democratic Republic	x	✓	x	✓	✓	✓	x	✓	✓	x	✓	✓
Latvia	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Lebanon	✓	✓	✓	✓	✓	✓	x	✓	✓	x	✓	✓
Lithuania	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Luxembourg	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Madagascar	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Malawi	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Maldives	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Mali	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Malta	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Mauritania	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓
Mexico	x	x	x	x	x	x	x	x	x	x	x	x

Country	Informational/educational materials from industry prohibited	Required content for all information/education/communication materials					Required content for materials dealing with infant formula				Prohibited content	
		The benefits and superiority of breastfeeding	Maternal nutrition and 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	Proper use of infant formula	Social and financial implications of its use	Health hazards of inappropriate feeding	Health hazards of inappropriate use	Risk of intrinsic contamination of powdered formula	Reference to proprietary products	Pictures or text idealizing BMS
Monaco	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Mongolia	✓	✓	✓	✓	x	✓	x	x	✓	x	✓	x
Montenegro	x	x	x	x	x	x	x	x	x	x	x	x
Mozambique	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Myanmar	x	✓	✓	✓	x	✓	✓	✓	✓	x	✓	✓
Nepal	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Netherlands	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
New Zealand	x	x	x	x	x	x	x	x	x	x	x	x
Nicaragua	x	✓	x	x	x	x	x	✓	✓	x	x	✓
Niger	x	✓	x	x	x	x	x	x	x	x	x	x
Nigeria	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x
North Macedonia	x	x	x	x	x	x	x	x	x	x	x	x
Norway	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Oman	x	x	x	x	x	x	x	x	x	x	x	x
Pakistan	✓	x	x	x	x	x	x	x	x	x	x	✓
Palau	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Panama	x	✓	✓	✓	x	✓	x	✓	✓	✓	✓	✓
Papua New Guinea	x	x	x	x	x	x	x	x	x	x	x	x
Paraguay	x	✓	✓	✓	✓	✓	x	✓	✓	x	✓	✓
Peru	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓
Philippines	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓
Poland	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Portugal	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Republic of Korea	x	x	x	x	x	x	x	x	x	x	x	x
Republic of Moldova	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Romania	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Russian Federation	x	x	x	x	x	x	x	x	x	x	x	x
Rwanda	x	✓	✓	✓	✓	✓	x	✓	✓	x	x	x

Country	Informational/ educational materials from industry prohibited	Required content for all information/education/ communication materials					Required content for materials dealing with infant formula				Prohibited content	
		The benefits and superiority of breastfeeding	Maternal nutrition and 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	Proper use of infant formula	Social and financial implications of its use	Health hazards of inappropriate feeding	Health hazards of inappropriate use	Risk of intrinsic contamination of powdered formula	Reference to proprietary products	Pictures or text idealizing BMS
San Marino	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Sao Tome and Principe	✓	x	x	x	x	x	x	x	x	x	x	x
Saudi Arabia	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓
Senegal	x	x	x	x	x	x	x	x	x	x	x	x
Serbia	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Seychelles	x	x	x	x	x	x	x	x	x	x	x	x
Sierra Leone	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Slovakia	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Slovenia	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Solomon Islands	x	x	x	x	x	x	x	x	x	✓	✓	✓
South Africa	✓	x	x	x	x	x	x	x	x	x	x	x
Spain	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Sri Lanka	x	✓	x	x	x	x	x	x	x	x	x	✓
Sudan	x	x	x	x	x	x	x	x	x	x	x	x
Sweden	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Switzerland	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Syrian Arab Republic	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓
Tajikistan	✓	✓	x	x	x	✓	x	✓	✓	x	✓	✓
Thailand	x	x	x	x	x	✓	✓	✓	✓	x	x	x
Trinidad and Tobago	x	x	x	x	x	x	x	x	x	x	x	x
Tunisia	x	x	x	x	x	x	x	x	x	x	x	x
Turkey	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Turkmenistan	x	✓	x	x	x	x	x	x	x	x	x	x
Uganda	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Ukraine	x	x	x	x	x	x	x	x	x	x	x	x
United Arab Emirates	x	✓	x	✓	✓	x	x	x	x	x	✓	✓
United Kingdom	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x

Country	Informational/ educational materials from industry prohibited	Required content for all information/education/ communication materials					Required content for materials dealing with infant formula				Prohibited content	
		The benefits and superiority of breastfeeding	Maternal nutrition and 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	Proper use of infant formula	Social and financial implications of its use	Health hazards of inappropriate feeding	Health hazards of inappropriate use	Risk of intrinsic contamination of powdered formula	Reference to proprietary products	Pictures or text idealizing BMS
United Republic of Tanzania	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Uruguay	x	x	x	x	x	x	x	x	x	x	x	x
Uzbekistan	x	x	x	x	x	x	x	x	x	x	x	x
Venezuela (Bolivarian Republic of)	x	✓	x	✓	✓	x	x	✓	✓	x	✓	✓
Viet Nam	x	✓	✓	✓	x	✓	✓	✓	✓	x	✓	✓
Yemen	x	✓	✓	✓	✓	x	x	x	x	x	x	x
Zambia	x	✓	✓	✓	✓	x	x	✓	✓	x	✓	x
Zimbabwe	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

x = the provision is not included in national legal measures

ANNEX 6. PROVISIONS ON PROMOTION TO THE GENERAL PUBLIC

Table A6.1. Provisions on promotion to the general public, in countries that have legal measures in place

Country	Advertising	Samples to public	Promotional devices at point of sale	Gifts to pregnant women and mothers	Contact with mothers
Afghanistan	✓	✓	✓	✓	×
Albania	✓	✓	✓	✓	×
Algeria	×	×	×	×	×
Andorra	×	✓	✓	✓	×
Argentina	×	×	×	×	×
Armenia	✓	✓	✓	✓	×
Australia	×	×	×	×	×
Austria	×	✓	✓	✓	×
Azerbaijan	×	×	×	×	×
Bahrain	✓	✓	✓	✓	✓
Bangladesh	✓	✓	✓	✓	✓
Belgium	×	✓	✓	✓	×
Benin	✓	✓	✓	✓	×
Bolivia (Plurinational State of)	✓	✓	✓	✓	×
Bosnia and Herzegovina	✓	✓	✓	×	×
Botswana	✓	✓	✓	✓	✓
Brazil	✓	✓	✓	✓	×
Bulgaria	×	✓	✓	✓	×
Burkina Faso	✓	✓	✓	✓	✓
Burundi	✓	✓	✓	✓	×
Cabo Verde	✓	×	✓	✓	×
Cambodia	×	×	×	×	×
Cameroon	✓	✓	×	×	×
Chad	✓	✓	✓	✓	✓
Chile	✓	×	×	×	×
China	✓	×	×	×	×
Colombia	✓	✓	✓	✓	×
Comoros	✓	✓	✓	✓	✓
Cook Islands	✓	×	×	×	×
Costa Rica	×	✓	×	×	✓
Côte d'Ivoire	✓	✓	✓	✓	✓
Croatia	×	✓	✓	✓	×

Country	Advertising	Samples to public	Promotional devices at point of sale	Gifts to pregnant women and mothers	Contact with mothers
Cyprus	×	✓	✓	✓	×
Czechia	×	✓	✓	✓	×
Democratic Republic of the Congo	✓	✓	✓	✓	✓
Denmark	×	✓	✓	✓	×
Djibouti	✓	✓	✓	✓	✓
Dominican Republic	✓	✓	✓	✓	✓
Ecuador	×	×	×	×	×
Egypt	✓	×	×	×	✓
El Salvador	✓	✓	✓	✓	✓
Estonia	×	✓	✓	✓	×
Ethiopia	✓	✓	✓	✓	✓
Fiji	✓	✓	✓	✓	×
Finland	×	✓	✓	✓	×
France	×	✓	✓	✓	×
Gabon	✓	✓	✓	×	×
Gambia	✓	✓	✓	✓	×
Georgia	✓	✓	✓	×	✓
Germany	×	✓	✓	✓	×
Ghana	✓	✓	✓	✓	✓
Greece	×	✓	✓	✓	×
Guatemala	✓	✓	×	✓	✓
Guinea-Bissau	✓	✓	✓	✓	×
Honduras	×	×	×	×	×
Hungary	×	✓	✓	✓	×
Iceland	×	✓	✓	✓	×
India	✓	✓	✓	✓	✓
Indonesia	✓	✓	×	✓	✓
Iran (Islamic Republic of)	✓	✓	×	×	×
Iraq	×	×	×	×	×
Ireland	×	✓	✓	✓	×
Italy	×	✓	✓	✓	×
Jordan	✓	✓	✓	✓	✓

Country	Advertising	Samples to public	Promotional devices at point of sale	Gifts to pregnant women and mothers	Contact with mothers
Kazakhstan	✓	✗	✗	✗	✗
Kenya	✓	✓	✓	✓	✓
Kiribati	✓	✓	✓	✓	✗
Kuwait	✓	✓	✓	✓	✓
Kyrgyzstan	✓	✓	✓	✓	✓
Lao People's Democratic Republic	✓	✓	✓	✓	✗
Latvia	✗	✓	✓	✓	✗
Lebanon	✓	✓	✓	✓	✓
Lithuania	✗	✓	✓	✓	✗
Luxembourg	✗	✓	✓	✓	✗
Madagascar	✓	✓	✓	✓	✗
Malawi	✓	✓	✓	✓	✓
Maldives	✓	✓	✓	✓	✓
Mali	✓	✓	✓	✓	✓
Malta	✗	✓	✓	✓	✗
Mauritania	✓	✓	✓	✓	✓
Mexico	✓	✓	✓	✓	✓
Monaco	✗	✓	✓	✓	✗
Mongolia	✓	✓	✓	✗	✗
Montenegro	✓	✓	✓	✓	✗
Mozambique	✓	✓	✓	✓	✓
Myanmar	✓	✓	✓	✓	✓
Nepal	✓	✓	✓	✓	✗
Netherlands	✗	✓	✓	✓	✗
New Zealand	✗	✗	✗	✗	✗
Nicaragua	✗	✓	✗	✗	✗
Niger	✓	✓	✗	✗	✗
Nigeria	✓	✓	✓	✓	✓
North Macedonia	✗	✓	✗	✗	✗
Norway	✗	✓	✓	✓	✗
Oman	✓	✓	✓	✓	✓
Pakistan	✓	✓	✓	✓	✓
Palau	✓	✓	✓	✓	✗

Country	Advertising	Samples to public	Promotional devices at point of sale	Gifts to pregnant women and mothers	Contact with mothers
Panama	✓	✓	✓	✓	✓
Papua New Guinea	✓	✗	✗	✗	✗
Paraguay	✗	✗	✗	✗	✗
Peru	✓	✓	✓	✓	✗
Philippines	✗	✓	✓	✓	✗
Poland	✗	✓	✓	✓	✗
Portugal	✗	✓	✓	✓	✗
Republic of Korea	✓	✓	✗	✗	✗
Republic of Moldova	✗	✓	✓	✓	✗
Romania	✗	✓	✓	✓	✗
Russian Federation	✗	✗	✗	✗	✗
Rwanda	✓	✓	✓	✓	✓
San Marino	✗	✓	✓	✓	✗
Sao Tome and Principe	✓	✓	✓	✗	✗
Saudi Arabia	✓	✓	✓	✓	✓
Senegal	✗	✗	✗	✗	✗
Serbia	✓	✓	✓	✓	✗
Seychelles	✓	✓	✓	✓	✗
Sierra Leone	✓	✓	✓	✓	✓
Slovakia	✗	✓	✓	✓	✗
Slovenia	✗	✓	✓	✓	✗
Solomon Islands	✓	✓	✓	✓	✗
South Africa	✓	✓	✓	✓	✓
Spain	✗	✓	✓	✓	✗
Sri Lanka	✓	✓	✓	✓	✓
Sudan	✓	✓	✓	✗	✗
Sweden	✗	✓	✓	✓	✗
Switzerland	✓	✗	✗	✗	✗
Syrian Arab Republic	✓	✓	✓	✓	✓
Tajikistan	✗	✓	✓	✗	✗
Thailand	✓	✓	✓	✓	✓
Trinidad and Tobago	✗	✗	✗	✗	✗
Tunisia	✓	✓	✓	✓	✓

Country	Advertising	Samples to public	Promotional devices at point of sale	Gifts to pregnant women and mothers	Contact with mothers
Turkey	×	✓	✓	✓	×
Turkmenistan	✓	×	✓	×	×
Uganda	✓	✓	✓	✓	✓
Ukraine	×	✓	✓	✓	×
United Arab Emirates	✓	✓	✓	✓	×
United Kingdom	×	✓	✓	✓	×
United Republic of Tanzania	✓	✓	✓	✓	✓
Uruguay	✓	✓	✓	✓	×
Uzbekistan	✓	✓	×	✓	×
Venezuela (Bolivarian Republic of)	✓	✓	✓	✓	×
Viet Nam	✓	✓	✓	✓	✓
Yemen	✓	✓	✓	✓	×
Zambia	✓	✓	✓	✓	✓
Zimbabwe	✓	✓	✓	✓	✓

× = the provision is not included in national legal measures

ANNEX 7. PROVISIONS ON PROMOTION IN HEALTH CARE FACILITIES

Table A7.1. Provisions on promotion in health care facilities, in countries that have legal measures in place

Country	Overall prohibition on use of health care facility for promotion	Type of prohibition explicitly covered				
		Display of covered products	Display of placards or posters concerning covered products	Distribution of any material provided by a manufacturer or distributor	Use of health facility to host events, contests or campaigns	Use of personnel provided by or paid for by manufacturers and distributors
Afghanistan	✓	✓	✓	✓	✓	✗
Albania	✓	✓	✓	✓	✗	✗
Algeria	✗	✗	✗	✗	✗	✗
Andorra	✗	✗	✗	✗	✗	✗
Argentina	✗	✗	✗	✗	✗	✗
Armenia	✓	✗	✓	✓	✓	✗
Australia	✗	✗	✗	✗	✗	✗
Austria	✗	✗	✗	✗	✗	✗
Azerbaijan	✓	✗	✓	✓	✗	✓
Bahrain	✓	✓	✓	✓	✗	✓
Bangladesh	✓	✗	✓	✗	✓	✓
Belgium	✗	✗	✗	✗	✗	✗
Benin	✓	✓	✓	✗	✗	✓
Bolivia (Plurinational State of)	✓	✗	✓	✓	✗	✗
Bosnia and Herzegovina	✓	✗	✓	✗	✗	✗
Botswana	✓	✗	✓	✓	✗	✓
Brazil	✓	✗	✓	✗	✗	✓
Bulgaria	✗	✗	✗	✗	✗	✗
Burkina Faso	✓	✗	✓	✗	✗	✓
Burundi	✓	✗	✓	✓	✓	✗
Cabo Verde	✓	✓	✓	✗	✓	✗
Cambodia	✓	✗	✗	✗	✗	✗
Cameroon	✗	✗	✓	✗	✗	✗
Chad	✓	✓	✓	✓	✗	✓
Chile	✗	✗	✗	✗	✗	✗
China	✗	✗	✓	✗	✗	✗
Colombia	✓	✓	✓	✗	✗	✗
Comoros	✓	✓	✓	✓	✗	✗
Cook Islands	✓	✗	✓	✗	✗	✗

Country	Overall prohibition on use of health care facility for promotion	Type of prohibition explicitly covered				
		Display of covered products	Display of placards or posters concerning covered products	Distribution of any material provided by a manufacturer or distributor	Use of health facility to host events, contests or campaigns	Use of personnel provided by or paid for by manufacturers and distributors
Costa Rica	✓	✗	✓	✗	✗	✗
Côte d'Ivoire	✓	✓	✓	✓	✗	✗
Croatia	✗	✗	✗	✗	✗	✗
Cyprus	✗	✗	✗	✗	✗	✗
Czechia	✗	✗	✗	✗	✗	✗
Democratic Republic of the Congo	✓	✓	✓	✓	✗	✓
Denmark	✗	✗	✗	✗	✗	✗
Djibouti	✓	✓	✓	✓	✗	✓
Dominican Republic	✓	✓	✓	✗	✗	✗
Ecuador	✓	✓	✓	✓	✗	✓
Egypt	✗	✗	✗	✗	✗	✗
El Salvador	✓	✗	✓	✗	✗	✗
Estonia	✗	✗	✗	✗	✗	✗
Ethiopia	✓	✓	✓	✓	✓	✗
Fiji	✓	✓	✓	✗	✓	✗
Finland	✗	✗	✗	✗	✗	✗
France	✗	✗	✗	✗	✗	✗
Gabon	✓	✗	✓	✗	✗	✗
Gambia	✓	✗	✓	✗	✗	✗
Georgia	✓	✓	✓	✗	✗	✗
Germany	✗	✗	✗	✗	✗	✗
Ghana	✓	✗	✓	✗	✗	✗
Greece	✗	✗	✗	✗	✗	✗
Guatemala	✓	✗	✓	✗	✗	✓
Guinea-Bissau	✓	✓	✓	✓	✗	✓
Honduras	✗	✗	✗	✗	✗	✗
Hungary	✗	✗	✗	✗	✗	✗
Iceland	✗	✗	✗	✗	✗	✗
India	✓	✗	✓	✓	✗	✓

Country	Overall prohibition on use of health care facility for promotion	Type of prohibition explicitly covered				
		Display of covered products	Display of placards or posters concerning covered products	Distribution of any material provided by a manufacturer or distributor	Use of health facility to host events, contests or campaigns	Use of personnel provided by or paid for by manufacturers and distributors
Indonesia	✓	✗	✗	✗	✗	✓
Iran (Islamic Republic of)	✗	✗	✗	✗	✗	✗
Iraq	✓	✗	✓	✗	✗	✗
Ireland	✗	✗	✗	✗	✗	✗
Italy	✗	✗	✗	✗	✗	✗
Jordan	✓	✓	✓	✗	✗	✗
Kazakhstan	✗	✗	✓	✗	✗	✗
Kenya	✓	✓	✓	✓	✓	✓
Kiribati	✓	✗	✓	✓	✓	✓
Kuwait	✓	✗	✓	✓	✓	✗
Kyrgyzstan	✓	✓	✓	✗	✗	✗
Lao People's Democratic Republic	✗	✓	✓	✗	✓	✗
Latvia	✗	✗	✗	✗	✗	✗
Lebanon	✓	✓	✓	✓	✓	✗
Lithuania	✗	✗	✗	✗	✗	✗
Luxembourg	✗	✗	✗	✗	✗	✗
Madagascar	✓	✗	✓	✓	✓	✗
Malawi	✓	✗	✓	✓	✗	✓
Maldives	✓	✓	✓	✗	✗	✓
Mali	✓	✓	✓	✗	✗	✓
Malta	✗	✗	✗	✗	✗	✗
Mauritania	✓	✓	✓	✗	✗	✓
Mexico	✓	✓	✓	✓	✗	✗
Monaco	✗	✗	✗	✗	✗	✗
Mongolia	✓	✗	✓	✓	✗	✗
Montenegro	✗	✗	✗	✗	✗	✗
Mozambique	✓	✓	✓	✗	✓	✗
Myanmar	✓	✗	✓	✗	✗	✗
Nepal	✓	✓	✓	✓	✗	✗
Netherlands	✗	✗	✗	✗	✗	✗

Country	Overall prohibition on use of health care facility for promotion	Type of prohibition explicitly covered				
		Display of covered products	Display of placards or posters concerning covered products	Distribution of any material provided by a manufacturer or distributor	Use of health facility to host events, contests or campaigns	Use of personnel provided by or paid for by manufacturers and distributors
New Zealand	x	x	x	x	x	x
Nicaragua	✓	x	✓	x	x	✓
Niger	x	✓	✓	x	x	x
Nigeria	✓	✓	✓	x	✓	✓
North Macedonia	x	x	x	x	x	x
Norway	x	x	x	x	x	x
Oman	✓	x	✓	x	✓	x
Pakistan	✓	✓	✓	x	x	x
Palau	✓	x	✓	x	x	x
Panama	✓	✓	✓	x	✓	x
Papua New Guinea	x	x	✓	x	x	x
Paraguay	x	x	x	x	x	x
Peru	✓	x	✓	x	x	✓
Philippines	✓	✓	✓	x	x	✓
Poland	x	x	x	x	x	x
Portugal	x	x	x	x	x	x
Republic of Korea	x	x	x	x	x	x
Republic of Moldova	x	x	x	x	x	x
Romania	x	x	x	x	x	x
Russian Federation	x	x	x	x	x	x
Rwanda	✓	✓	✓	✓	x	✓
San Marino	x	x	x	x	x	x
Sao Tome and Principe	✓	x	✓	x	x	x
Saudi Arabia	✓	✓	✓	x	✓	✓
Senegal	✓	x	✓	x	x	x
Serbia	x	x	x	x	x	x
Seychelles	✓	x	✓	x	x	x
Sierra Leone	✓	x	✓	✓	✓	x
Slovakia	x	x	x	x	x	x
Slovenia	x	x	x	x	x	x

Annex 7. Provisions on promotion in health care facilities

Country	Overall prohibition on use of health care facility for promotion	Type of prohibition explicitly covered				
		Display of covered products	Display of placards or posters concerning covered products	Distribution of any material provided by a manufacturer or distributor	Use of health facility to host events, contests or campaigns	Use of personnel provided by or paid for by manufacturers and distributors
Solomon Islands	✓	✗	✓	✗	✗	✗
South Africa	✓	✓	✓	✗	✗	✗
Spain	✗	✗	✗	✗	✗	✗
Sri Lanka	✓	✓	✓	✓	✗	✓
Sudan	✓	✗	✓	✗	✗	✗
Sweden	✗	✗	✗	✗	✗	✗
Switzerland	✗	✗	✗	✗	✗	✗
Syrian Arab Republic	✓	✓	✓	✓	✗	✓
Tajikistan	✓	✗	✓	✗	✓	✗
Thailand	✗	✗	✓	✗	✗	✗
Trinidad and Tobago	✗	✗	✗	✗	✗	✗
Tunisia	✓	✗	✓	✗	✗	✗
Turkey	✗	✗	✗	✗	✗	✗
Turkmenistan	✗	✗	✗	✓	✗	✗
Uganda	✓	✗	✓	✗	✓	✓
Ukraine	✗	✗	✗	✗	✗	✗
United Arab Emirates	✓	✓	✓	✗	✓	✗
United Kingdom	✗	✗	✗	✗	✗	✗
United Republic of Tanzania	✓	✓	✓	✓	✗	✗
Uruguay	✓	✗	✓	✗	✗	✗
Uzbekistan	✗	✗	✓	✗	✗	✗
Venezuela (Bolivarian Republic of)	✓	✓	✓	✓	✓	✗
Viet Nam	✓	✓	✓	✗	✓	✗
Yemen	✓	✓	✓	✗	✗	✗
Zambia	✓	✓	✓	✓	✓	✓
Zimbabwe	✓	✓	✓	✗	✗	✓

✗ = the provision is not included in national legal measures

ANNEX 8. PROVISIONS ON ENGAGEMENT WITH HEALTH CARE WORKERS AND HEALTH SYSTEMS

Table A8.1. Provisions on engagement with health care workers and health systems, in countries that have legal measures in place

Country	Overall prohibition of all gifts or incentives to health workers and health systems	Type of gift or incentive			Other prohibitions					
		Financial or material inducements to promote products within the scope	Fellowships, study tours, research grants, attendance at professional conferences	Fellowships, etc., not permitted but must be disclosed to the institution	Provision of free or low-cost supplies in any part of the health care system	Donations of equipment or services	Donations prohibited only if they refer to a proprietary product	Product samples	Product information restricted to scientific and factual matters	Sponsorship of meetings of health professionals or scientific meetings
Afghanistan	✓	✓	✓	✗	✓	✗	✓	✓	✓	✓
Albania	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗
Algeria	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Andorra	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Argentina	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Armenia	✓	✗	✓	✗	✓	✗	✓	✓	✓	✓
Australia	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Austria	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Azerbaijan	✗	✓	✗	✓	✓	✗	✗	✓	✓	✗
Bahrain	✗	✓	✗	✗	✓	✗	✓	✓	✓	✗
Bangladesh	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗
Belgium	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Benin	✗	✓	✗	✓	✓	✗	✓	✓	✓	✗
Bolivia (Plurinational State of)	✗	✓	✗	✗	✗	✗	✗	✓	✓	✗
Bosnia and Herzegovina	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Botswana	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗
Brazil	✗	✓	✓	✗	✓	✗	✗	✗	✓	✗
Bulgaria	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Burkina Faso	✗	✗	✗	✓	✗	✗	✓	✓	✓	✗
Burundi	✓	✓	✗	✓	✓	✗	✗	✓	✓	✗
Cabo Verde	✓	✓	✓	✗	✗	✗	✓	✓	✓	✓
Cambodia	✗	✗	✗	✓	✓	✗	✗	✗	✓	✗
Cameroon	✗	✗	✗	✓	✗	✗	✓	✓	✓	✗
Chad	✓	✓	✗	✓	✗	✗	✓	✓	✓	✗
Chile	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗

Country	Overall prohibition of all gifts or incentives to health workers and health systems	Type of gift or incentive			Other prohibitions					
		Financial or material inducements to promote products within the scope	Fellowships, study tours, research grants, attendance at professional conferences	Fellowships, etc., not permitted but must be disclosed to the institution	Provision of free or low-cost supplies in any part of the health care system	Donations of equipment or services	Donations prohibited only if they refer to a proprietary product	Product samples	Product information restricted to scientific and factual matters	Sponsorship of meetings of health professionals or scientific meetings
China	x	x	x	x	x	x	x	x	x	x
Colombia	x	✓	x	x	✓	✓	✓	✓	✓	x
Comoros	x	✓	x	✓	x	x	x	✓	x	x
Cook Islands	x	x	x	x	x	x	x	x	x	x
Costa Rica	x	x	x	x	✓	x	x	x	✓	x
Côte d'Ivoire	x	✓	x	x	✓	x	x	✓	x	x
Croatia	x	x	x	x	x	x	x	x	x	x
Cyprus	x	x	x	x	x	x	x	x	x	x
Czechia	x	x	x	x	x	x	x	x	x	x
Democratic Republic of the Congo	x	✓	x	✓	x	x	x	x	✓	x
Denmark	x	x	x	x	x	x	x	x	x	x
Djibouti	x	✓	x	✓	✓	x	✓	x	✓	x
Dominican Republic	x	✓	x	x	x	x	x	✓	x	x
Ecuador	x	x	x	x	x	x	x	x	✓	x
Egypt	x	x	x	x	x	x	x	x	x	x
El Salvador	x	x	x	x	✓	x	x	x	✓	x
Estonia	x	x	x	x	x	x	x	x	x	x
Ethiopia	✓	✓	✓	x	x	x	✓	x	✓	✓
Fiji	✓	✓	✓	x	✓	x	✓	✓	✓	✓
Finland	x	x	x	x	x	x	x	x	x	x
France	x	x	x	x	x	x	x	x	x	x
Gabon	x	x	x	✓	✓	x	x	✓	✓	x
Gambia	x	✓	x	✓	✓	x	✓	✓	✓	x
Georgia	x	x	x	x	✓	x	x	✓	x	x
Germany	x	x	x	x	x	x	x	x	x	x
Ghana	x	✓	x	✓	✓	x	x	x	✓	x
Greece	x	x	x	x	x	x	x	x	x	x

Country	Overall prohibition of all gifts or incentives to health workers and health systems	Type of gift or incentive			Other prohibitions					
		Financial or material inducements to promote products within the scope	Fellowships, study tours, research grants, attendance at professional conferences	Fellowships, etc., not permitted but must be disclosed to the institution	Provision of free or low-cost supplies in any part of the health care system	Donations of equipment or services	Donations prohibited only if they refer to a proprietary product	Product samples	Product information restricted to scientific and factual matters	Sponsorship of meetings of health professionals or scientific meetings
Guatemala	x	✓	x	✓	x	x	x	✓	✓	x
Guinea-Bissau	x	x	x	x	✓	x	x	x	x	x
Honduras	x	x	x	x	x	x	x	x	✓	x
Hungary	x	x	x	x	x	x	x	x	x	x
Iceland	x	x	x	x	x	x	x	x	x	x
India	✓	✓	✓	x	✓	x	x	✓	✓	✓
Indonesia	x	x	x	✓	✓	x	x	✓	x	x
Iran (Islamic Republic of)	x	x	x	x	x	x	x	✓	✓	x
Iraq	x	x	x	x	✓	x	x	x	x	x
Ireland	x	x	x	x	x	x	x	x	x	x
Italy	x	x	x	x	x	x	x	x	x	x
Jordan	x	x	x	✓	x	x	x	✓	✓	x
Kazakhstan	x	x	x	x	x	x	x	x	x	x
Kenya	✓	✓	✓	x	✓	x	x	✓	✓	x
Kiribati	✓	✓	✓	x	✓	x	✓	✓	✓	✓
Kuwait	✓	✓	✓	x	✓	x	✓	✓	✓	✓
Kyrgyzstan	✓	x	x	x	x	x	✓	✓	x	x
Lao People's Democratic Republic	x	x	x	✓	x	x	✓	✓	✓	x
Latvia	x	x	x	x	x	x	x	x	x	x
Lebanon	✓	✓	✓	x	✓	x	✓	✓	✓	✓
Lithuania	x	x	x	x	x	x	x	x	x	x
Luxembourg	x	x	x	x	x	x	x	x	x	x
Madagascar	x	✓	x	✓	✓	x	✓	✓	✓	x
Malawi	✓	✓	x	✓	✓	✓	✓	✓	x	x
Maldives	✓	✓	✓	x	✓	x	✓	✓	✓	✓
Mali	x	x	x	✓	x	x	✓	✓	x	x
Malta	x	x	x	x	x	x	x	x	x	x

Country	Overall prohibition of all gifts or incentives to health workers and health systems	Type of gift or incentive			Other prohibitions					
		Financial or material inducements to promote products within the scope	Fellowships, study tours, research grants, attendance at professional conferences	Fellowships, etc., not permitted but must be disclosed to the institution	Provision of free or low-cost supplies in any part of the health care system	Donations of equipment or services	Donations prohibited only if they refer to a proprietary product	Product samples	Product information restricted to scientific and factual matters	Sponsorship of meetings of health professionals or scientific meetings
Mauritania	x	x	✓	x	x	x	✓	x	✓	x
Mexico	x	✓	x	✓	x	x	✓	x	✓	x
Monaco	x	x	x	x	x	x	x	x	x	x
Mongolia	✓	✓	✓	x	x	x	x	✓	✓	✓
Montenegro	x	x	x	x	x	x	x	x	✓	x
Mozambique	✓	✓	x	x	x	x	✓	✓	✓	x
Myanmar	x	x	x	✓	x	x	x	x	✓	x
Nepal	✓	✓	x	✓	x	x	x	✓	✓	x
Netherlands	x	x	x	x	x	x	x	x	x	x
New Zealand	x	x	x	x	x	x	x	x	x	x
Nicaragua	x	x	x	x	x	x	x	x	✓	x
Niger	x	x	x	✓	x	x	✓	x	✓	x
Nigeria	x	✓	x	x	✓	✓	✓	x	x	✓
North Macedonia	x	x	x	x	✓	x	x	x	x	x
Norway	x	x	x	x	x	x	x	x	x	x
Oman	x	✓	x	x	✓	x	x	x	x	x
Pakistan	✓	✓	✓	x	✓	x	✓	✓	✓	x
Palau	✓	✓	✓	x	✓	x	✓	✓	✓	✓
Panama	✓	✓	✓	x	✓	x	✓	x	✓	✓
Papua New Guinea	x	x	x	x	x	x	x	x	x	x
Paraguay	x	x	x	x	x	x	x	x	x	x
Peru	x	x	✓	x	x	x	✓	✓	✓	x
Philippines	✓	✓	✓	x	✓	x	✓	✓	✓	✓
Poland	x	x	x	x	x	x	x	x	x	x
Portugal	x	x	x	x	x	x	x	x	x	x
Republic of Korea	x	x	x	x	✓	x	x	✓	x	x
Republic of Moldova	x	x	x	x	x	x	x	x	x	x
Romania	x	x	x	x	x	x	x	x	x	x

Country	Overall prohibition of all gifts or incentives to health workers and health systems	Type of gift or incentive			Other prohibitions					
		Financial or material inducements to promote products within the scope	Fellowships, study tours, research grants, attendance at professional conferences	Fellowships, etc., not permitted but must be disclosed to the institution	Provision of free or low-cost supplies in any part of the health care system	Donations of equipment or services	Donations prohibited only if they refer to a proprietary product	Product samples	Product information restricted to scientific and factual matters	Sponsorship of meetings of health professionals or scientific meetings
Russian Federation	x	x	x	x	x	x	x	x	x	x
Rwanda	x	✓	x	✓	x	x	x	x	x	x
San Marino	x	x	x	x	x	x	x	x	x	x
Sao Tome and Principe	✓	✓	✓	x	✓	x	x	✓	x	x
Saudi Arabia	x	✓	x	✓	x	✓	✓	✓	✓	x
Senegal	x	x	x	x	✓	x	x	x	x	x
Serbia	x	x	x	x	x	x	x	x	✓	x
Seychelles	x	x	x	x	x	x	x	x	x	x
Sierra Leone	✓	✓	✓	x	✓	✓	✓	✓	✓	✓
Slovakia	x	x	x	x	x	x	x	x	x	x
Slovenia	x	x	x	x	x	x	x	x	x	x
Solomon Islands	x	✓	x	x	x	x	✓	x	x	x
South Africa	✓	x	x	✓	✓	x	x	✓	✓	✓
Spain	x	x	x	x	x	x	x	x	x	x
Sri Lanka	x	✓	✓	x	✓	x	x	✓	✓	x
Sudan	x	x	x	x	x	x	x	✓	x	x
Sweden	x	x	x	x	x	x	x	x	x	x
Switzerland	x	x	x	x	x	x	x	x	x	x
Syrian Arab Republic	x	✓	x	✓	✓	x	x	✓	✓	x
Tajikistan	x	✓	✓	x	✓	x	✓	✓	✓	✓
Thailand	✓	✓	x	x	✓	x	✓	✓	✓	x
Trinidad and Tobago	x	x	x	x	x	x	x	x	x	x
Tunisia	x	x	x	x	✓	x	x	✓	x	x
Turkey	x	x	x	x	✓	x	x	x	x	x
Turkmenistan	x	x	x	x	x	x	x	x	✓	x
Uganda	✓	✓	✓	x	✓	✓	✓	✓	✓	✓
Ukraine	x	x	x	x	x	x	x	x	✓	x
United Arab Emirates	✓	✓	✓	x	✓	x	✓	✓	✓	✓

Country	Overall prohibition of all gifts or incentives to health workers and health systems	Type of gift or incentive			Other prohibitions					
		Financial or material inducements to promote products within the scope	Fellowships, study tours, research grants, attendance at professional conferences	Fellowships, etc., not permitted but must be disclosed to the institution	Provision of free or low-cost supplies in any part of the health care system	Donations of equipment or services	Donations prohibited only if they refer to a proprietary product	Product samples	Product information restricted to scientific and factual matters	Sponsorship of meetings of health professionals or scientific meetings
United Kingdom	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
United Republic of Tanzania	✓	✓	✗	✓	✓	✗	✓	✓	✓	✗
Uruguay	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Uzbekistan	✗	✗	✗	✗	✓	✗	✗	✓	✓	✗
Venezuela (Bolivarian Republic of)	✓	✓	✓	✗	✓	✗	✓	✓	✗	✗
Viet Nam	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓
Yemen	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗
Zambia	✗	✓	✗	✗	✗	✗	✓	✓	✗	✗
Zimbabwe	✓	✓	✓	✗	✓	✗	✓	✓	✓	✗

✗ = the provision is not included in national legal measures

ANNEX 9. PROVISIONS ON LABELLING IN COUNTRIES THAT HAVE LEGAL MEASURES IN PLACE

Table A9.1. Provisions on labelling, in countries that have legal measures in place

Country	Prohibition of nutrition and health claims	Required information for infant formula						Prohibited content for infant formula	Required information for follow-up formula			Prohibited content for follow-up formula				
		The words "Important Notice"	Statement on superiority of breastfeeding	Statement on use only on advice of a health worker	Instructions for appropriate preparation	Warning against the health hazards of inappropriate preparation	Warning that powdered formula may contain pathogens	Pictures that may idealize the use of infant formula	Recommended age for introduction of the product	Importance of continued breastfeeding for 2+ years	Importance of no complementary foods <6 months	Image/text suggesting use at <6 months	Images/text that undermines or discourages breastfeeding or compares to breast milk	Messages that recommend or promote bottle feeding	Professional endorsements	
Afghanistan	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓
Albania	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗
Algeria	✗	✗	✓	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗
Andorra	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗
Argentina	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✗	✗
Armenia	✓	✓	✓	✗	✓	✓	✗	✓	✓	✗	✓	✓	✓	✗	✗	✗
Australia	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗
Austria	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗
Azerbaijan	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Bahrain	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✗	✗
Bangladesh	✓	✓	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✓
Belgium	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗
Benin	✗	✓	✓	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗
Bolivia (Plurinational State of)	✗	✓	✓	✗	✓	✗	✗	✓	✓	✗	✓	✗	✓	✓	✓	✓
Bosnia and Herzegovina	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗
Botswana	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Brazil	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗
Bulgaria	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗
Burkina Faso	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗
Burundi	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✓	✗
Cabo Verde	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗
Cambodia	✗	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✗	✓	✗	✗	✗
Cameroon	✗	✗	✓	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗

Country	Prohibition of nutrition and health claims	Required information for infant formula						Prohibited content for infant formula	Required information for follow-up formula			Prohibited content for follow-up formula			
		The words "Important Notice"	Statement on superiority of breastfeeding	Statement on use only on advice of a health worker	Instructions for appropriate preparation	Warning against the health hazards of inappropriate preparation	Warning that powdered formula may contain pathogens	Pictures that may idealize the use of infant formula	Recommended age for introduction of the product	Importance of continued breastfeeding for 2+ years	Importance of no complementary foods <6 months	Image/text suggesting use at <6 months	Images/text that undermines or discourages breastfeeding or compares to breast milk	Messages that recommend or promote bottle feeding	Professional endorsements
Chad	x	✓	✓	x	✓	✓	x	✓	x	x	x	x	✓	✓	x
Chile	x	x	✓	✓	✓	x	x	✓	x	x	x	x	x	x	x
China	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Colombia	x	x	✓	x	✓	✓	x	✓	x	x	x	x	x	✓	x
Comoros	x	✓	✓	✓	✓	✓	x	✓	x	x	x	x	✓	✓	x
Cook Islands	✓	✓	✓	✓	✓	✓	x	✓	x	x	x	x	x	x	x
Costa Rica	x	✓	✓	✓	✓	✓	x	✓	x	✓	✓	✓	✓	✓	✓
Côte d'Ivoire	x	x	✓	✓	✓	✓	x	✓	✓	✓	x	x	✓	✓	x
Croatia	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Cyprus	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Czechia	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Democratic Republic of the Congo	x	✓	✓	✓	✓	✓	x	x	x	x	x	x	x	x	x
Denmark	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Djibouti	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Dominican Republic	x	✓	✓	✓	✓	✓	x	✓	✓	x	✓	x	✓	✓	x
Ecuador	x	✓	✓	x	✓	✓	x	✓	x	x	✓	x	✓	x	x
Egypt	x	✓	✓	✓	✓	x	x	x	x	✓	x	x	x	x	x
El Salvador	x	x	x	✓	✓	x	x	✓	x	x	x	x	x	x	x
Estonia	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Ethiopia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fiji	x	x	x	x	✓	✓	x	✓	x	x	x	x	✓	x	x
Finland	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
France	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Gabon	x	✓	✓	x	✓	✓	x	✓	x	x	x	x	✓	x	x

Country	Prohibition of nutrition and health claims	Required information for infant formula						Prohibited content for infant formula	Required information for follow-up formula			Prohibited content for follow-up formula				
		The words "Important Notice"	Statement on superiority of breastfeeding	Statement on use only on advice of a health worker	Instructions for appropriate preparation	Warning against the health hazards of inappropriate preparation	Warning that powdered formula may contain pathogens	Pictures that may idealize the use of infant formula	Recommended age for introduction of the product	Importance of continued breastfeeding for 2+ years	Importance of no complementary foods <6 months	Image/text suggesting use at <6 months	Images/text that undermines or discourages breastfeeding or compares to breast milk	Messages that recommend or promote bottle feeding	Professional endorsements	
Gambia	x	✓	✓	x	✓	✓	x	✓	x	x	x	x	x	x	x	x
Georgia	x	✓	✓	✓	✓	x	x	✓	✓	x	x	x	x	✓	✓	x
Germany	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	x	✓	x	x
Ghana	x	✓	✓	x	✓	✓	x	✓	x	x	x	✓	x	x	x	x
Greece	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x	x
Guatemala	x	x	✓	x	✓	x	x	✓	✓	x	x	✓	✓	✓	x	x
Guinea-Bissau	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Honduras	x	✓	✓	x	✓	✓	x	✓	✓	x	x	✓	✓	x	x	x
Hungary	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x	x
Iceland	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x	x
India	x	✓	✓	✓	✓	✓	x	✓	x	x	x	x	x	✓	✓	✓
Indonesia	x	✓	✓	✓	✓	✓	✓	✓	x	x	x	x	x	x	x	x
Iran (Islamic Republic of)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Iraq	x	✓	✓	✓	✓	✓	x	✓	x	x	x	x	✓	x	x	x
Ireland	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x	x
Italy	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x	x
Jordan	x	x	✓	✓	x	x	x	x	x	x	x	x	x	x	x	x
Kazakhstan	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Kenya	x	✓	✓	x	✓	✓	✓	✓	✓	x	✓	x	✓	x	x	x
Kiribati	✓	✓	✓	✓	✓	x	x	✓	x	x	x	x	✓	x	x	x
Kuwait	x	✓	✓	✓	✓	x	x	✓	✓	x	✓	x	✓	x	x	x
Kyrgyzstan	x	x	✓	✓	x	✓	✓	✓	✓	x	✓	✓	✓	✓	x	x
Lao People's Democratic Republic	✓	✓	✓	✓	✓	✓	x	✓	x	x	x	x	✓	x	x	x
Latvia	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x	x

Country	Prohibition of nutrition and health claims	Required information for infant formula						Prohibited content for infant formula	Required information for follow-up formula			Prohibited content for follow-up formula			
		The words "Important Notice"	Statement on superiority of breastfeeding	Statement on use only on advice of a health worker	Instructions for appropriate preparation	Warning against the health hazards of inappropriate preparation	Warning that powdered formula may contain pathogens	Pictures that may idealize the use of infant formula	Recommended age for introduction of the product	Importance of continued breastfeeding for 2+ years	Importance of no complementary foods <6 months	Image/text suggesting use at <6 months	Images/text that undermines or discourages breastfeeding or compares to breast milk	Messages that recommend or promote bottle feeding	Professional endorsements
Lebanon	x	✓	✓	✓	✓	✓	x	✓	✓	x	x	✓	✓	✓	x
Lithuania	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Luxembourg	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Madagascar	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x	✓	x	x
Malawi	x	x	✓	x	✓	✓	x	✓	x	x	x	x	x	x	x
Maldives	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓
Mali	x	x	x	x	✓	✓	x	x	✓	x	x	x	x	x	x
Malta	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Mauritania	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓	x	✓	✓
Mexico	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Monaco	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Mongolia	x	x	✓	✓	✓	x	x	✓	✓	x	✓	✓	✓	x	x
Montenegro	x	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	x	x	x
Mozambique	x	✓	✓	✓	✓	✓	x	x	✓	x	✓	x	x	x	x
Myanmar	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	x	x	✓	✓	x
Nepal	x	✓	✓	✓	✓	x	x	✓	x	x	x	✓	✓	x	x
Netherlands	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
New Zealand	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Nicaragua	x	✓	✓	x	✓	✓	x	✓	✓	x	x	✓	✓	✓	✓
Niger	x	x	✓	x	✓	x	x	✓	✓	x	x	x	x	x	x
Nigeria	✓	✓	✓	x	✓	✓	✓	✓	✓	x	x	x	✓	x	x
North Macedonia	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Norway	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Oman	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	✓	✓	x	x
Pakistan	x	x	✓	x	✓	x	x	✓	x	x	x	✓	✓	x	x

Country	Prohibition of nutrition and health claims	Required information for infant formula						Prohibited content for infant formula	Required information for follow-up formula			Prohibited content for follow-up formula				
		The words "Important Notice"	Statement on superiority of breastfeeding	Statement on use only on advice of a health worker	Instructions for appropriate preparation	Warning against the health hazards of inappropriate preparation	Warning that powdered formula may contain pathogens	Pictures that may idealize the use of infant formula	Recommended age for introduction of the product	Importance of continued breastfeeding for 2+ years	Importance of no complementary foods <6 months	Image/text suggesting use at <6 months	Images/text that undermines or discourages breastfeeding or compares to breast milk	Messages that recommend or promote bottle feeding	Professional endorsements	
Palau	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✗
Panama	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✓	✓	✓	✓
Papua New Guinea	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Paraguay	✗	✗	✓	✗	✓	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗
Peru	✓	✓	✓	✗	✓	✗	✗	✓	✓	✗	✗	✗	✓	✓	✓	✗
Philippines	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✗
Poland	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗
Portugal	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗
Republic of Korea	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗
Republic of Moldova	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗
Romania	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗
Russian Federation	✗	✗	✓	✗	✓	✗	✗	✓	✓	✗	✗	✓	✓	✗	✗	✗
Rwanda	✗	✓	✓	✗	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗
San Marino	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗
Sao Tome and Principe	✗	✗	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗
Saudi Arabia	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✗	✗
Senegal	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Serbia	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✗	✓	✗	✗	✗
Seychelles	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗
Sierra Leone	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓
Slovakia	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗
Slovenia	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗	✗
Solomon Islands	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗

Country	Prohibition of nutrition and health claims	Required information for infant formula						Prohibited content for infant formula	Required information for follow-up formula			Prohibited content for follow-up formula			
		The words "Important Notice"	Statement on superiority of breastfeeding	Statement on use only on advice of a health worker	Instructions for appropriate preparation	Warning against the health hazards of inappropriate preparation	Warning that powdered formula may contain pathogens	Pictures that may idealize the use of infant formula	Recommended age for introduction of the product	Importance of continued breastfeeding for 2+ years	Importance of no complementary foods <6 months	Image/text suggesting use at <6 months	Images/text that undermines or discourages breastfeeding or compares to breast milk	Messages that recommend or promote bottle feeding	Professional endorsements
South Africa	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✗
Spain	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Sri Lanka	✗	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗
Sudan	✗	✗	✓	✗	✗	✗	✗	✗	✓	✗	✓	✗	✗	✗	✗
Sweden	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Switzerland	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✗	✓	✗	✗
Syrian Arab Republic	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗
Tajikistan	✗	✗	✓	✓	✓	✓	✗	✗	✓	✗	✓	✗	✗	✗	✗
Thailand	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Trinidad and Tobago	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✓	✗	✗
Tunisia	✗	✓	✓	✗	✓	✓	✗	✓	✗	✗	✗	✗	✓	✗	✗
Turkey	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗
Turkmenistan	✗	✓	✓	✓	✓	✗	✗	✓	✓	✗	✓	✗	✓	✗	✗
Uganda	✗	✗	✓	✗	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Ukraine	✗	✓	✓	✓	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗
United Arab Emirates	✓	✗	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
United Kingdom	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
United Republic of Tanzania	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✓	✓	✗	✗
Uruguay	✗	✗	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗
Uzbekistan	✗	✗	✓	✓	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗
Venezuela (Bolivarian Republic of)	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓

Country	Prohibition of nutrition and health claims	Required information for infant formula						Prohibited content for infant formula	Required information for follow-up formula			Prohibited content for follow-up formula			
		The words "Important Notice"	Statement on superiority of breastfeeding	Statement on use only on advice of a health worker	Instructions for appropriate preparation	Warning against the health hazards of inappropriate preparation	Warning that powdered formula may contain pathogens	Pictures that may idealize the use of infant formula	Recommended age for introduction of the product	Importance of continued breastfeeding for 2+ years	Importance of no complementary foods <6 months	Image/text suggesting use at <6 months	Images/text that undermines or discourages breastfeeding or compares to breast milk	Messages that recommend or promote bottle feeding	Professional endorsements
Viet Nam	x	✓	✓	✓	✓	x	x	✓	✓	✓	✓	✓	✓	✓	x
Yemen	x	✓	✓	✓	✓	✓	x	✓	x	x	✓	x	✓	x	x
Zambia	x	✓	✓	✓	✓	✓	x	✓	✓	x	x	✓	✓	✓	x
Zimbabwe	x	✓	✓	✓	✓	✓	x	✓	✓	✓	x	x	✓	x	x

x = the provision is not included in national legal measures

ANNEX 10. LEGAL MEASURES ANALYSED FOR THIS REPORT

Afghanistan

2009 Breastfeeding support and strengthening regulation

and follow-on formula and as regards requirements on information relating to infant and young child feeding

Albania

1999 Law No 8528 for Promotion and Protection of Breastfeeding
2017 Protocol No. 2024/1 Order No. 179, On Defining the Main Content Elements of the Informational and Educational Materials on Infant and Young Child Feeding

Azerbaijan

2003 The Law of the Republic of Azerbaijan on protection on breastfeeding of infants and young children and controlled artificial feeding

Algeria

2012 Arrêté interministériel du Aouel Rabie Ethani 1433 correspondant au 23 février 2012 portant adoption du règlement technique algérien fixant les spécifications, les conditions et les modalités de présentation des préparations destinées aux nourrissons

Bahrain

1995 Amiri Decree: Monitoring the use, Marketing, and Promotion of Breast-milk Substitutes
2018 Resolution (7) 2018 on regulating procedures and control on the use, marketing and promotion of breast milk substitutes

Andorra

2013 EU Regulation 609/2013
2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Bangladesh

2013 The Breast-milk Substitutes, Infant Foods, Commercially Manufactured Complementary Foods and the Accessories Thereof (Regulation of Marketing) Act, 2013 (Act No. 35 of 2013)
2017 Breastmilk Substitute, Infant Food, Commercially Manufactured Infant Additional Food and Use of Equipment (Regulation of Marketing) Rules, 2017

Argentina

1999 Argentine Food Code CHAPTER XVII
2018 Argentine Food Code CHAPTER XVII as amended 2018

Belgium

2013 EU Regulation 609/2013
2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Armenia

2014 Law on Breastfeeding promotion and regulation of marketing of infant food

Benin

1997 Décret portant réglementation de la commercialisation des substituts de lait maternel et des aliments pour nourrissons (décret no 97-643)

Australia

1991 Food Standards Australia and New Zealand Act 1991
2015 Standard 2.9.1
2016 Standard 1.2.1
2016 Standard 1.2.7

Bolivia (Plurinational State of)

2006 Decreto Supremo No. 0115 Reglamento a la Ley No. 3460, de Fomento a la Lactancia Materna y Comercialización de sus Sucesdáneos

Austria

2013 EU Regulation 609/2013
2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula

Bosnia and Herzegovina

2000 Decree on the Ban against Marketing, Advertising and Distribution of Breastmilk Replacements

Botswana

2005 Marketing of Foods for Infants and Young Children Regulations

Brazil

- 2006 Law No. 11265 of July 3, 2006
- 2018 Decreto N° 9.579, 2018

Bulgaria

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Burkina Faso

- 1993 Decret No. 93-279/PRES/SASF/MICM Portant commercialisation et pratiques y afferentes des produits de substitution du lait maternel

Burundi

- 2013 Decret No.100/258 portant reglementation de la commercialisation des substituts du lait maternel

Cabo Verde

- 2004 Decreto-Lei n° 54/2004,
- 2005 Decreto-Regulamentar No. 1/2005 (regulating infant food public information campaigns, labelling requirements and the related information)
- 2007 Decreto-Regulamentar No. 6/2007

Cambodia

- 2005 Sub-decree on Marketing of Products for Infant and Young Child Feeding
- 2007 Joint Prakas on Marketing products for infant and young child feeding

Cameroon

- 2005 Decret No. 2005/5168/PM portant reglementation de la commercialisation des substituts du lait maternel

Chad

- 2019 Loi No ___PR/2019 Portant reglementation de la commercialisation, de la distribution et de l'utilisation des substituts du lait maternel et des aliments de complément pour nourrissons et jeunes enfants de six a trente-six mois en République du Tchad.

Chile

- 1996 Food Regulations No 977
- 2015 Law No. 20,869 on Food Products Advertisement

China

- 2015 Advertising Law of the People's Republic of China

Colombia

- 1992 DECRETO NUMERO 1397 de 1992 por el cual se promueve la lactancia materna, se reglamenta la comercialización y publicidad de los alimentos de formula para lactantes y complementarios de la leche materna y se dictan otras disposiciones.

Comoros

- 2014 DÉCRET N° 14 -081/PR Portant promulgation de la loi N° 14-010/AU du 21 avril 2014, portant code sur la commercialisation et la distribution des substituts du lait maternel en Union des Comores

Cook Islands

- 2014 Cook Islands Food Regulations

Costa Rica

- 1994 Ley N° 7430 Fomento de la Lactancia Materna
- 1995 Reglamento Ley N.7430 Ley de Fomento a la Lactancia Materna

Côte d'Ivoire

- 2013 Décret no. 2013-416 du 6 juin 2013 portant réglementation de la commercialisation des substituts du lait maternel
- 2021 Arrêté interministériel No. 687 portant création, composition, attribution et fonctionnement, de la Commission d'Autorisation de Commercialisation des Substituts de Lait Maternel
- 2021 Arrêté interministériel No. 688 du 02 Aout 2021 portant reglementation de la promotion ou de la publicite des substituts du lait maternel
- 2021 Arrêté interministériel No. 689 Fixant les conditions d'autorisation de commercialisation des substituts du lait maternel
- 2021 Arrêté No. 001 du 11 août 2021 portant creation du comité national pour la promotion, la protection, le soutien à l'allaitement et au développement de la petite enfance (CNAPE)

Croatia

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Cyprus

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Czechia

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Democratic Republic of the Congo

- 2006 Arrêté n°1250/CAB/MIN/S//008/MC/2006 du 28 mars 2006 portant Code congolais de commercialisation des substituts du lait maternel

Denmark

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Djibouti

- 2010 Loi n89/AN/10/6eme L portant Reglementation de la Fabrication, de la Fourniture et de la Distribution des Substituts de Lait Maternel et assurant la Protection et l'Encouragement de l'Allaitement Maternel

Dominican Republic

- 1995 Law No 8-95, declaring Promotion and Support of Breastfeeding a National Priority
- 1996 Decreto No. 31-96 que establece el Reglamento para la Aplicación de la Ley sobre Promoción, Enseñanza y Difusión para la Práctica de la Lactancia Materna.

Ecuador

- 1995 Law 101, Law on Promotion, Support and Protection of Breastfeeding; No. 1469 Reglamento para la Aplicación de la Ley de Fomento, Apoyo y Protección de la Lactancia Materna
- 1999 Reglamento de la Ley de fomento, apoyo y protección de la lactancia materna

Egypt

- 2010 Egyptian Child's Act by-law

El Salvador

- 2013 Decreto 404 Ley de promoción, protección y apoyo a la lactancia materna
- 2015 Reglamento de la ley de promoción, protección y apoyo a la lactancia materna

Estonia

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Ethiopia

- 2019 Food and Medicine Proclamation 1112
- 2021 Baby Food Control Directive 840 2021

Fiji

- 2009 Food Safety Regulations 2009
- 2010 Marketing Controls (Foods for Infants and Young Children) Regulations 2010
- 2016 Food Safety (Amendment) Regulations 2016

Finland

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

France

- 2013 EU Regulation 609/2013

- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Gabon

- 2004 Décret No 000033/PR/MSP portant promotion, protection de l'allaitement maternel et règlementant la qualité, les méthodes de commercialisation ainsi que l'utilisation d'alimentation infantile en République Gabonaise

Gambia

- 2006 Breastfeeding Promotion Regulations, 2006

Georgia

- 1999 Law of Georgia on Protection and Promotion of Breast-Feeding, Consumption of Bottle-Feeding Products (No. 2380)

Germany

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Ghana

- 2000 Breastfeeding Promotion Regulations 2000, LI1667

Greece

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Guatemala

- 1983 Ley de comercialización de los sucedaneos de la leche materna y su reglamento. Decreto Ley Numero 66-83

- 1987 Reglamento para la Comercialización de los Sucedáneos de la Leche Materna. Acuerdo Gubernativo No. 841-87

Guinea-Bissau

- 1982 Decree No 8-A/82

Honduras

- 2013 Ley de Fomento y Protección de la Lactancia Materna, Decreto No.231-2013 as amended by Decree 76-2014

Hungary

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Iceland

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

India

- 1992 The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992
- 1993 The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Rules, 1993
- 2003 The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 as amended in 2003

Indonesia

- 2012 Government regulation of the Republic of Indonesia No. 33 of 2012 on Exclusive Breastfeeding
- 2013 Decree Number 39 on infant milk formula and other baby products

Iran (Islamic Republic of)

- 1995 Law for the promotion of Breastfeeding and protection of mothers during the nursing period,
- 2010 Rules under Article 2 of the Law for the promotion of Breastfeeding and protection of mothers during the nursing period

Iraq

- 2015 Instructions No.2 of 2015, Protection and Promotion of Breastfeeding

Ireland

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Italy

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Jordan

- 2015 Law no. 62 of 2015 Law of Control of Marketing of Breast-milk Substitutes

Kazakhstan

- 2013 Advertising Law of the Republic of Kazakhstan, 2013
- 2015 Advertising Law of the Republic of Kazakhstan, as amended 2015

Kenya

- 2012 The Breast Milk Substitutes (Regulation and Control) Act No.34 of 2012
- 2021 The Breast Milk Substitutes (Regulation and Control) (General) Regulations, 2021

Kiribati

- 2014 Food Regulations and Standards 2014

Kuwait

- 2014 Ministerial Decree No. 134/ 2014

Kyrgyzstan

- 2008 Law No. 263 on support of breastfeeding and regulation of marketing of products and articles for child feeding (2008)
- 2008 Law 264 On introducing amendments into some acts of law of the Kyrgyz Republic (Law of the Kyrgyz Republic "On advertising", Code of the Kyrgyz Republic on administrative responsibility) (2008)

Lao People's Democratic Republic

- 2019 Decree No. 472/GOL on Food Products and feeding equipment for infants and toddlers

Latvia

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Lebanon

- 2008 Law organizing the marketing of infant and young child feeding products and tools

Lithuania

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Luxembourg

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Madagascar

- 2011 Décret No.2011-629 portant Réglementation de la Commercialisation des Substituts du Lait Maternel

Malawi

- 2004 Public Health (Marketing of infant and young child foods) rules 2004

Maldives

- 2008 Regulation on Import, Produce and Sale of Breast Milk Substitutes in the Maldives MGFS-FS/R1:2008

Mali

- 2006 Arrêté interministériel n 06-1907 / Ms-Mic-Mep-Ma-Sg du 04 septembre 2006 Portant réglementation de la commercialisation, de l'information et du contrôle de la qualité des substituts du lait maternel au Mali

Malta

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Mauritania

- 2020 Arrêté conjoint No. 641 /MS/MCT/ portant sur les procédures applicables aux substituts du lait maternel

Mexico

- 1999 Reglamento de Control Sanitario de Productos y Servicios
- 2012 NORMA Oficial Mexicana NOM-131-SSA1-2012, Productos y servicios. Fórmulas para lactantes, de continuación y para necesidades especiales de nutrición. Alimentos y bebidas no alcohólicas para lactantes y niños de corta edad. Disposiciones y especificaciones sanitarias y nutrimentales. Etiquetado y métodos de prueba

Monaco

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Mongolia

- 2017 Infant and Young Child food Act

Montenegro

- 2015 Law on food Safety
- 2016 Regulation on manner and conditions for marketing food for special nutritional needs

Mozambique

- 2005 Código Nacional de Comercialização dos Substitutos do Leite Materno

Myanmar

- 2014 Order of Marketing of Formulated Food for Infants and Young Children

Nepal

- 1992 The Mother's Milk Substitutes (Control of Sale and Distribution) Act, 2049 (1992)
- 1994 Mother's Milk Substitutes (Control of Sale and Distribution) Regulation

Netherlands

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

New Zealand

- 1991 Food Standards Australia and New Zealand Act 1991
- 2015 Standard 2.9.1
- 2016 Standard 1.2.1
- 2016 Standard 1.2.7

Nicaragua

- 1999 Ley 295 Ley de Promoción, Protección y Mantenimiento de la Lactancia Materna y Regulación de la Comercialización de Sucedáneos de la Leche Materna

Niger

- 1998 Arrêté N° 215 MSP/DSF portant réglementation de la commercialisation des substituts du lait maternel,

Nigeria

- 1990 Marketing (Breast-milk Substitutes) Act 41 of 1990

- 1999 Marketing (Breast-milk Substitutes) Act 41 of 1990 as amended by Act 22 of 1999
- 2019 Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, Etc.) Regulations

North Macedonia

- 2004 Law on consumer protection

Norway

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Oman

- 2021 Marketing Regulations of Designated Products for Infants and Young Children (OS 1649/2021)

Pakistan

- 2002 The Protection of Breast-feeding and Child Nutrition Ordinance, 2002
- 2012 The Protection of Breast-feeding and Child Nutrition Ordinance, as amended 2012,
- 2018 Punjab Food Authority (Baby Food) Regulations.

Palau

- 2006 Promotion of Optimal Infant and Young Child Nutrition

Panama

- 1995 Ley 50 (de 23 de Noviembre de 1995) "Por la cual se protege y fomenta la lactancia materna
- 2012 Decreto Ejecutivo No. 1457 (de 30 de Octubre de 2012) que reglamenta la Ley

Papua New Guinea

- 1977 Baby Feed Supplies (Control) Act 1977
- 1984 Baby Feed Supplies (Control) Act 1977, amended 1984

Paraguay

- 1999 Ley No. 1.478 de Comercialización de Sucedáneos de la Leche Materna

Peru

- 2006 Aprueban Reglamento de Alimentación Infantil (Decreto Supremo No.009-2006-SA)

Philippines

- 1986 Executive Order No. 51, National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplement and Other Related Products.
- 2006 Administrative Order No. 2006-0012, Revised implementing Rules and Regulations of Executive Order No 51
- 2012 Joint Administrative Order No. 2012-0027

Poland

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Portugal

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Republic of Korea

- 2010 Livestock Products Sanitary Control Act, 2010
- 2016 Livestock Products Sanitary Control Act, as amended 2016

Republic of Moldova

- 2018 Government Decree No. 179 validating Sanitary Regulations on food products intended for infants and children of tender age, food for special medical purposes, for the complete replacement of the diet for weight control purposes

Romania

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Russian Federation

- 2013 Decision of Eurasian Economic Commission N67 on Customs Union Technical Regulations on milk and safety of milk products
- 2015 Federal Law N 3B-FZ with revision 08.03.2015 and update from 01.10.2015

Rwanda

- 2006 Rwanda Standard RBS/CD 112 Code of marketing of breast milk substitutes

San Marino

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Sao Tome and Principe

- 2020 Lei n.º 7/2020 Lei de Comercialização de Substitutos do Leite Materno.

Saudi Arabia

- 2019 Breastmilk substitutes Marketing Saudi Code Executives Regulations (updated)

Senegal

- 1994 Arrêté interministériel 5969, du 25 juillet 1994, fixant les conditions de commercialisation des substituts du lait maternel

Serbia

- 2005 Rulebook on designation of packaged foods for infants and young children
- 2016 Advertising Law 2005 amended in 2016
- 2016 Rulebook on the health and safety of dietary products

Seychelles

- 1992 Food Act (Breast-milk substitute) Regulations (revised edition 1994)

Sierra Leone

- 2021 Breastmilk Substitutes Act

Slovakia

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of

the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Slovenia

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Solomon Islands

- 2010 Pure Food (Food Control) Regulations 2010

South Africa

- 2012 Foodstuff, Cosmetics and Disinfectants Act. 1972 (Act 54 of 1972) Regulations Relating to Foodstuffs for Infants and Young Children (No. R 991 of 2012)

Spain

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding

Sri Lanka

- 2004 Code for the Promotion, Protection and Support of Breast Feeding and Marketing of Designated Products (Amended Code 2002)

Sudan

- 2000 Breastfeeding Promotion and Protection Decree,

Sweden

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula

and follow-on formula and as regards requirements on information relating to infant and young child feeding

Switzerland

- 2016 Ordonnance du DFI sur les denrées alimentaires destinées aux personnes ayant des besoins nutritionnels particuliers
- 2020 Ordonnance du DFI sur les denrées alimentaires destinées aux personnes ayant des besoins nutritionnels particuliers, as modified 2020

Syrian Arab Republic

- 2000 Syrian Code of Marketing of Breast-milk Substitutes Regulative resolution number /19/T

Tajikistan

- 2006 Law on Protection of Breastfeeding for Children

Thailand

- 2007 Notification of the Ministry of Public Health (No. 308) B.E. 2550 (2007) concerning Modified Milk for Infant and Modified Milk of follow up Formula for Infant and Young Children.
- 2017 Control of Marketing of Infant and Young Child Food Act

Trinidad and Tobago

- 1985 Food and Drugs Act, Chapter 30:01

Tunisia

- 1983 Loi No. 24 du 4 Mars 1983 relatif au contrôle de la qualité, à la commercialisation et à l'information sur l'utilisation des substituts du lait maternel et produits apparentés

Turkey

- 2019 Turkish Food Codex Regulation on food intended for infants and young children and total diet replacement for weight control.
- 2019 Turkish Food Codex Infant Formula and Follow up Formula Communique (Communique No: 2019/14)

Turkmenistan

- 2009 Law on protection and promotion of breastfeeding and baby foods requirements

Uganda

- 1997 The Food and Drugs (Marketing of Infant and Young Child Foods) Regulations, 1997

Ukraine

- 2006 Law of Ukraine about Baby Food No 44 Ct. 433

- 2013 Ministry of Health of Ukraine Order of 08.06.2103 696

United Arab Emirates

- 2018 Decree of the Cabinet No. 21 (2018) on regulating the marketing of infant and young children products.

United Kingdom

- 2013 EU Regulation 609/2013
- 2016 Commission delegated regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding
- 2016 The Food for Specific Groups (Information and Compositional Requirements) (England) Regulations (UK Statutory Instruments No. 688)

United Republic of Tanzania

- 2012 Food, Drugs and Cosmetics (Marketing of Foods and Designated Products for Infants and Young Children) Regulations

Uruguay

- 1994 Decreto No 315 Reglamento Bromatologico Nacional
- 2017 Ministerial Order 62. Norma Nacional de Lactancia Materna

Uzbekistan

- 2019 Law of the Republic of Uzbekistan on Support of Breastfeeding requirements for food for infants and children

Venezuela (Bolivarian Republic of)

- 2007 Ley de Promoción, Protección y Apoyo a la Lactancia Materna

Viet Nam

- 2011 Guidelines for implementing the law on inspections
- 2012 Law No. 16/2012/QH13 on Advertising
- 2014 The Government, No. 100-2014-ND-CP-On trading in and using of nutritional products for infants, feeding bottles and dummies
- 2020 Decree 117

Yemen

- 2002 Cabinet Decree No.(18) for the Year 2002 Concerning regulation for Promotion and protection of Breast-feeding

Zambia

- 2006 Food and Drugs (Marketing of Breast Milk Substitutes) Regulations, 2006 (Statutory Instrument No. 48 of 2006)

Zimbabwe

- 1998 Statutory Instrument 46 of 1998, Public Health (Breast-milk Substitutes and Infant Nutrition) Regulations, 1998

For more information, please contact:

Department of Nutrition and Food Safety
World Health Organization

Avenue Appia 20
CH-1211 Geneva 27
Switzerland

Email: nutrition@who.int
www.who.int/nutrition

