

THE WORLD HEALTH ORGANIZATION CODE OF MARKETING OF BREASTMILK SUBSTITUTES AND SUBSEQUENT RESOLUTIONS (THE WHO CODE)

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This article describes the World Health Organization Code of Marketing of Breastmilk Substitutes and its subsequent resolutions,¹ how Australia is meeting its responsibilities under the Code and how this can contribute to the health of Australian infants.

Commonly known as the WHO Code, the WHO Code of Marketing of Breastmilk Substitutes was adopted in May 1981 by 118 nations. It is auspiced by the WHO and the United Nations Children's Fund (UNICEF). Its focus is the provision of safe and adequate nutrition for infants. Resolution World Health Assembly 34.22 stresses that the adoption and adherence to the Code 'is a minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding'. In a country such as Australia, however, 'safe and adequate' infant nutrition is not a high enough standard; rather we should aim for 'optimum' infant nutrition.

THE WHO CODE AND ITS SUBSEQUENT RESOLUTIONS

The WHO Code was the first in a series of initiatives by the WHO to improve the health of nations by promoting and protecting breastfeeding. While some regard the focus of the UNICEF/WHO initiatives as developing countries which have high infant mortality, improved health outcomes for newborns (in infancy and throughout life) and benefits for mothers and communities are applicable to all societies. The aim of the WHO Code is to contribute to the provision of safe and adequate nutrition for infants by protecting and promoting breastfeeding, and by ensuring the proper use of breast milk substitutes (when these are necessary) on the basis of adequate information and through appropriate marketing and distribution. The audience for the WHO Code is governments, health care workers and formula manufacturers and distributors.

Australia: an original signatory

Australia was one of the original countries that voted to adopt the WHO Code. The Code is a set of recommendations, but resolution World Health Assembly WHA34.22 urged all member states to give 'full and unanimous support' to the Code, to: 'translate it into national legislation, regulations or other suitable measures' and 'to monitor compliance with the Code'. Australia has largely failed to do this and consequently the Code has no direct authority here.

THE MAIF AGREEMENT

The Marketing in Australia of Infant Formula (MAIF) agreement is a voluntary agreement between the Australian Government and six companies that import and/or manufacturer breastmilk substitutes.² The agreement does not cover infant formula distributors, and the parts of the WHO Code relating to retailers, feeding bottles and teats, health care systems and workers have not been formally implemented. As the agreement is voluntary, signatories to the MAIF agreement are not obliged to comply with the WHO Code.

There are other differences between the MAIF agreement and the WHO Code:

- MAIF covers infant formulas marketed for use in infants up to the age of 12 months. This does not protect the public from exposure to advertisements for toddler formulas carrying the same brand names as infant formulas covered by the agreement. Toddler formulas are not necessary for good nutrition and advertisements for these products exploit parental anxiety about normal 'fussy' toddler intake.
- Article 7.2 of the Code, which restricts information given to health professionals about the products to scientific and factual matters, was strengthened in MAIF to 'information should accurately reflect current knowledge and responsible opinion'. This means that appropriate evidence should be cited in support of claims about a product.

An Advisory Panel on the Marketing in Australia of Infant Formula (APMAIF) of four members—a chair, a community and consumer representative, a public health and infant nutrition expert and an industry representative—receives and investigates complaints about the marketing of infant formula. Most of the complaints received are outside the scope of the MAIF agreement. From July 2002 to June 2004 the panel received 183 complaints, including 138 about retail activity.² Where a breach has been found to have been committed by a signatory to the agreement, the panel has no powers to impose a penalty: it can only recommend remedial steps. Breaches are tabled in Parliament in the APMAIF annual report.

Individuals who observe a violation of the WHO Code are encouraged to make a complaint to APMAIF. Although some of these complaints may be outside the APMAIF terms of reference, each complaint will be documented. Details of how to make a complaint can be found in the latest APMAIF report.²

THE HEALTH PROFESSIONAL AND THE WHO CODE

Although health workers in Australia are not formally covered by the MAIF agreement, the National Health and Medical Research Council has interpreted the WHO Code in the *Dietary Guidelines for Children and Adolescents in Australia*.³ Health professionals, individually and collectively, can make a difference to the well-being of infants and their mothers by implementing the strategies of the WHO Code. Five clauses directly address health care workers:

- 7.1 'Health workers should encourage and protect breastfeeding; and...should make themselves familiar with their responsibilities under this Code, including the information specified in Article 4.2.' (Article 4.2 identifies information that should be given to pregnant women and mothers of infants and young children, sometimes referred to as the 'breastfeeding statement'.)
- 7.2 'Information provided by manufacturers and distributors to health professionals...should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle-feeding is equivalent or superior to breastfeeding.' This information should also include the 'breastfeeding statement'. Health workers dealing with infants need accurate information to assist mothers who elect not to breastfeed. Obtaining this information is made difficult by the plethora of formula products available and the constant development of new ones. There is a useful catalogue of infant formulas that is periodically updated.⁴ However, a current review article is needed to assist in the selection of infant formula.
- 7.3 'No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.' Some promotions are thinly disguised, for example manufacturers sponsoring an expert to speak at a meeting on issues related to their product.
- 7.4 'Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use, should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level.' What constitutes 'professional evaluation'? This is a contentious area and open to manipulation by formula companies. Currently, formula samples are being given to doctors and carers, under this clause, but such ad hoc 'evaluation' of products does not accord with good clinical

practice. Does evaluation include giving a sample to the carer to see if it suits the baby? The WHO Code Article 7.4 contains a second sentence: 'Health Workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.' This accords with good clinical practice.

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

The WHO Code covers clauses relating to 'health care systems' as well as health workers. For instance, where infants under one year of age do not receive human milk, feeding with a correctly prepared, commercial infant formula is appropriate. This preparation 'should be demonstrated only by health workers, or other community workers if necessary; and only to the mothers or family members who need to use it; and the information given should include a clear explanation of the hazards of improper use' (clause 6.5).

One of Australia's strengths in promoting and protecting breastfeeding is the work carried out by the Australian Breastfeeding Association and by health professionals, especially those who are members of lactation associations and colleges. Much has been achieved in the 23 years since the WHO Code first appeared. However, the high percentage of mothers who stop breastfeeding their baby in the first six months of his or her life illustrates that much remain to be achieved. Acknowledging our national responsibilities under The WHO Code would be a significant contribution to this.

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