



# Protecting Breastfeeding Throughout History:

The Evolution of the International Code  
of Marketing of Breastmilk Substitutes



**1939:** Dr. Cicely Williams' "Milk and Murder" speech to the Singapore Rotary Club highlights the risks of artificial feeding. "Misguided propaganda on infant feeding should be punished as the most criminal form of sedition, and that those deaths should be regarded as murder."

**1968:** Dr. Derrick Jelliffe coins the term "commerciogenic malnutrition" to describe the negative impacts of the breastmilk substitute (BMS) industry's marketing practices on infant health.

**1972:** International Organisation of Consumers Unions (IOCU) submits a draft code of practice on the advertising of infant foods to the UN's Food and Agriculture Organisation (FAO)/ World Health Organisation (WHO) Codex Alimentarius Commission.

**1973:** UK development journal, *The New Internationalist*, runs a cover story, "The Baby Food Tragedy," a call to action to halt unethical commercial milk marketing.

**1974:** British NGO, *The War on Want*, publishes its "Baby Killer" investigation, drawing widespread attention to BMS companies' deadly practices in low- and middle-income countries.

**1974:** 27th World Health Assembly (WHA) notes the declining rates of breastfeeding around the world and urges regulation on formula, stating, "Member countries to review sales promotion activities on BMS to introduce appropriate remedial measures, including advertisement codes and legislation where necessary."

**1975 –1976:** Nestlé files a libel lawsuit against the publisher of a German-language translation, *Berne Third World Action Group*, for entitling a pamphlet "Nestlé Kills Babies." The suit generates widespread testimony and publicity. The court rules in favor of Nestlé, but the corporation is warned by the court to "reconsider its advertising policies if it wants to avoid being accused of immoral conduct."

**1977:** Nestlé boycott launches in the United States, prompted by concern over its aggressive marketing. The boycott spreads to Australia, Canada, New Zealand in 1978 and later to six countries across Europe by 1983.

**1978:** Prompted by public outrage, Senator Edward Kennedy holds a US Senate Hearing to cross question Nestlé about its marketing of breastmilk substitutes around the world. Representatives from the BMS industry refuse to take responsibility for their actions; Kennedy reaches out to WHO for a global response, and WHO/UNICEF are urged to begin to take legislative action.



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**1978:** The 31st WHA recommends Member States prioritize the prevention of malnutrition in infants and young children by, among other actions, protecting breastfeeding, taking legislative and social action to support working mothers to breastfeed, and "regulating inappropriate sales promotion of infant foods that can be used to replace breast milk".

**1979:** WHO and UNICEF organize a joint meeting on infant and young child feeding that calls for the development of an international code of marketing, as well as other actions. In the meeting's wake, the International Baby Food Action Network (IBFAN) is founded, as a watchdog organization to protect families from commercial milk marketing practices and hold BMS corporations accountable.

**1980:** WHA endorses recommendations from 1979 meeting and charges WHO/UNICEF with drafting a Code to regulate the marketing of breastmilk substitutes.

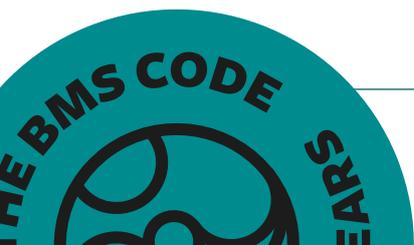




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**May 1981:** After several drafts, the Code is adopted, by resolution WHA 34.22 with a roll-call vote of 118-1. After pushing for weaker recommendations rather than a binding regulation, the US was the only country to vote against the Code's adoption. The US business sector had successfully lobbied the administration to believe that the Code would set a precedent in allowing UN agencies to interfere with business interests.

In the words of Halfdan Mahler (WHO DG 1973-88), 'Without the NGOs, without their constant lobbying, reminding us of our duty as public health officers, even harassing us for months on end, without all that, there would have never been a Code. WHO would simply not have had the courage to get on with it.'<sup>1</sup>

**1981:** Resolution WHA34.22 stresses that adoption and adherence to the Code is a minimum requirement for all countries. Member States are urged to implement the Code into national legislation, regulations, and other measures.

**1982:** Resolution WHA35.26 recognizes that commercial promotion of breastmilk substitutes increases artificial feeding and calls for renewed attention to implement and monitor the Code at national and international levels.

**1982:** Peru becomes the first country to adopt the International Code as national legislation.

**1984:** Resolution WHA37.30 Requests WHO Director General to work with Member States to implement and monitor the Code and examine the promotion of foods that are unsuitable for infant and young child feeding.

**1984:** The Nestlé boycott is suspended for six months after Nestlé promises to abide by some provisions of the Code in developing countries.

**1986:** Resolution WHA39.28 urges Member States to ensure that breastmilk substitutes are available for the minority of infants that need them, but not through free or subsidized channels. It also states that food or drink given before complementary feeding is nutritionally required should not be promoted, and deems follow up milks as "not necessary".

**1988:** Despite Resolution WHA39.28, IBFAN reports reveal continued flooding of free and subsidized supplies of breastmilk substitutes into health care facilities in Asia and Latin America, in 1988 and beyond.

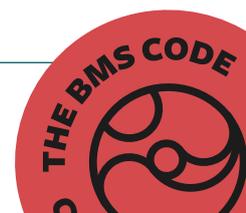
**1988:** Resolution WHA41.11 requests the Director General to provide legal and technical assistance to Member States in drafting or implementing the Code into national measures.

**1989:** The Nestlé boycott reinstated after it refuses to end its provision of free and low-cost products to health facilities and abide by the Code. The boycott continues to this day, alongside continued monitoring by IBFAN.

**1990:** Resolution WHA43.3 highlights the WHO/UNICEF statement on "Protecting, promoting and supporting breastfeeding: The special role of maternity services," which led to the creation of the Baby-Friendly Hospital Initiative in 1992. The resolution also urges member states to ensure the Code's aims are fully implemented in national health and nutrition policy and action.

**1994:** Resolution WHA47.5 is the first Resolution to be adopted by global consensus, calling to remove obstacles to breastfeeding and complementary feeding. The resolution also reiterates calls to ban free or low-cost supplies, extending the ban to all parts of the health care system, and provides guidelines on donations of breastmilk substitutes in emergencies.

<sup>1</sup> Fighting an Old Battle in a New World, How IBFAN Monitors the Baby Food Market, Development Dialogue. Issue: 2002:2



**1996:** Resolution WHA49.15 calls on Member States to ensure the following: 1) Complementary foods are not marketed for or used to undermine exclusive and sustained breastfeeding; 2) Financial support to health professionals does not create conflicts of interests; 3) Code monitoring is carried out in a transparent, independent manner, free from commercial influence.

**2001:** Resolution WHA 54.2 sets the global recommendation of six months of exclusive breastfeeding, with safe and appropriate complementary foods and continued breastfeeding for up to two years or beyond, as well as calling for independent research on HIV and infant feeding.

**2002:** Resolution WHA55.25 endorses the Global Strategy on Infant and Young Child Feeding, which confines the BMS manufacturers and distributors' role to ensuring the quality of their products and complying with all-code related legislation. The resolution also recognizes infant feeding's role in preventing obesity and states that micronutrient interventions and the marketing of nutritional supplements should not undermine optimal infant feeding practices.

**2005:** Resolution WHA58.32 asks Member States to 1) Ensure that nutrition and health claims for breastmilk substitutes are not permitted unless national/regional legislation allows, 2) Be aware of the risks of intrinsic contamination of powdered infant formulas and convey this information through label warnings, 3) Ensure that incentives for health professionals, financial and otherwise, do not create conflicts of interest,

**2006:** Resolution WHA59.11 urges member States to make ensure HIV pandemic response does not include non-Code compliant donations or promotions of breastmilk substitutes.

**2006:** Resolution WHA59.21 commemorates the 25th anniversary of the Code's adoption, welcomes the 2005 Innocenti Declaration, and asks WHO to mobilize technical support for Code implementation and monitoring.

**2008:** Resolution WHA61.20 urges Member States to scale up efforts to monitor and enforce national measures, reduce the risk of intrinsic contamination, and investigate the safe use of donor milk through human milk banks for vulnerable infants, mindful of national laws and cultural and religious beliefs

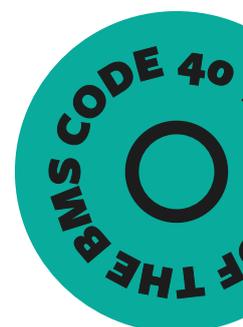
**2010:** Resolution WHA63.23 asks member states to 1) strengthen measures to regulate marketing, 2) ensure that breastmilk substitutes in emergency responses are purchased, highlighting the Operational Guidance for Emergency Relief Staff, and 3) end the inappropriate promotion of, and nutrition and health claims for, foods for infants and young children.

**2012:** Resolution WHA65.6 urges member states to implement a comprehensive plan, including developing or strengthening measures to control the marketing of breastmilk substitutes, and establishing measures to safeguard against potential conflicts of interest in nutrition action. The resolution also requests the Director General to clarify guidance on the inappropriate promotion of foods for infants and young children as mentioned in WHA63.23 and develop processes to safeguard against conflicts of interest in policy development and implementation of nutrition programs.

**2014:** Resolution WHA67.9 Developed the Infant and Young Child Nutrition (MIYCN) Plan, setting the global target rate of exclusive breastfeeding to at least 50% by 2025.

**2015:** NetCode, which is the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breastmilk Substitutes, is launched to support the monitoring and enforcement of the Code, providing standardized tools and guidance.

**2016:** Resolution WHA69.9 welcomes the WHO Guidance on ending the inappropriate promotion of foods for infants and young children, calling upon member states to implement it and manufacturers and distributors to adhere to it. The Guidance clarified that follow-up milks and growing-up milks are covered by the Code and should be treated as such when implementing the Code. The Guidance also recommends that there should be no cross-promotion to promote breastmilk substitutes via the promotion of foods for infants and young children.



**2016:** The UN Human Rights Office recognizes breastfeeding as a human right that should be protected.

**2018:** Resolution WHA71.9 calls upon Member States to reinvigorate the Baby-friendly Hospital Initiative and fully integrate the revised 10 Steps to Successful Breastfeeding, as well as take all necessary measures to implement recommendations to end the inappropriate promotion of foods for infants and young children.

**2020:** Decision WHA73(26) requests the Director General to prepare a comprehensive report to understand the scope and impact of digital marketing strategies for the promotion of breastmilk substitutes.

**2020:** As of April 2020, 136 (70%) of 194 WHO Member States had enacted legal measures with provisions to implement the Code. Of these, 25 countries had measures substantially aligned with the Code; a further 42 had measures which are moderately aligned; 69 had only included some the provisions and 58 had no legal measures at all.

**Today:** All the while, the BMS industry continues to violate the Code and its nineteen subsequent relevant resolutions, lobbying against its implementation and devising new, unethical marketing tactics. Today, only about 44% of infants globally are exclusively breastfed for the first six months of life; globally, nearly 600,000 children and nearly 100,000 women die each year due to inadequate breastfeeding and economic losses total nearly a billion dollars a day.

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