

Breastfeeding Policy Resource

The International Code of Marketing of Breastmilk Substitutes

Alberta Health Services
Considerations

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Purpose

To describe how Alberta Health Services (AHS) is addressing the articles of The International Code of Marketing of Breastmilk Substitutes through the Breastfeeding Policy and through staff education. Within this document, The International Code of Marketing of Breastmilk Substitutes will be referred to as *The WHO Code*.

Background

The WHO Code was adopted by the World Health Assembly (WHA) in 1981. Its goal was to promote safe and adequate infant nutrition, promote and protect breastfeeding, and ensure the proper use of breastmilk substitutes. Since 1981, WHA resolutions have clarified and provided updates on The WHO Code.

How to use this document

For each article of The WHO Code:

- The 1st column gives verbatim excerpts from The WHO Code and corresponding WHA resolutions that provide relevant updates.
- The 2nd column summarizes the AHS considerations specific to the article. The AHS Key Considerations were developed in collaboration with Nutrition Services holding the AHS contract for commercial formulas, Policy and Forms, Contracting Procurement and Supply Management (CPSM), and Communications. These considerations were then reviewed and validated by the AHS Provincial Breastfeeding Committee.

Common acronyms used in The Who Code or under AHS Considerations:

COI - Conflict of Interest	NGO – Non-Governmental Organization
CPSM - Contract Procurement and Supply Management	PFCC – Patient and Family-Centred Care
FAO – Food and Agriculture Organization	RFP – Request for Proposals
HCP – Health Care Provider	UNICEF – United Nations International Children’s Emergency Fund
HIV – Human Immunodeficiency Virus	WHA – World Health Assembly
IFD – Informed Feeding Decision	WHO – World Health Organization

Article 1 and 2. Aim and Scope

The WHO Code	AHS Key Considerations
<p>Article 1. Aim of the Code</p> <p>The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.</p> <p><i>Summary WHA 34.22 Art 1 (1): The Code aims to protect infant health by protecting and supporting breastfeeding. It does not ban breastmilk substitutes but sets out appropriate marketing of breastmilk substitutes (2).</i></p>	<p>Based on AHS Informed Feeding Decisions (IFD) Definition and Approach, breastmilk substitutes can have a legitimate role in infant health. In general, the WHO Code does not restrict the use of formula or provision of factual and objective information in order to ensure sanitary and safe systems when using formula. However, it does state restrictions on predatory marketing from formula companies to expectant and breastfeeding parents. It also highlights considerations for potential conflicts of interest for health systems and health care providers.</p> <p>AHS Breastfeeding Policy element on The WHO Code as well as the AHS Key Considerations outline</p>

The WHO Code	AHS Key Considerations
<p>Article 2. Scope of the Code The Code applies to the marketing, and practices related thereto, of the following products: breastmilk substitutes, including infant formula; other milk products, foods and beverages, including bottle fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.</p> <p><i>Summary WHA 34.22 Art 2 (1): It applies to breastmilk substitutes including infant formula, other milk products, foods and beverages, including bottle-fed complementary foods when marketed or otherwise represented to be suitable for use as partial or total replacement of breastmilk; it also covers bottles and teats (2).</i></p>	<p>processes in place that support alignment, such as CPSM contract, related AHS policies and procedures (e.g., Breastmilk: Safe Management Procedure, nutrition guidelines)</p>

Article 3. Definitions

The WHO Code	AHS Key Considerations
<p>For the purposes of this Code:</p> <p>Breast-milk substitute means any food being marketed or otherwise presented as a partial or total replacement for breast milk, whether or not suitable for that purpose.</p> <p>Complementary food means any food whether manufactured or locally prepared, suitable as a complement to breast milk or to infant formula, when either become insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called "weaning food" or breast-milk supplement".</p> <p>Container means any form of packaging of products for sale as a normal retail unit, including wrappers. "Distributor" means a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this Code. A "primary distributor" is a manufacturer's sales agent, representative, national distributor or broker.</p> <p>Health care system means governmental, nongovernmental or private institutions or organizations engaged, directly or indirectly, in</p>	<p>AHS recognizes the definitions used under the WHO Code</p>

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<p>health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets.</p> <p>Health worker means a person working in a component of such a health care system, whether professional or non-professional, including voluntary unpaid workers.</p> <p>"Infant formula" means a breast-milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as "home-prepared".</p> <p>"Label" means any tag, brand, marks, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any products within the scope of this Code.</p> <p>Manufacturer means a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code.</p> <p>"Marketing" means product promotion, distribution, selling, advertising, product public relations, and information services.</p> <p>Marketing personnel means any persons whose functions involve the marketing of a product or products coming within the scope of this Code.</p> <p>Samples means single or small quantities of a product provided without cost.</p> <p>Supplies means quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.</p>	

Article 4. Information and education

The WHO Code	AHS Key Considerations
4.1 Governments should have the responsibility to ensure that objective and consistent information is	The AHS IFD Definition and Approach and the associated Feeding Options Table provides

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<p>provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition. This responsibility should cover either the planning, provision, design and dissemination of information, or their control.</p> <p><i>Summary WHA 34.22 Art 4 (1): It clarifies the responsibilities of governments concerning information about infant and child feeding and their relation to company information material; warnings are compulsory; it is forbidden to idealize breastmilk substitutes (2).</i></p> <p><i>Summary WHA 54.2 Resolution (3) updated the recommendations on exclusive breastfeeding to 6 months instead of 4-6 months (4).</i></p> <p>4.2 Informational and educational materials, whether written, audio, or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on all the following points:</p> <ul style="list-style-type: none"> (a) the benefits and superiority of breastfeeding; (b) maternal nutrition, and the preparation for and maintenance of breast-feeding; (c) the negative effect on breast-feeding of introducing partial bottle feeding; (d) the difficulty of reversing the decision not to breastfeed; and (e) Where needed, the proper use of infant formula, whether manufactured industrially or home-prepared. When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breast-milk substitutes. Such materials should not use any pictures or text which may idealize the use of breast-milk substitutes. <p><i>WHA 58.32 Resolution (6) urges Member States to ensure that nutrition and health claims are not permitted for breast-milk substitutes (4).</i></p>	<p>information for health care providers to provide complete and unbiased information in regards to infant feeding decisions as supported by WHO (6). However, given the work completed on IFD, information would be given in a balanced way for all feeding options.</p> <p>Breastfeeding staff education modules and <i>Healthy Parents, Healthy Children</i> (parents and families) provide clear information on all the following points:</p> <ul style="list-style-type: none"> (a) the health benefits of breastfeeding; (b) maternal nutrition, and the preparation for and maintenance of breast-feeding; (c) the effect on breastfeeding of introducing supplementation or mixed feeding (d) the difficulty of reversing the decision not to breastfeed; and (e) the proper use of infant formula as well as other information based on IFD Definition and Approach <p>To the extent that The WHO Code applies to health care provider (HCP) practices, the implications for AHS in regards to The WHO Code will be included in staff education.</p>
<p>4.3 Donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by governments for this purpose. Such equipment or</p>	<p>AHS does not provide information and materials from the manufacturer to the parent; AHS develops evidence-informed resources for use by parents and HCPs provincially (e.g., <i>Healthy Parents, Healthy Children</i>, Infant Formula Compendium, Growth Charts).</p>

The WHO Code	AHS Key Considerations
materials may bear the donating company's name or logo, but should not refer to a proprietary product that is within the scope of this Code, and should be distributed only through the health care system.	

Article 5. The general public and mothers

The WHO Code	AHS Key Considerations
<p>5.1 There should be no advertising or other form of promotion to the general public of products within the scope of this Code.</p> <p><i>Summary WHA 34.22 Art. 5 (1): Advertisements are forbidden for the general public and companies cannot seek to contact pregnant women or mothers (2).</i></p> <p><i>WHA 49.15 Resolution (7) urges Member States to ensure that complementary foods are not marketed in ways that undermine exclusive and sustained breastfeeding (4);</i></p> <p><i>Summary WHA 69.9 Resolution (5) encourages protection of children under the age of 36 months from marketing practices detrimental to their health and urges Member States, manufacturers and distributors, health care professionals and the media to implement new WHO Guidance recommendations that contain a number of implications for the Code: Clarification that “follow-up formula” and “growing-up milks” fall under the scope of the Code and should not be promoted. Recommendation that messages on complementary foods should always include a statement on the need for breastfeeding to continue through 2 years and that complementary foods should not be fed before 6 months (4).</i></p>	<p>It should be noted that the provision of information and education from health care providers is given to support and care for patients and their families (not for the promotion of formula or other feeding products), so they can make informed decisions.</p> <p>Product information from the manufacturer may be provided directly to HCPs provincially for consistency of information (e.g., new products) to help support a purchase decision or safe practices (e.g., manufacturer cleaning recommendations for feeding products). This information is used in addition to the evidence to support a purchase decision.</p> <p>The purchasing of equipment from manufacturers and distributors is determined at the provincial and/or operational level and beyond the role of the front line HCP. However, the HCP will use non-branded materials and supplies, particularly at the point of care, when they are available.</p> <p>AHS is working with current manufacturers to obtain non-branded empty plastic bottles used for mixing formula or breastmilk, head circumference tapes, and birth/crib cards. Manufacturers are agreeable to this change.</p> <p>There is no branding from the formula company on the Snappies (sterile containers) for expressing colostrum (small) or breastmilk (large).</p> <p>AHS will work with the successful vendor on removing unnecessary branding such as on head circumference tapes, crib cards, etc. There will be a new Request for Proposal (RFP) process in 2019 (for contract for 2020).</p> <p>Key messages are used regarding the introduction of solids around 6 months and offering healthy food options throughout early childhood, while promoting continued breastfeeding with appropriate complimentary foods for up to two years and beyond.</p>

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<p>5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.</p> <p>5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no point of sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.</p> <p>5.4 Manufacturers and distributors should not distribute to pregnant women or mothers or infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle-feeding.</p> <p>5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.</p>	<p>Manufacturers or distributors are not permitted to liaise directly with patients/clients in AHS. AHS also does not provide manufacturers or distributors with patient information.</p> <p>AHS does not provide samples to promote the use of formula.</p> <p>Note: Samples are distinct from short term supply of formula; where a short term supply is for a need identified based on informed feeding decision or medical indication. Formula may be provided to families by the health care provider to take home to bridge the gap until they can purchase a supply in the community. This is especially important for vulnerable families where affordability or access is an immediate issue (e.g., family living in remote community without ready access to supplies). Support through social work is initiated for families who need it. This is in alignment with patient and family centered care (PFCC) and patient safety.</p> <p>Any labelling of decanted formula is done for patient safety and is not considered advertising or promotion.</p> <p>This resolution does not state that health care providers cannot inform parents of the type or brand of formula that is given to their child. Information will be included in the education module to note that a brand of formula can be selected by the family for their use in the community, other than what is used in the hospital. The Infant Formula Compendium (https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-ng-healthy-infants-infant-formula-compendium.pdf) can be used by the health care provider to assist the family in choosing an appropriate formula.</p>

Article 6. Health care systems

The WHO Code	AHS Key Considerations
<p>6.1 The health authorities in Member States should take appropriate measures to encourage and protect breastfeeding and promote the principles of this Code, and should give appropriate information and advice to health workers in regard to their responsibilities, including the information specified in Article 4.2.</p>	<p>AHS IFD Definition and Approach, Provincial Breastfeeding Policy and Provincial Breastfeeding 20-Hour Course modules will provide information and support to health care providers in regards to their responsibilities as indicated in Article 4.2.</p>
<p>6.2 No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This</p>	<p>Although this Article restricts the promotion of infant formula or other products within the Code, the Code</p>

The WHO Code	AHS Key Considerations
<p>Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.</p> <p><i>Summary WHA 34.22 Art. 6 (1): Promotion of products and distribution of free supplies to the health care system are forbidden (2).</i></p> <p>WHA 39.28 Resolution (8) clarifies that maternity wards should purchase breast-milk substitutes (needed for infants with medical reasons) through normal distribution channels, not receive free or subsidized supplies from companies (4).</p> <p>WHA 69.9 Resolution (5) Recognition that any donations to the health care system (including health workers and professional associations) from companies selling foods for infants and young children represent a conflict of interest and should not be allowed (4).</p> <p>6.3 Facilities of health care systems should not be used for the display of products within the scope of this Code, for placards or posters concerning such products, or for the distribution of material provided by a manufacturer or distributor other than that specific it Article 4.3.</p>	<p>itself does not limit evidence-based information provided by health organizations and authorities.</p> <p>Retail pharmacies in AHS facilities are outsourced to a pharmacy company. Formula products are stocked based on patient needs only and not for promotional purposes. CPSM to ensure compliance with the Breastfeeding Policy when securing contracts.</p> <p>When medically required formula is used, there is no evidence to suggest that having these in sight in this context has an impact on breastfeeding.</p> <p>The only formulas that may be viewed by other expectant or breastfeeding parents are medically required for a particular infant. Formulas are not displayed outside of this context.</p> <p>Facility layout may not always allow for complete separation from one family to another.</p>
<p>6.4 The use by the health care system of "professional service representatives", "mothercraft nurses" or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.</p> <p>6.5 Feeding with infant formula, whether manufactured or home-prepared, 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.</p>	<p>AHS does not permit mothercraft nurses or company personnel to give advice to expectant or breastfeeding parents. [The role of mothercraft health care provider varies between countries. For more information on their role in Canada, see www.mothercraft.ca]</p> <p>AHS IFD Definition and Approach, Provincial Breastfeeding Policy and Provincial Breastfeeding 20-Hour Course modules will provide information for healthcare providers on all feeding options, including the use of formula.</p> <p>AHS HCP demonstration of formula preparation and formula feeding is only provided to mothers and family members who need to use it based on medical indication or informed decision.</p>
<p>6.6 Donations or low-price sales to institutions or organizations of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used or distributed for infants who have to be fed on breast-milk substitutes. If these supplies are distributed for use outside the institutions, this should be done only</p>	<p>AHS negotiates contracts to benefit the patients, the organization and to be fiscally responsible and ensure stewardship of public funds.</p> <p>An objective AHS RFP process is used through CPSM and in alignment with Conflict of Interest (COI) Bylaw which mitigates preferential treatment of vendors.</p>

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by the institutions or organizations concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement.	
6.7 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution or organization should take steps to ensure that supplies can be continued as long as the infants concerned need them. Donors, as well as institutions or organizations concerned, should bear in mind this responsibility.	In the HIV program, mothers are provided formula free of charge for 1 year through donations from 3 different formula companies. In Alberta/Canada, Breastfeeding is contraindicated for patients with HIV.
6.8 Equipment and materials, in addition to those referred to in Article 4.3, donated to a health care system may bear a company's name or logo, but should not refer to any proprietary product within the scope of this Code.	See 5.1 above. AHS is working on getting unbranded equipment.

Article 7. Health workers

The WHO Code	AHS Key Considerations
7.1 Health workers should encourage and protect breastfeeding; and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code, including the information specified in Article 4.2.	AHS IFD Definition and Approach, Provincial Breastfeeding Policy and Provincial Breastfeeding 20-Hour Course modules will provide information and support to health care professionals in regards to their responsibilities, including information specified in Article 4.2
7.2 Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code 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 breast-feeding. It should also include the information specified in Article 4.2.	<p>Manufacturers are not permitted to liaise directly with staff in AHS. If this occurs, they are advised to redirect manufacturers to the provincial department.</p> <p>The 20 Hour Course for AHS will give scientific and objective information as aligned with IFD Definition and Approach.</p> <p><i>Healthy Parents, Healthy Children</i> resources are available to help facilitate parent education, negating the need for information to be provided by manufacturers and distributors directly to health care providers regarding products to give to parents.</p>
<p>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.</p> <p><i>Summary WHA 34.22 Art. 7 (1): Companies cannot distribute free samples to health professionals; information they give has to be factual and scientific;</i></p>	<p>AHS Conflict of Interest (COI) Bylaw guides conduct around acceptance of gifts or benefits.</p> <p>Health care provider education may be supported by unrestricted educational grants from AHS vendors. However, they would not have the ability to impact the educational content of the topics.</p> <p>All AHS departments are required to adhere to the COI Bylaw, and any funds associated with negotiated contracts are currently used at AHS</p>

<p><i>if they fund activities there should be no conflict of interest (2).</i></p>	<p>discretion with a focus on supporting maternal and child health.</p>
<p>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.</p> <p>Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.</p>	<p>A short term supply of formula may be given to parents who are formula-feeding to bridge the gap between hospital discharge and being able to get their own supply in the community (see Article 5). This is especially important for vulnerable families who may have challenges with timing of accessing products in home communities. The supply will be provided by the health care provider and not directly by the manufacturer.</p>
<p>7.5 Manufacturers and distributors of products within the scope of this Code 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.</p> <p><i>WHA 69.9 Resolution (5) clarifies that sponsorship of meetings of health professionals and scientific meetings by companies selling foods for infants and young children should not be allowed (4).</i></p>	<p>This is the case in AHS. Any liaison between manufacturers and distributors and HCPs only occurs if permitted and on an invitational basis, and for educational purposes.</p> <p>AHS Conflict of Interest (COI) Bylaw guides conduct around related to contributions, etc.</p>

Article 8. Persons employed by manufacturers and distributors

The WHO Code	AHS Key Considerations
<p>8.1 In systems of sales incentives for marketing personnel, the volume of sales of products within the scope of this Code should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should not be understood to prevent the payment of bonuses based on the overall sales by a company of other products marketed by it.</p>	<p>N/A - This is the responsibility of companies and not the health care system.</p>
<p>8.2 Personnel employed in marketing products within the scope of this Code should not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. This should not be understood as preventing such personnel from being used for other functions by the health care system at the request and with the written approval of the appropriate authority of the government concerned.</p> <p><i>Summary WHA 34.22 Art. 8 (1): Company personnel cannot train mothers or pregnant women; companies are not allowed to pay employees on commission (2).</i></p>	<p>AHS does not permit company personnel to give advice to expectant or breastfeeding parents.</p>

Article 9. Labelling

The WHO Code	AHS Key Considerations
<p>9.1 Labels should be designed to provide the necessary information about the appropriate use of the product, and so as not to discourage breast-feeding.</p> <p>9.2 Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, and easily readable and understandable message printed on it, or on a label which cannot readily become separated from it, in an appropriate language, which includes all the following points:</p> <ul style="list-style-type: none"> (a) the words "Important Notice" or their equivalent; (b) a statement of the superiority of breastfeeding; (c) a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use; (d) instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation. <p>Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealize the use of infant formula. They may, however, have graphics for easy identification of the product as a breastmilk substitute and for illustrating methods of preparation. The terms "humanized", "materialized" or similar terms should not be used. Inserts giving additional information about the product and its proper use, subject to the above conditions, may be included in the package or retail unit. When labels give instructions for modifying a product into infant formula, the above should apply.</p> <p><i>Summary WHA 34.22 Art. 9 (1): Labels must include warnings, clear instructions for use in an appropriate language, no idealised text or image (2). WHA 69.9 Resolution (5) stated that the labels and designs on products other than breast milk substitutes need to be distinct from those used on breast-milk substitutes to avoid cross-promotion (4).</i></p>	<p>Manufacturers are asked to show how they are implementing the WHO Code during the RFP process. This is one of the considerations in the award process.</p> <p>AHS IFD Definition and Approach will provide guidance for health care providers working with parents and their families on key messages regarding breastfeeding and formula feeding.</p> <p>See Article 5.1 above.</p>
<p>9.3 Food products within the scope of this Code, marketed for infant feeding, which do not meet all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant. Since</p>	<p>AHS does not promote this.</p>

<p>sweetened condensed milk is not suitable for infant feeding, nor for use as a main ingredient of infant formula, its label should not contain purported instructions on how to modify it for that purpose.</p>	
<p>9.4 The label of food products within the scope of this Code should also state all the following points: (a) the ingredients used; (b) the composition/analysis of the product; (c) the storage conditions required; and (d) the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.</p>	<p>N/A - AHS has established processes in place for preparation of formula and proper labelling to ensure patient safety according to the AHS Safe Preparation of Infant Feedings Standard.</p>

Article 10. Quality

The WHO Code	AHS Key Considerations
<p>10.1 The quality of products is an essential element for the protection of the health of infants and therefore should be of a high recognized standard.</p> <p>10.2 Food products within the scope of this Code should, when sold or otherwise distributed, meet applicable standards recommended by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practice for Foods for Infants and Children.</p> <p><i>Summary WHA 34.22 Art.10(1): Products have to meet Codex Alimentarius Commission standards of quality (2)</i></p>	<p>N/A - Manufacturer's responsibility.</p>

Article 11. Implementation and monitoring

The WHO Code	AHS Key Considerations
<p>11.1 Governments should 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, regulations or other suitable measures. For this purpose, governments should seek, when necessary, the cooperation of WHO, UNICEF and other agencies of the United Nations system. National policies and measures, including laws and regulations, which are adopted to give effect to the principles and aim of this Code should be publicly stated, and should apply on the same basis to all those involved in the manufacture and marketing of products within the scope of this Code.</p> <p>11.2 Monitoring the application of this Code lies with governments acting individually, and collectively through the World Health Organization as provided in paragraphs 6 and 7 of this Article. The</p>	<p>This is beyond the scope of the front line HCP responsibility. However, AHS Key Considerations review supports alignment, as part of the AHS Breastfeeding Policy.</p> <p>The WHO Code has consistently clarified that governments have the responsibility for defining implementation of the Code within their countries. The Code represents an expression of the collective will of governments to ensure the protection and promotion of optimal feeding for infants and young children (1).</p>

The WHO Code	AHS Key Considerations
<p>manufacturers and distributors of products within the scope of this Code, and appropriate nongovernmental organizations, professional groups, and consumer organizations should collaborate with governments to this end.</p> <p><i>Summary WHA 34.22 Art. 11 (1): It is the responsibility of governments to implement, monitor and report progress to WHO. Companies must abide by the provisions of the International Code at all levels. NGOs should monitor and report violations (2).</i></p>	
<p>11.3 Independently of any other measures taken for implementation of this Code, manufacturers and distributors of products within the scope of this Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aim of this Code, and for taking steps to ensure that their conduct at every level conforms to them.</p>	<p>N/A - Manufacturer's responsibility.</p>
<p>11.4 Nongovernmental organizations, professional groups, institutions and individuals concerned should have the responsibility of drawing the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should also be informed.</p> <p><i>WHA 34.22 Art. 11: It is the responsibility of governments to implement, monitor and report progress to WHO. Companies must abide by the provisions of the International Code at all levels. NGOs should monitor and report violations.</i></p>	<p>CPSM responds to concerns expressed related to violations of the contractual agreements (e.g., safety, marketing to public) and regular meetings are conducted to ensure guidelines are being followed.</p>
<p>11.5 Manufacturers and primary distributors of products within the scope of this Code should apprise each member of their marketing personnel of the Code and of their responsibilities under it.</p> <p>11.6 In accordance with Article 62 of the Constitution of the World Health Organization, Member States shall communicate annually to the Director-General information on action taken to give effect to the principles and aim of this Code.</p> <p>11.7 The Director-General shall report in even years to the World Health Assembly on the status of implementation of the Code; and shall, on request, provide technical support to Member States preparing national legislation or regulations, or taking</p>	<p>N/A - Manufacturer's responsibility.</p>

The WHO Code	AHS Key Considerations
other appropriate measures in implementation and furtherance of the principles and aim of this Code.	

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