

Does the Code ban all free and low-cost supplies of infant formula and other breast-milk substitutes (including follow-on formula) in health facilities?

Yes. Although there were some ambiguities in the wording of Articles 6.6 and 6.7 of the Code, these were clarified in 1994 by World Health Assembly Resolution (WHA 47.5) which urged Governments:

“to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and any other products covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system”.

Breast-milk substitutes should be obtained through “normal procurement channels” so as not to interfere with the protection and promotion of breastfeeding. Procurement means purchase.

Should free supplies be donated for pre-term and low birth weight infants? Some argue that these infants need early supplementation, and therefore free supplies should be permitted.

No. The prohibition applies to all types of infant formula, including those for special medical purposes. In any case, breast milk is the medically indicated feeding of choice for almost all pre-term and low birth weight babies.¹⁷ Obtaining free supplies for these babies encourages bottle (artificial) feeding, which further threatens their survival and healthy development.

Moreover, once free supplies are available in the maternities and nurseries, it is extremely difficult to control their distribution and misuse.

Should free supplies be donated for infants of HIV-positive mothers who have chosen to formula feed?

No. As stated above, once free supplies are available in the health care system it is virtually impossible to prevent their misuse and the undermining of breastfeeding. Governments should procure the formula needed through normal procurement channels.

Should the prohibition extend to Maternal Child Health, primary health, and rural clinics?

Yes. The Code defines the health care system as: “governmental, non-governmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice”.

Why not permit free supplies in paediatric wards, since older infants may already be using feeding bottles?

Because free supplies to paediatric services or other special services for sick infants can seriously undermine breastfeeding. The WHO/UNICEF guidelines suggest, in paragraph 50:

“There will, of course, always be a small number of infants in these services who will need to be fed on breast-milk substitutes. Suitable substitutes, procured and distributed as part of the regular inventory of foods and medicines of any such health care facility, should be provided for those infants”.

¹⁷ See WHO/UNICEF “Guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes” (WHO, A39/8 Add. 1, 10 April 1986). The 1986 World Health Assembly based its adoption of WHA 39.28 on this document.