MARKETING OF BREAST-MILK SUBSTITUTES: NATIONAL IMPLEMENTATION OF THE INTERNATIONAL CODE STATUS REPORT 2016

World Health Organization
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We extend our thanks to all individuals and organizations involved in the preparation of this report.

ABBREVIATIONS

BAI	Breastfeeding Advocacy Initiative
BFHI	Baby-Friendly Hospital Initiative
Code	International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions
CRC Committee	United Nations Committee on the Rights of the Child
EEA	European Economic Area
EU	European Union
GINA	Global database on the Implementation of Nutrition Action
HKI	Helen Keller International
HRC	United Nations Human Rights Council
IBFAN	International Baby Food Action Network
ICDC	International Code Documentation Centre (IBFAN technical office for Code implementation and monitoring)
ICN	International Conference on Nutrition
MIYCN	Maternal, Infant and Young Child Nutrition
NetCode	Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent Relevant WHA Resolutions
NGO	Non-governmental organization
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization

EXECUTIVE SUMMARY

This report provides updated information on the status of implementing the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions ("the Code") in and by countries.[1] It presents the legal status of the Code, including - where such information is available - to what extent Code provisions have been incorporated in national legal measures. The report also provides information on the efforts made by countries to monitor and enforce the Code through the establishment of formal mechanisms. Its findings and subsequent recommendations aim to improve the understanding of how countries are implementing the Code, what challenges they face in doing so, and where the focus must be on further efforts to assist them in more effective Code implementation.

Methodology

Countries were invited to respond to a questionnaire on Code implementation as part of their periodic reporting requirements. The questionnaire solicited information on legislative measures taken as well as supporting documentation on legislation currently in force. In parallel the World Health Organization (WHO) Noncommunicable Diseases Progress Monitor 2015 requested information about Code implementation and collected electronic copies of legislative documents. For those countries that did not provide copies of legislation, this was obtained through legal databases such as EUR-LEX, LexisNexis, FAO-LEX and government gazettes. Legislation or translations thereof were also obtained from UNICEF and the IBFAN International Code Documentation Centre (IBFAN/ICDC) files. All legal documents were analysed to determine which provisions of the Code are covered.

In addition, IBFAN/ICDC and UNICEF reviewed and updated the categorization of countries, utilizing information and documentation received from local IBFAN groups, UNICEF offices and the WHO database. This allowed a coordinated tri-partite review to ensure consistency and alignment of information. All legal measures found were entered into the WHO Global database on the Implementation of Nutrition Action (GINA), plus the databases of IBFAN/ICDC and UNICEF.

Findings: Legal Status of the Code

As of March 2016, 135 countries had at least some form of legal measure in place covering some provisions of the Code. This represents significant progress since 2011, when only 103 countries had relevant legal measures in place. A total of 39 countries have comprehensive legislation or other legal measures reflecting all or most provisions of the Code. An additional 31 countries have legal measures incorporating many provisions of the Code, and a further 65 countries have legal measures that contain a few provisions. 49 countries have non-legal or no measures in place. No information was available for 10 countries.

[1] The data presented in this report is for 194 WHO Member States ("countries"), and does not include non-Member States or territories.

There is considerable variation in the quality and substance of specific provisions contained in national legal measures. Of those countries with specified age ranges for designated products, only one third explicitly cover products intended for use for children as of 1 year of age. Only one quarter of countries require the inclusion of all messages specified under Article 4.2 of the Code. Just over half prohibit advertising to the general public, and giving financial or material gifts to health workers or members of their families. Less than prohibit half provision of free or low cost supplies to health facilities. One third prohibit manufacturers and distributors from seeking direct contact with pregnant women and mothers. A minority of countries require labels of designated products to include messages on the recommended age for introduction, need for medical advice on the product, and on possible contamination and need for appropriate preparation and use. Less than half of countries ban the use of nutrition and health claims on designated products. A limited number of countries have legal provisions that facilitate the establishment of a formal monitoring and enforcement mechanism.

Findings on monitoring and enforcement mechanisms

Information on, and actual existence of, formal monitoring and enforcement mechanisms remain very limited. Only 55 countries submitted relevant information, only 32 reported having a mechanism in place, and even fewer reported that the mechanisms were functional. Just six countries reported having dedicated budgets and funding for monitoring and enforcement.

Challenges

Countries continue to face significant challenges in ensuring effective implementation of the Code and subsequent relevant WHA resolutions. Challenges include a lack of political will to legislate and enforce the Code, continued interference from manufacturers and distributors in governments' efforts to initiate or strengthen Code monitoring and enforcement measures, lack of sufficient data and expertise on Code-related matters, absence of coordination among responsible stakeholders, and limited national and international resources for legislation, monitoring and enforcement.

RECOMMENDATIONS FOR ACTION

Countries that have not yet adopted legal measures are urged to do so, ensuring that all Code provisions and recommendations contained in subsequent relevant WHA resolutions are incorporated.

In addition, countries that have partial Code-related legislation in place should review and, where needed, amend and strengthen existing measures. Based on the findings of this report, such countries should in particular ensure the inclusion of provisions that:

- broaden the range of designated products under the scope of their legislation to include all milk products intended and marketed as suitable for feeding young children up to the age of 36 months;
- requires inclusion of all necessary messages in informational and educational materials on infant and young child feeding, as specified under article 4.2 of the Code;
- explicitly prohibit all advertising and other forms of promotion of designated products to the general public, including contact with pregnant women and mothers, promotion through the internet, social media and other electronic means of communication, as well as within the health system;
- prohibit the provision of free or low-cost supplies to health facilities by manufacturers or distributors, and any other financial or material inducements to health workers to promote designated products, taking into consideration resolutions WHA 49.15, WHA 58.32 and WHA 61.20 to ensure avoidance of conflicts of interest;
- include all necessary requirements for labelling of designated products, as indicated in Code Article 9.2 and resolution 58.32; and
- specify government obligations to establish robust and sustainable monitoring and enforcement mechanisms.

Countries must scale up their efforts to monitor and enforce national legal measures through strong, sustainable multisectoral processes and mechanisms. In particular:

- funding for monitoring bodies and their activities must be incorporated into relevant national budgeting processes, so as to ensure sustainability; and
- countries must increase capacity for monitoring among designated staff at sub-national levels.

Parliamentarians must be sensitized to the importance of Code monitoring and enforcement, and to their specific roles and support, including legislating for the Code, budgetary review, approval and oversight, and political advocacy with constituents.

Technical and legal assistance must be made available to countries through collaborative and coordinated efforts, so as to pool available external expertise and avoid fragmentation. Partnerships between UN agencies and organizations, NGOs and other relevant partners must be strengthened, while recognizing the need to avoid conflicts of interest. In this context, the recently established Global Network for Monitoring and Support for Implementation of the Code (NetCode), coordinated by WHO and UNICEF, provides a timely opportunity to forge and strengthen alliances in support of Code implementation in countries.

WHO/Jim Holmes

INTRODUCTION

According to research published in the Lancet[2] in 2016, increasing breastfeeding to near-universal levels could save more than 820 000 lives every year. In addition, increased rates of breastfeeding could prevent nearly half of all diarrhoeal diseases and one-third of all respiratory infections in children in low- and middle-income countries. Children who have been breastfed perform better on intelligence tests, are less likely to be overweight or obese, and less prone to diabetes later in life. Mothers who breastfeed also reduce their risk of developing breast and ovarian cancers. At current breastfeeding rates, an estimated 20 000 deaths from breast cancer are prevented; this could be doubled if rates improved.

Increasing rates of exclusive breastfeeding for infants less than 6 months of age could save health systems at least US$ 2.45 billion in the United States, US$ 29.5 million in the United Kingdom, US$ 223.6 million in China and US$ 6.0 million in Brazil

WHO and partners also estimate that global economic losses from lower cognition associated with not breastfeeding reached more than US$ 300 billion in 2012, equivalent to 0.49% of the world's gross national income. The Lancet article argues that boosting rates of exclusive breastfeeding for infants less than 6 months of age to 90% in Brazil, China, and the United States of America, and to 45% in the United Kingdom would significantly cut treatment costs of common childhood illnesses such as pneumonia, diarrhoea and asthma.

In spite of these advantages, globally nearly two out of three infants under 6 months are not exclusively breastfed – a rate that has not improved in two decades. Fewer than one in five infants are breastfed for 12 months in high-income countries and only two out of three children between 6 months and 2 years of age receive any breast milk in low- and middle-income countries.

Aggressive marketing of breast-milk substitutes continues to undermine efforts to improve breastfeeding rates. In May 1981, the World Health Assembly (WHA) adopted the International Code of Marketing of Breast-milk Substitutes (hereafter referred to as 'the Code') to limit inappropriate marketing practices. The Code, plus subsequent WHA resolutions related to the promotion and protection of breastfeeding, express the collective will of the highest global authority on health and carry substantial political and moral weight. Recognizing the vulnerability of infants in the early months of life and the risk involved in inappropriate feeding practices, the Code and the relevant WHA resolutions are the world's first real attempt to tackle the harmful effects of marketing of breast-milk substitutes, feeding bottles and teats on a global scale. Nevertheless, thirty-four years after the adoption of the Code, global sales of breast-milk substitutes total US$ 44.8 billion, and this number is expected to rise to US$ 70.6 billion by 2019.[3]

[2] Victora CG, Bahl R, Barros A et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effects. Lancet. 2016;387:475-490.

[3] Rollins NC, Bhandari N, Hajeebhoy N, et al. Why invest, and what it will take to improve breastfeeding practices? Lancet. 2016;387:491-504.

Recent global initiatives testify to a renewed emphasis on the importance of the Code

Recent global initiatives demonstrate a renewed emphasis on the importance of the Code and relevant WHA resolutions as key instruments for ensuring optimal infant and young child nutrition.

- The 2012 Comprehensive Implementation Plan for Maternal Infant and Young Child Nutrition (MIYCN) calls for strengthening legislative, regulatory and/or other effective measures to control the marketing of breast-milk substitutes. More recently, during the 2014 Second International Conference for Nutrition (ICN2), ministers and representatives of countries agreed that governments should protect consumers, especially children, from marketing and promotion of foods and called for the implementation of the Code and relevant World Health Assembly resolutions.
- A number of United Nations human rights mechanisms have explicitly referred to the obligation of countries under relevant international human rights treaties to implement the Code and relevant World Health Assembly resolutions. The Committee on the Rights of the Child stated that countries are "required to introduce into domestic law, implement and enforce […] the International Code on Marketing of Breast-milk Substitutes and the relevant subsequent World Health Assembly resolutions", and that "private companies should […] comply with the International Code of Marketing of Breast-milk Substitutes and the relevant subsequent World Health Assembly resolutions".[4] Similarly, the Committee on the Elimination of All forms of Discrimination Against Women stated that countries should ensure "effective regulation of marketing of breast-milk substitutes and implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes".[5] In addition, the Human Rights Council has welcomed technical guidance on the application of a human rights-based approach to reduce under-five mortality, which states that countries must "regulate private actors over which they exercise control, such as […] producers and marketers of breast-milk substitutes", and which calls for the implementation and monitoring of the Code.[6]
- 2016 marks the 35th anniversary of the WHO/UNICEF Baby-friendly Hospital Initiative (BFHI). BFHI has been a significant tool for the application and monitoring of the Code in maternity facilities worldwide. All facilities designated as "Baby-friendly" must fully comply with all provisions of the Code.
- UNICEF and WHO, along with a range of partners, have formed a Breastfeeding Advocacy Initiative (BAI) to increase political commitment to and investment in breastfeeding as the cornerstone of child nutrition, health and development. The BAI calls, *inter alia*, for adoption of the Code and subsequent relevant WHA resolutions through national laws in order to regulate the marketing of breast-milk substitutes, bottles and teats, and the assurance of effective monitoring and enforcement, including adequate sanctions in the event of non-compliance.

[4] Committee on the Rights of the Child, General Comment No.15 (2013).

[5] Committee on the Elimination of All Forms of Discrimination Against Women, General Recommendation No. 34 (2016)

[6] Office of the United Nations High Commissioner for Human Rights, Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce mortality of children under five years of age, A/HRC/27/31 (2014).

- In 2014, WHO, in close collaboration with UNICEF, established the Global Network for Monitoring and Support for Implementation of the Code (hereafter referred to as "NetCode"). NetCode aims to assist countries and civil society in strengthening (*1*) capacity to monitor the Code and all relevant subsequent World Health Assembly resolutions and (*2*) effective enforcement and monitoring of national Code legislation and regulations. Key non-governmental organizations, including IBFAN, Helen Keller International and Save the Children, academic centre and selected countries have joined this network. An early initiative of NetCode has been the development of a monitoring protocol to provide countries with practical tools and guidance for setting up effective monitoring systems to help eliminate inappropriate marketing of foods for infants and young children, as well as to regularly assess the level of adherence with the Code and national measures.

This report provides updated information on the status of implementing the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions ("the Code") in and by countries.[1] It presents the legal status of the Code, including -- where such information is available -- to what extent Code provisions have been incorporated in national legal measures. The report also provides information on the efforts made by countries to monitor and enforce the Code through the establishment of formal mechanisms. Its findings and subsequent recommendations aim to improve the understanding of how countries are implementing the Code, what challenges they face in doing so, and where the focus must be on further efforts to assist countries in more effective Code implementation. The present report is the result of collective efforts by WHO, UNICEF and IBFAN towards an aligned and mainstreamed reporting process, and is the first joint report on Code status in countries.

WHO / PAHO

METHODOLOGY

Under Article 11 of the Code, countries are requested to provide information to WHO on action taken to give effect to the principles and aim of the Code. This information is made available to the World Health Assembly every two years. To facilitate systematic and coordinated reporting by countries on Code implementation, WHO developed specific questionnaires on legal measures taken, and on monitoring and enforcement mechanisms established. In addition, both UNICEF and IBFAN/ICDC monitor and document the status of national Code implementation measures, issuing periodic updates.

Data collection

In 2014, countries were invited to complete a questionnaire on the legal status of implementing the Code. The questions covered legislative measures taken, including information about key legal provisions on scope (designated products and age limits for introduction of products), informational and educational materials, promotion of designated products to the general public, as well as to health workers and health facilities, labelling of designated products and the establishment of monitoring mechanisms. Countries were also invited to respond to a separate questionnaire on formal mechanisms to ensure monitoring and enforcement, and were encouraged to provide supporting documentation, including legislation currently in force.

The WHO Noncommunicable Diseases Progress Monitor 2015 also requested information about Code implementation and collected electronic copies of legislative documents. For countries lacking such information, WHO conducted searches in legal databases (Lexis/Nexis and FAO-LEX), national gazettes and internet search engines. Updated information on the legal status of the Code in countries of the European Union (EU) and the European Economic Area (EEA) was obtained through the EUR-LEX database. Additional copies of legislation and translations were acquired from UNICEF and IBFAN/ICDC files. All of these legal measures were entered into the WHO GINA database, and into the databases of IBFAN/ICDC and UNICEF.

Categorization of legislation

For the purpose of this report, national legal measures were categorized as follows:

Full provisions in law: countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing all or nearly all provisions of the Code and subsequent WHA resolutions;

Many provisions in law: countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing many provisions of the Code and subsequent WHA resolutions;

Few provisions in law:[7] countries have enacted legislation or adopted regulations, directives, decrees or other legally binding measures covering few of the provisions of the Code or subsequent WHA resolutions;

No legal measures:[8] 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);

No information: countries for which WHO, UNICEF, and IBFAN/ICDC have been unable to obtain information on the legal status of the Code.

Using information available from UNICEF and IBFAN/ICDC, changes in the status of legislation were reviewed and discussed, and agreement was reached on subsequent re-categorization for the countries in question. Re-categorization of a country's legal Code status was primarily based on actual modifications of legal provisions, for example through the adoption of new or additional measures, or through amendments to existing legal provisions. Countries of the EU and EEA were re-categorized as having "few provisions in law", based on an analysis of the EU regulation no. 609/2013 of 12 June 2013[9], which contains specific provisions on the marketing of designated products under the Code. In a small number of cases, a country's categorization was changed from 2011 based on re-examination and clarification of particular provisions covered by existing legal measures.

Analysis of data

In addition, UNICEF and IBFAN/ICDC reviewed and updated the categorization of countries, utilizing information and documentation received from local IBFAN groups, UNICEF offices and the WHO database. This allowed a coordinated tri-partite review to ensure consistency and alignment of information. All legal measures found were entered into the WHO GINA database, plus the databases of UNICEF and IBFAN/ICDC. Where multiple laws and/or regulations were available, the analysis considered to what extent legal measures were revisions, extensions or replacements of existing laws. For those countries for which translation of their legal measures was not available, information from UNICEF and IBFAN/ICDC was used for categorization purposes. Information on the status of national monitoring mechanisms and processes is based on data provided 55 by countries through completion of the WHO questionnaire on formal monitoring mechanisms.

[7] The UNICEF 2016 table and the 2016 IBFAN/ICDC "State of the Code by Country" add the category "Some provisions in other laws or guidelines applicable to the health sector" for countries without dedicated Code legislation, but with Code-related provisions incorporated in other legal measures. However, for the purpose of this report, it was agreed that countries with no dedicated Code legislation, but with Code provisions incorporated in other legal measures, are included in the category "Few provisions in law". These countries will be annotated in the detailed list in the annex of the report.

[8] The IBFAN/ICDC State of the Code by Country includes separate categories for non-legal measures, such as voluntary codes and policies.

[9] Regulation (EU) NO. 609/2013 of the European Parliament and of the Council of 12 June 2013 on food intended for infants and young children, food for special medical purposes, and total diet replacement for weight control.

WHO/PAHO/Armando Waak

FINDINGS: LEGISLATIVE STATUS OF THE CODE

The implementation and legal enforcement by countries of the standards and recommendations contained in the Code and in subsequent WHA resolutions are essential to ensuring that proper infant and young child feeding practices are in place, and that parents and other caregivers are protected from inappropriate and misleading information.

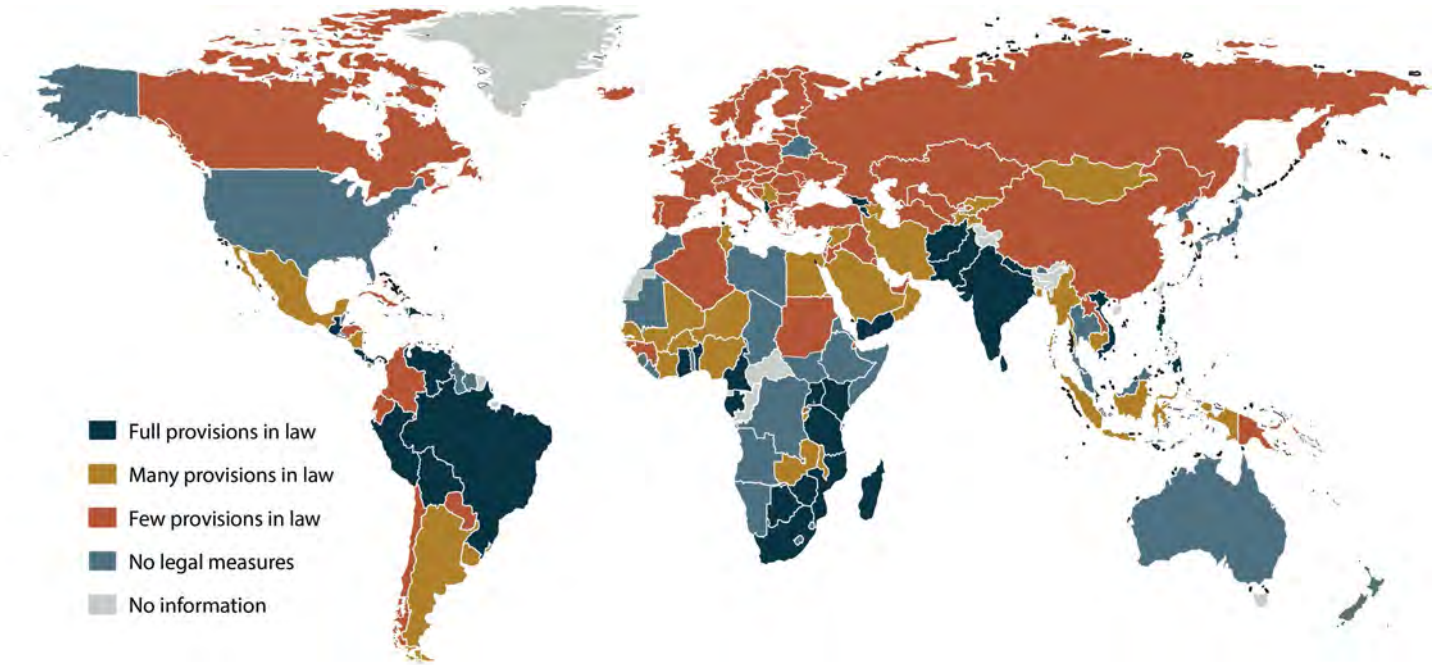
136 countries report have legal measures in place related to the Code

Under Article 11.1 of the Code, countries 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". Resolution WHA34.22 (1981), in which the Code is adopted, stresses that adoption of and adherence to the Code is a minimum requirement for all countries, and urges all countries to implement it "in its entirety".

Status of national legal measures

As of March 2016, 135 out of 194 countries had some form of legal measure in place covering some provisions of the Code. This represents significant progress since 2011 when only 103 countries had relevant legal measures in place. While this apparent increase is welcome, it is important to note that it is in part due to more information having become available on national legal measures than existed prior to 2011.

A total of 39 countries have comprehensive legislation or other legal measures reflecting all or most provisions of the Code. In 2011, 37 countries had such legislation in place. Six of these adopted comprehensive measures incorporating all of the Code provisions between 2011 and 2016.[10] An additional 31 countries have legal measures incorporating many provisions of the Code, and a further 65 have legal measures that contain a few provisions. 49 countries have non-legal or no measures in place. No information was available for 10 countries. Table 1 presents this information by WHO region. Annex 1 provides the status for all countries.



[10] Armenia, Bolivia, Kenya, Kuwait, South Africa and Viet Nam.

Table 1 Legal status of the Code in WHO regions

Law Categories	WHO Region						
	African	Americas	Eastern Mediterranean	European	South-East Asia	Western Pacific	Total
Full provisions in law	14	8	6	3	4	4	39
Many provisions in law	11	5	6	4	3	2	31
Few provisions in law	5	8	6	41	-	5	65
No legal measures	15	14	3	1	4	12	49
No information	2	-	-	4	-	4	10
Total	47	35	21	53	11	27	194

As can be seen in Table 1, the proportion of countries with comprehensive legislation on the Code (full provisions in law) is highest in South East Asia (36%: four out of 11 countries), followed by Africa (30%: 14 out of 47 countries) and the Eastern Mediterranean (29%: six out of 21 countries). The Americas, Western Pacific and European regions have the lowest proportion of countries with comprehensive legislation (23%: eight out of 35 countries; 15%: four out of 27 countries; and 6%: three out of 53 countries, respectively).

Since 2011, a number of countries have adopted or amended strong legal measures incorporating all of the Code provisions. In 2012 and 2014 respectively, Viet Nam and Armenia successfully amended their regulations to ensure full adherence to the Code and relevant subsequent WHA resolutions (and in some aspects to go beyond the Code). In both countries the provisions on prohibiting all forms of advertising are particularly strong. In 2012, both Kenya and South Africa adopted comprehensive Code-related legislation that includes wide-ranging prohibitions on promotional activities. Efforts are under way in both countries to ensure effective enforcement. Kenya is finalizing implementing regulations, and South Africa is adopting a staggered and extended timeline for the various provisions to come into force. In 2014, the Plurinational State of Bolivia completed its Code implementation process by adopting regulations that introduce detailed sanctions for violations perpetrated by different categories of actors under a law dating from 2006. Also in 2014, Kuwait adopted its law, which comprises many positive features including a broad scope, a wide range of prohibitions and detailed requirements for information and education materials and labelling.

Key provisions in national legal measures

Further information on the substance and quality of specific provisions contained in national legal measures allows for a more comprehensive understanding of the extent to which such measures include all, many or few of the provisions of the Code and recommendations of subsequent relevant WHA resolutions.

Detailed information on any of the specific provisions described below is available for 114 of the 135 countries with legal measures in place. For 11 countries, data are only available from the 2011 WHO survey, leaving gaps in the information on specific provisions. See Annex 2 for a detailed list of provisions in countries.

CASE STUDY

ARMENIA **adopts a dedicated law**

In 2014, Armenia upgraded its Code regulations by adopting a Law on Breastfeeding Promotion and Regulation of Marketing of Baby Food. The new law covers all provisions of the Code and relevant WHA resolutions, and in some aspects even goes beyond them.

The formulation of the dedicated law grew from observed weaknesses in implementing an earlier Article to the Law on Advertisement. Inappropriate marketing of breast-milk substitutes had continued and hindered the Government's actions to achieving optimal infant and young child feeding. Civil society groups including the IBFAN affiliate in Armenia (Confidence Health) recognized the need for more stringent legal measures. IBFAN provided assistance in building capacity to draft the new law, and with support from the Ministry of Health and UNICEF, the draft law was submitted to Parliament in 2003.

After delays in circulating the draft in 2012, the process was revived under the leadership of the Committee for Mother and Child Health of the National Assembly. The draft was strengthened with convincing evidence on the need to regulate the unethical marketing of breast-milk substitutes, and was finally adopted. The Armenian experience points to the important role civil society can play, when it is accompanied by adequate capacity building, the identification of political allies, patience and persistence.

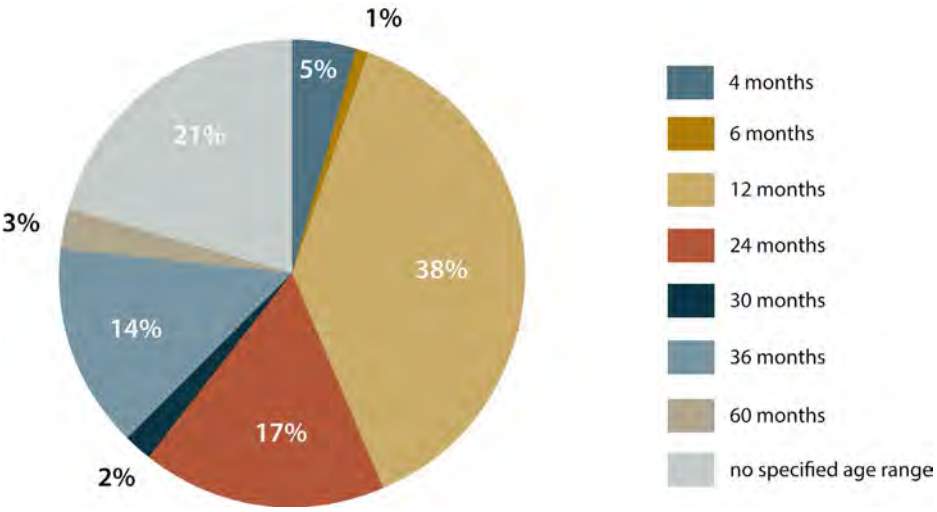
Scope of designated products

The scope of the Code, as set out in Article 2, "*applies to the marketing, and practices related thereto, of the following products: breast-milk 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 [...].*"

WHO requested information from countries on the specific products covered under the scope of national Code legislation. These include, but are not limited to, infant formula, follow-up formula, complementary foods, milk for mothers, and feeding bottles, teats and/or pacifiers.

A total of 111 countries include breast-milk substitutes as designated products within the scope of their legislation with upper age limits between 4 and 60 months.

Figure 1 Percentage of upper age limits for breast-milk substitutes in 111 Member States



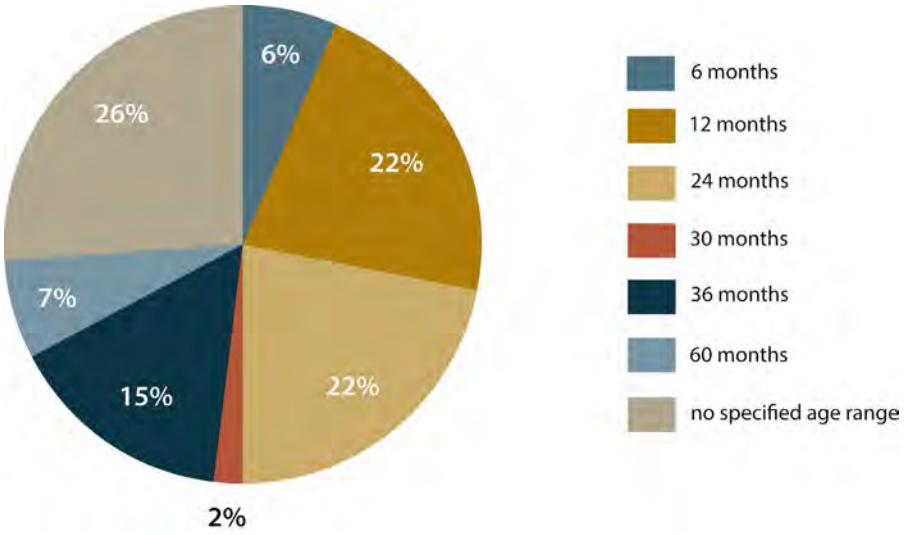
Just over one third of countries explicitly cover products that are marketed for children over the age of 1 year

While the majority of countries with legal measures include infant and follow-up formula as designated products, available information on age limits reveals that just over one third of countries explicitly cover products that are marketed for children over the age of 1 year. The data also show that 43% do not cover breast-milk substitutes beyond 12 months of age. A further 21% of countries do not specify an age range for designated products covered under the scope of their national legal measures.

WHO has stated that any milk product marketed or represented as a suitable partial or total replacement of the breast-milk portion of the infant's or young child's diet falls under the scope of the Code.[11] In addition, where a milk product is otherwise represented in a manner that results in such a product being perceived or used as a partial or total replacement for breast milk, such product also falls under the scope of the Code.

To avoid inappropriate marketing of products aimed at children older than 12 months, including through health and nutrition claims and cross promotion, more efforts are required to ensure that *all* milk products intended and marketed as suitable for feeding young children up to the age of 36 months, including growing up milks,[12] are adequately covered by national legislation.

Figure 2 Proportion of upper age limit for complementary foods in 34 countries



Forty-five countries include complementary foods under the scope of their national legal measures. Of those, 34 specify an upper age limit for complementary foods ranging from 6 to 60 months (Figure 2). Twelve countries do not specify an upper age limit.

Other designated products include feeding bottles, teats and/or pacifiers (57% of countries). Three countries include milk for mothers as a designated product.

Informational and educational materials on infant and young child feeding

Under Article 4.1 of the Code, countries should ensure that objective and consistent information on infant and young child feeding is provided for use by families and those involved in the field of infant and young child nutrition. This should include the planning, provision, design and dissemination of information, or their control.

The majority of countries with known legal measures have some provisions that comply with this requirement.

[11] WHO. "Information concerning the use and marketing of follow-up formula," 17 July 2013, http://www.who.int/nutrition/topics/WHO_brief_fufandcode_post_17July.pdf.

[12] The ICDC publication Breaking the Rules; Stretching the Rules (2014) reports evidence of inappropriate promotion of growing up milks, including through claims and cross-promotion.

CASE STUDY

BOTSWANA'S new law on marketing surpasses Code requirements

As a landmark move in the Ministry of Health's strategic plan of action for infants and young children, in 2005 Botswana adopted a new law in the form of a set of regulations under the Food Control Act, 1993. Backed up with strong support from other government agencies, UNICEF and IBFAN/ICDC, the full process – from advocacy and capacity building to adoption of Marketing of Foods for Infants and Young Children Regulations - took only three years.

The law went beyond the minimum standard set by the Code by introducing many innovative provisions. Its scope covers all foods for infants and young children up to three years of age, as well as commodities related to the preparation and use of designated products. It also allows the Minister of Health to designate additional products. A wide range of marketing practices are prohibited under the law, including marketing through telephone and internet help lines, mother and baby clubs, internet websites, and items that refer to a designated product or brand name. Informational and educational materials are prohibited from making any reference to a product or company brand name or logo. Health workers are not allowed to accept benefits such as fellowships, study grants or any other type of financial support from industry. Health facilities may not accept equipment, material or service that refers to a designated product or a company name or logo.

The law includes robust monitoring procedures, including the appointment of monitors to investigate, observe and record information regarding marketing practices at points of sale, in health facilities, border posts, through the media and elsewhere, and with safeguards to prevent conflicts of interest. Monitoring under the law has been successful. Detection of violations in retail outlets results in notification and, in many cases, immediate rectification. Industry visits and workshops in health facilities are only allowed if there are no promotional features such as product logos; this has resulted in the cancellation of many such events.

Botswana's performance on implementing the Code exceeded expectations in spite of the need to grapple with the problem of high prevalence of HIV transmission. Given that the country has a programme for preventing mother-to-child transmission that allows free formula to be provided for HIV-infected children, the presence of a strong law has made it possible to protect both breastfed and formula-fed children.

This general state of compliance required deep-rooted commitment to protect breastfeeding, as well as constant vigilance. Proactive action by the Ministry of Health has proven to be vital in this respect, including the issuance of public statements about the impact of inappropriate marketing on the health of infants and young children and the intention to enforce the law.

Article 4.2 of the Code states that 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 of the following points:

a) benefits and superiority of breastfeeding;

b) maternal nutrition, and the preparation for and maintenance of breastfeeding;

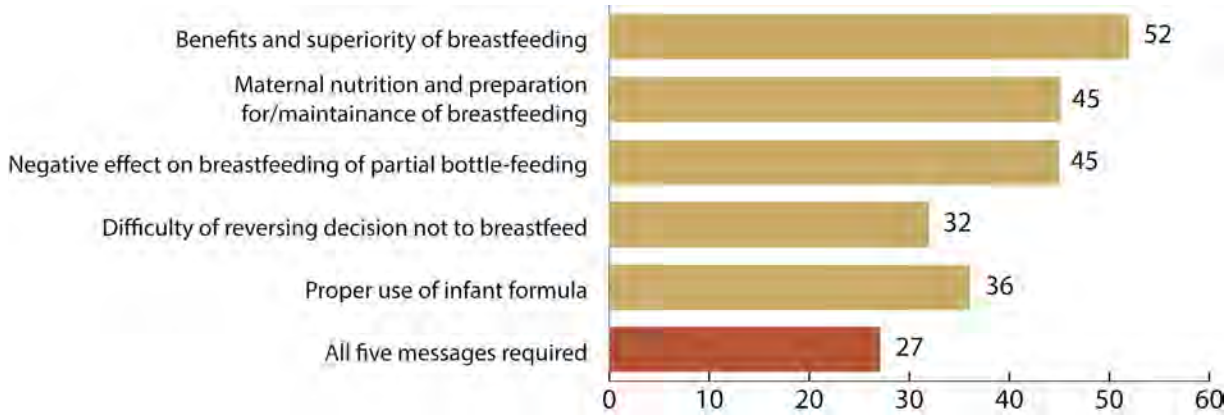
c) negative effect on breastfeeding of introducing partial bottle-feeding;

d) difficulty of reversing the decision not to breastfeed; and

e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared.

Figure 3 presents the proportion of 109 countries that have legal requirements for inclusion of any of the five points in all informational and educational materials on infant and young child feeding.

Figure 3 Proportion of countries requiring messages in informational and educational materials (n=109)



Fifty-two per cent of countries have provisions on informational and educational materials that require clear information on the benefits and superiority of breastfeeding, while 45% require messages on the importance of maternal nutrition and on how to prepare for and maintain breastfeeding, and on the negative effects of partial bottle/feeding. Fewer countries require information on the proper use of infant formula (36%) and on the difficulties of reversing a decision not to breastfeed (32%). Just 27% of all countries (N=109) have legal provisions requiring all of the five messages to be included in all informational and educational materials on infant and young child feeding.

Code Article 4.2 further states that when such materials contain information about the use of infant formula, they should describe (*1*) the social and financial implications of its use, (*2*) the health hazards of inappropriate foods or feeding methods and (*3*) the health hazards of unnecessary or improper use of infant formula and other breast-milk substitutes.

About one third of countries (N = 109) require the inclusion of information on the social and financial implications of the use of infant formula, and just over 40% require information on the health hazards of inappropriate foods or feeding methods and on the health hazards of unnecessary or improper use of infant formula and other breast-milk substitutes.

Moreover, countries should ensure that informational and educational materials do not use any pictures or text that may idealize the use of breast-milk substitutes. Just under half restrict the use of any pictures or text that may idealize the use of breast-milk substitutes (N = 96).

Finally, just over 40% of countries (n = 99) have adequate provisions in place that lay down clear governmental obligations to provide objective information on infant and young child feeding, and that govern acceptance of company materials.

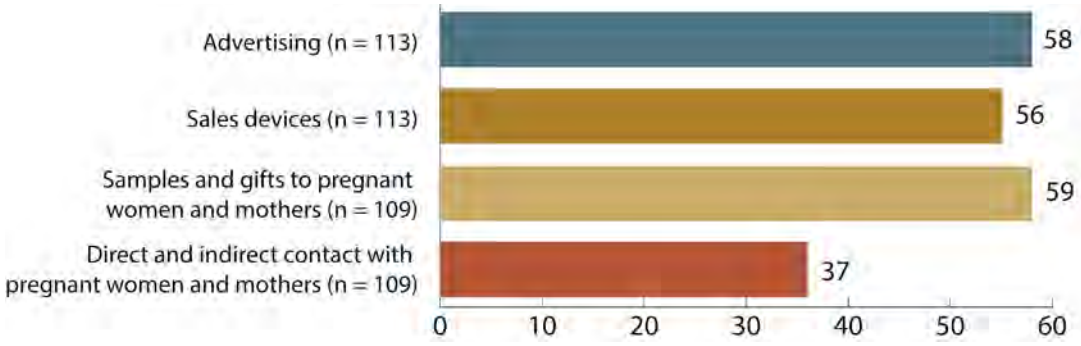
Promotion to the general public

Prohibition of advertising or other forms of promotion to the general public is fundamental to the protection of optimal infant and young child feeding

Article 5.1 of the Code states that "there should be no advertising or other form of promotion to the general public of products within the scope of the Code". Article 5.2 states that manufacturers and distributors should not provide samples of such products to pregnant women, mothers or their family members. Article 5.3 further states that there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the customer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales.

Prohibition of advertising or other forms of promotion of such products to the general public is fundamental to the protection of optimal infant and young child feeding. It is therefore important that legal measures contain explicit comprehensive provisions that cover all products included in the scope of the Code. Since the Code was adopted as a minimum measure, countries can include additional products that undermine breastfeeding under the scope of their national measures. Means of promotion comprise direct traditional advertising through mass media channels as well as the internet, social media and other electronic means of communication. Provisions must also cover the use of sales devices, including special displays, discount coupons, rebates and special sales.

Figure 4 Proportion of countries prohibiting forms of promotion of breast-milk substitutes



As shown in Figure 4, 58% of responding countries prohibit advertising. Prohibition of the use of sales devices is covered by national legal measures in 56% of countries.

Fifty-nine per cent of responding countries prohibit the distribution of samples and gifts to pregnant women and mothers, whereas only 37% prohibit manufacturers and distributors from seeking direct contact with pregnant women and mothers.

Promotion in health facilities and to health workers

The health system has been used as a conduit for promoting products falling under the scope of the Code. Traditional target audiences, for example pregnant women, mothers of infants as well as their family members, can easily be reached, and health facilities and personnel have often been targeted through the provision of materials and equipment which may lead to a direct or indirect endorsement of a company's products.

Just under 43% of countries prohibit the provision of free or low-cost supplies to health facilities

Resolution WHA47.5, adopted in 1994, urged countries to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and other products covered by the Code in any part of the health system.

Just under 44% of countries (n= 112) prohibit the provision of free or low-cost supplies to health facilities. These donations continue to seriously hinder efforts to provide new mothers with an enabling and protective environment for the initiation of breastfeeding. countries must ensure that manufacturers and distributors are prohibited from providing to health facilities free or at low cost (at less than 80% of the retail price)[13] any product covered by national legal measures.

[13] Baby Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care, Section 1.4 Compliance with the Code, p.42; WHO/UNICEF, 2006.

Article 7.3 of the Code states that financial or material inducements to promote products within the scope of the Code should not be offered to health workers or members of their families, nor should health workers or their family members accept these. Just over half of the 113 responding countries have provisions in place to ensure that this does not occur. Nonetheless, while the introduction of the Baby-Friendly Hospital Initiative and robust evidence on the advantages of breastfeeding have led to positive changes in health professionals' attitudes towards breastfeeding promotion and protection, commercial influence in health facilities remains significant.

Labelling

Labels should provide the necessary information about the appropriate use of the product and should not discourage breastfeeding (Article 9.1 of the Code). Article 9.2 of the Code spells out a series of specific requirements for labels for infant formula, including:

a) the words "Important Notice" or their equivalent ;

b) statement on the superiority of breastfeeding;

c) 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; and

d) instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation.

While the Code does not require that labels indicate the age for which a product is recommended, such information is crucial to avoid confusion among parents and other caregivers, and to ensure that the WHO recommendation of exclusive breastfeeding for six months is properly reflected. The Codex Standard on Processed Cereal-based Foods for Infants and Young Children requires that labels must "indicate clearly from which age the product is recommended for use", and that this age shall not be "less than 6 months for any product".[14]

In addition, resolution WHA 58.32 urges countries to ensure that nutrition and health claims are not permitted for breast-milk substitutes, except where specifically provided for in national legislation. Countries must also ensure the provision of information that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately. Where applicable, this information should be conveyed through an explicit warning on the packaging.

[14] Codex Standard on Processed Cereal-based Foods for Infants and Young Children, Standard 074-1981, REV. 1-2006.

Figure 5 Proportion of countries requiring messages to be included in labels

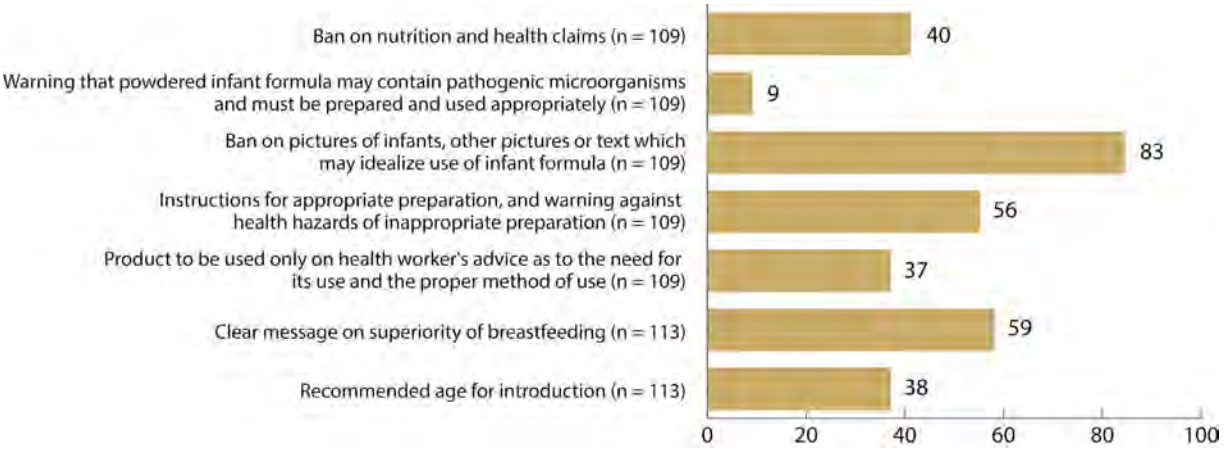


Figure 5 indicates the proportion of countries that have provisions requiring the inclusion of the above messages on labels of designated products under the scope of their Code-related legal measures.

Fewer than half of countries require that the label on designated products state the recommended age for introduction

Most countries have provisions in place that prohibit the inclusion of pictures of infants, and other pictures or text that may idealize the use of infant formula. Just over half of countries require the inclusion of a clear message on the superiority of breastfeeding, and instructions for appropriate preparation, as well as a warning against the health hazards of inappropriate preparation of the product.

Fewer than half of countries require that the label on designated products state the recommended age for introduction. A statement that the product should be used only on the advice of a health worker as to the need for and the proper method of use is required in only 37% of countries, while 9% include a warning that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately. Forty per cent of countries ban the use of nutrition and health claims on designated products.

Legal requirements on monitoring and enforcement

National Code legislation or regulations should have clear provisions that ensure robust and sustainable monitoring mechanisms and processes. These must be transparent, independent and free from commercial influence.[15] In addition, 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.

Of the 135 countries that have Code-related legal measures, information on such provisions only exists for 82. Of those, 66 have provisions that facilitate the establishment of a formal monitoring mechanism, while 16 do not. Furthermore, only six of the 66 countries have provisions that require all of the aforementioned criteria: transparent, independent, free from commercial influence, budgeted/funded, empowered to investigate and take action, and sustainable.

[15] Resolution WHA49.15 urges WHO Member States to ensure that monitoring the application of the Code is carried out in a transparent, independent manner, free from commercial influence.

WHO/Antonio Suarez Weise

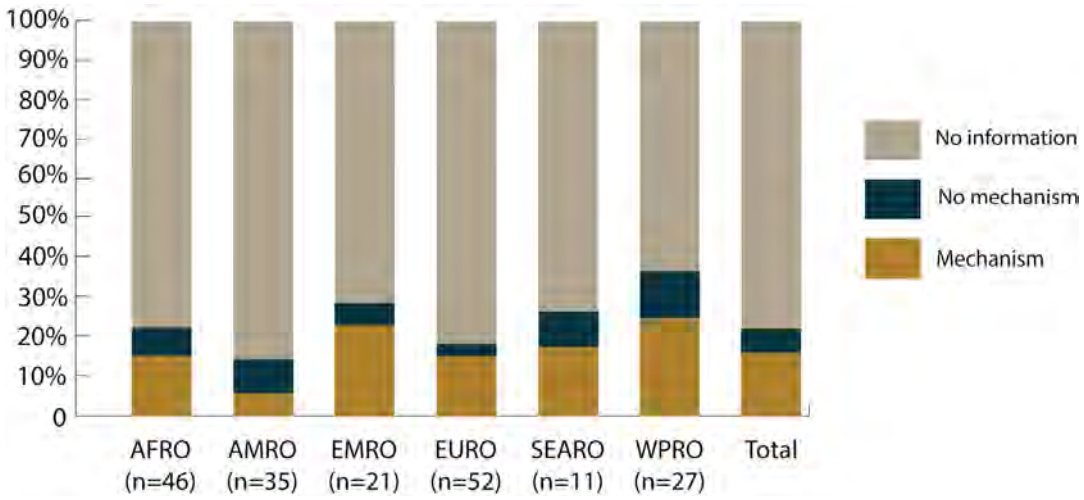
FINDINGS: NATIONAL MECHANISMS FOR MONITORING AND ENFORCEMENT

Responsibility for monitoring and enforcing the implementation of the Code rests with governments, both individually and in collaboration with partners (WHO, UNICEF, non-governmental organizations and professional groups). Monitoring is essential to detect violations, report them to the appropriate adjudicating body, and enable the existing enforcement mechanisms to effectively and quickly intervene to stop or eliminate actions that do not comply with national and international agreements and standards.

Establishment of a formal monitoring and enforcement mechanism

Updated information on the existence of a formal monitoring and enforcement mechanism was available from only 55 of 194 countries (Figure 6). Of those, 32 have a formal monitoring and enforcement mechanism that is operational. Most of those (88%) have mechanisms to monitor compliance with national legislative or other appropriate measures, while three countries do not specify this. Twelve countries appear to have no formal mechanism in place, and a further 11 do not have clear information as to whether their mechanism is operational. The proportion of countries reporting to have a formal monitoring mechanism is highest in the Eastern Mediterranean and Western Pacific regions. See Annex 3 for detailed information on monitoring and enforcement mechanisms in countries.

Figure 6 Formal monitoring and enforcement mechanisms by WHO Region



Sectors and agencies responsible for monitoring and enforcement

In 24 out of the 32 countries with formal mechanisms (75%), the health sector has overall responsibility for monitoring Code implementation. Three countries indicated that the food and agriculture sector was responsible for monitoring and enforcement, and in one country responsibility was delegated to the trade sector. Three countries did not provide information on sector responsibility for monitoring and enforcement. Responsible health sector entities reported by countries include the ministry of health, the ministry of food and drug safety, and food and veterinary boards.

Given the dominant role and responsibility of the health sector in Code monitoring and enforcement, enhanced technical support to strengthen the relevant capacity is a key element in efforts to improve Code implementation. Nonetheless, the wide range and diversity of sites and settings where Code violations may occur requires a multisectoral approach. In those countries with formal mechanisms various other government sectors involved include justice, trade, finance, budget and planning.

UN agencies, in particular UNICEF and WHO, also provide support to Code monitoring, including building the capacity of government officials, and establishing monitoring processes. Some non-governmental organizations including IBFAN, Save the Children and HKI have devised their own monitoring mechanisms. IBFAN/ICDC publishes periodic global, regional and national monitoring reports focusing on marketing practices that violate the Code as a minimum standard, while Save the Children and HKI have published country specific reports that measure the level of adherence to national laws.

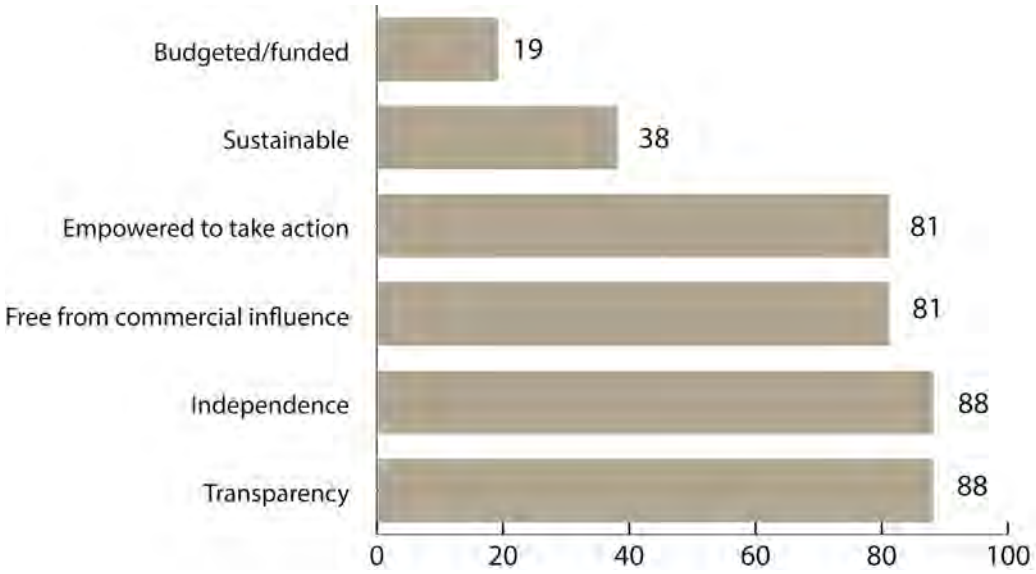
Criteria for operationalizing formal monitoring mechanisms

Resolution WHA49.15 adopted in 1996, urges governments to ensure that monitoring is carried out in a transparent, independent manner, free from commercial influence. This requires, *inter alia*, the establishment of a monitoring body that (*1*) is able to perform its duties and tasks without external pressure, fear or influence, (*2*) has the authority and sufficient resources to investigate Code violations, (*3*) is empowered to take remedial action in line with national laws and regulations following investigation and verification of alleged violations, (*4*) makes information related to monitoring activities, final results and remedial actions taken publicly available and accessible and (*5*) has safeguards to detect and exclude persons or bodies that have a conflict of interest and thus preserve its independence, integrity, trustworthiness and credibility.

Only 19% of countries have a budget of funding for monitoring and enforcement

Figure 7 shows the varying degrees with which the 32 countries with formal monitoring mechanisms meet these criteria. These mechanisms were reported as being transparent (88%), independent (88%), free from commercial influence (81%) and empowered to take administrative and legal action (81%). The data show that formal mechanisms in many countries are able to maintain a high degree of independence free from commercial influence, and are empowered to investigate and apply sanctions.

Figure 7 Proportion of countries meeting criteria for operationalization of formal mechanisms (n=32)



However, a mere 19% of countries indicated having a dedicated budget or funding for operationalization of their mechanisms. The absence of sufficient and sustained government funding for monitoring and enforcement purposes gives rise to concern. While the prominent presence and role of UN partners and international non-governmental organizations in supporting national Code monitoring processes may provide short-term opportunities, such support should not result in governments becoming dependent on external sources.

CASE STUDY

INDIA'S Act demonstrates the importance of comprehensiveness

In 1992, India adopted the Infant Milk Substitutes, Feeding Bottles and Infant Foods (*Regulation of Production, Supply and Distribution*) *Act* (IMS Act). Introducing the IMS Act in Parliament, the then Minister of Human Resource Development, Shri Arjun Singh stated that,

"...Promotion of infant milk substitutes and related products like feeding bottles and teats do constitute a health hazard. Promotion of infant milk substitutes and related products has been more pervasive and extensive than the dissemination of information concerning the advantages of mother's milk and breastfeeding, and contributes to decline in breastfeeding…".

The IMS Act was further amended in 2003 to strengthen certain provisions, and is applicable to the whole of India. It covers products marketed or otherwise represented as (*1*) a partial or total replacement for breast milk for infants up to 2 years of age and (*2*) as a complement to breast milk for infants from 6months up to 2 years of age.

The IMS Act comprehensively bans all forms of promotion of foods marketed for children up to 2 years of age. It also bans sponsorship to health care professionals or their organizations and promotion of products through the chemist shops. In addition it mandates correct information about infant feeding aimed at pregnant and lactating women. Violation of the IMS Act is a criminal offence and penalties include monetary fines and jail terms.

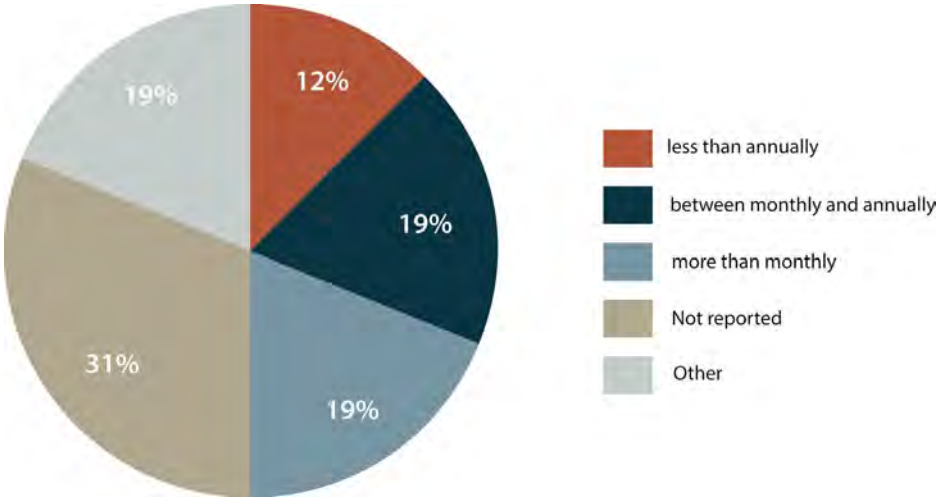
Monitoring of enforcement of the Act is undertaken by personnel and organizations formally notified by the government. These include food safety officers, authorized government officers, as well as voluntary organizations. In particular, the Breastfeeding Promotion Network of India supports the government to implement the Act. This includes activities to build capacity and awareness, developing monitoring tools, regular monitoring of product labelling and promotional activities of manufacturers, periodic reporting to the Ministry of Women and Child Development, and initiating legal action through filing cases before a court of law, if required.

While the need for further improvement in enforcement has been recognized, particularly in the health system, the approach adopted by the Government of India has led to a noticeable reduction in harmful promotion of foods for infants and young children in India. In addition to reflecting a deep commitment to the promotion and protection of breastfeeding, it demonstrates the importance and practical value of legal measures that are comprehensive, and are enforceable through mechanisms that are government-led, multisectoral in nature, and empowered to apply a range of legal sanctions in case of violations.

Frequency of monitoring

Close to 70% of the 32 countries with formal monitoring mechanisms provided information on the frequency of their monitoring exercises. Frequency varied from less than annually to more than once per month (Figure 8). A total of 38% of these countries indicated that monitoring occurred once a year or more.

Figure 8 Frequency of monitoring exercises (n=32)



Just over half of the 32 countries reported having conducted monitoring exercises since 2013, and five reported the most recent monitoring in or before 2012. A further nine countries did not provide information. While most indicated that monitoring efforts were nation-wide, very few provided information on the extent to which systematic monitoring occurs at provincial, district or local levels.

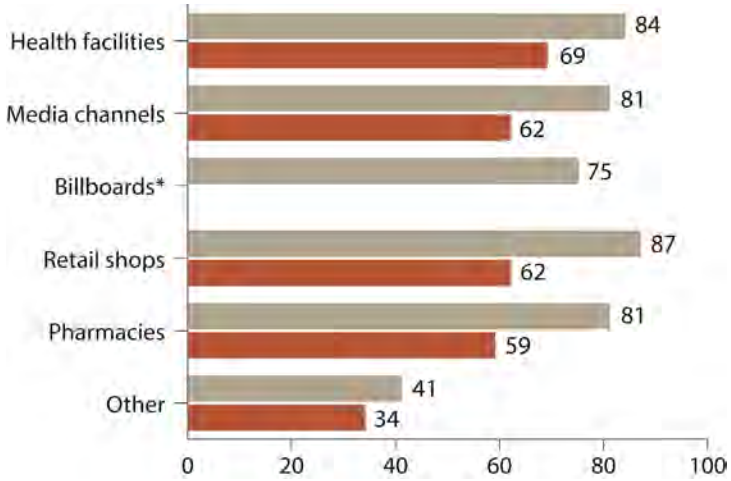
Irregular monitoring remains problematic, as do inadequate mechanisms for monitoring at national and sub-national levels. More information is needed on possible bottlenecks, although countries have previously reported the main blockages to be the lack of appropriate funding and insufficient capacity of assigned staff at sub-national levels.

Sites monitored

Monitoring activities should be focused on areas where the main targets of promotional and marketing efforts are found. Key settings for regular monitoring activities include customs and borders, media channels and social networks, billboards, internet, printed materials, health facilities (public and private), points of sale (supermarkets, stores, pharmacies, groceries) and public areas (day care centres, parks, theatres, cinemas, open spaces).

Formal mechanisms in the 32 countries were mandated to monitor a range of sites. However, as shown in Figure 9, the proportion that actually carried out monitoring in these sites is lower than what is mandated. Of the 32 countries with formal monitoring mechanisms, 69% monitored health facilities, and 59% monitored pharmacies. Retail shops and traditional media channels were monitored in 62% of countries, while 34% monitored other unspecified sites, including electronic media.

Figure 9 Proportion of countries with mandates for monitoring and actual monitoring by site (n=32)



* Actual monitoring not assessed separately for billboards.

Use of results of monitoring

Out of the 32 countries with formal mechanisms, less than one quarter published the results of their monitoring exercises. This is in some contradiction to the claim that monitoring mechanisms are transparent, which requires that information, final results and remedial actions are made publicly available and accessible. Ensuring that the public is properly informed about the need for and results of Code monitoring, contributes to the overall promotion and protection of breastfeeding.

Violations were identified in 22 out of the 32 countries (69%). Ten countries did not identify violations, or did not provide information on this.

Of the 22 countries that identified violations, 15 reported having imposed sanctions. The type of sanctions varied, with 10 countries having imposed administrative sanctions. Two countries applied criminal sanctions, while three did not provide information.

CASE STUDY

VIET NAM builds a wide coalition to promote legal change

A review of Code implementation in Viet Nam had revealed weaknesses in existing regulations that left parents and babies vulnerable to commercial pressures. In particular, regulations allowed for advertisements of milk products for children from 12 to 24 months of age and omitted feeding bottles, teats and dummies from the scope and definitions. In response, in 2011 UNICEF and Alive & Thrive helped build and lead a coalition of government, multilateral, and NGO partners to advocate for expanding paid maternity leave from four to six months and for implementing a total ban on the promotion of breast-milk substitutes for children up to two years old.

In 2012, the National Assembly voted in favour of both efforts, and the government guiding decree on marketing and use of feeding products for young children, feeding bottles, teats, and pacifiers was approved in 2014.

The success of this process demonstrates the value of, and need for, collaboration with multiple partners and line ministries beyond the Ministry of Health. It shows the importance of engaging the government from the outset, of building partnerships with, and consensus among, the right stakeholders and of leveraging their comparative advantages. However, such a multisectoral process requires both financial and technical support. In addition, a strong evidence base is vital (especially economic arguments), compelling collateral materials are critical and communications have to be strategic, working through an iterative process of development. The process also showed that there is a need to anticipate and plan for strong resistance, and to monitor and follow up each phase of the process, including through risk assessments.

WHO/PAHO

CHALLENGES TO CODE IMPLEMENTATION, MONITORING AND ENFORCEMENT

Countries have made welcome progress in translating the Code into national legal measures. Since 2011, new legislation was adopted, and in some cases existing legislation was amended and strengthened. However, full adherence to the Code remains limited in most countries. Of the 136 countries with legal measures, only 29% have comprehensive legislation covering all or most provisions of the Code. Many more have legislation that falls short of the Code and subsequent relevant resolutions, demonstrated by the significant variation in the quality and substance of legal provisions on scope, information and education materials, promotion to the general public and in health systems, and labelling.

"Effective monitoring and enforcement of national Code legislation remains one of the key challenges in curbing inappropriate marketing practices"

In addition, in spite of progress made in legislating for the Code, effective monitoring and enforcement of national Code legislation remains one of the key challenges in curbing inappropriate marketing practices. Too few countries, including those with legal measures in place, have operational monitoring and enforcement mechanisms that are empowered to take proper corrective action when required. Such mechanisms are crucial, as insufficient laws and lack of sanctions allow for continued systematic inappropriate marketing of breast-milk substitutes, and for continued Code violations.

Effective and full implementation of the Code and subsequent relevant WHA resolutions is a complex and resource intensive process. In addition to weak or non-existent legislation, implementation is further influenced by lack of political will to legislate and enforce the Code, absence of coordination between responsible stakeholders, continued interference from manufacturers and distributors in governments' efforts to initiate or strengthen Code monitoring and enforcement measures, lack of sufficient data and expertise on Code-related matters, and limited national and international human and financial resources for legislation, monitoring and enforcement.

In addition, even when countries make substantial efforts to draft and adopt comprehensive legislation to eliminate inappropriate marketing of breast-milk substitutes, such efforts are often delayed or even aborted due to attempts by industry to invoke World Trade Organization Agreements and a new generation of trade and investment agreements with chapters on the reduction of technical barriers to trade, investment, intellectual property rights and dispute settlements. Even in the harshest of trade regimes, there is space for public interest laws to meet legitimate health objectives when they are founded on internationally adopted standards and recommendations such as the Code and subsequent relevant WHA resolutions.

Moreover, new marketing techniques and strategies, driven by advances in communication technology and its increasingly widespread use by both the general public and health professionals, are creating additional challenges. Promotion of breast-milk substitutes is gradually shifting from advertising in retail outlets and through mass media to use of the internet and social media. These new forms of promotion raise both legal and practical challenges, and require countries to better understand the marketing strategies and practices used, to ensure that policy and legal measures can be tailored accordingly.

While accurate data on budget levels for national Code monitoring may be difficult to obtain, particularly where financing for monitoring has been subsumed in overall health or nutrition budgets, the overall lack of information gives rise to concern. Furthermore, continued dependence on external funding for Code monitoring activities provides a disincentive to many countries to ensure sustained funding levels.

RECOMMENDATIONS FOR ACTION

The findings of this report lead to the following recommendations.

Strengthen national legal measures to give effect to the Code and subsequent relevant WHA resolutions

- countries that have not yet adopted legal measures are urged to do so, taking into consideration all Code provisions and recommendations contained in subsequent relevant WHA resolutions.
- Countries that have partial Code-related legislation in place should review, and where needed, amend and strengthen existing measures, in particular to ensure the inclusion of provisions that:
    - broaden the range of designated products under the scope of their legislation to include **all** milk products intended and marketed as suitable for feeding young children up to the age of 36 months;
    - requires inclusion of **all** necessary messages in informational and educational materials on infant and young child feeding, as specified under article 4.2 of the Code;
    - explicitly prohibit **all** advertising and other forms of promotion of designated products to the general public, including contact with pregnant women and mothers, promotion through the internet, social media and other electronic means of communication, as well as in the health system;
    - prohibit the provision of free or low cost supplies to health facilities by manufacturers or distributors, and any other financial or material inducements to health workers to promote designated products, taking into consideration resolutions WHA 49.15, WHA 58.32 and WHA 61.20 to ensure avoidance of conflicts of interest;
    - include all necessary requirements for labelling of designated products, as indicated in Code Article 9.2 and resolution 58.32; and
    - specify government obligations to establish monitoring and enforcement mechanisms that are independent and transparent, free from commercial influence, and empowered to investigate Code violations and impose legal sanctions, and that clearly identify responsible government entities and roles.

Strengthening formal Code monitoring and enforcement mechanisms

- Countries must scale up their efforts to monitor and enforce national legal measures through robust, sustainable and multi-sectoral processes and mechanisms. In particular:
    - Incorporate funding for monitoring bodies and their activities into relevant national budgeting processes, to avoid dependence on external funding and ensure sustainability; and
    - increase capacity for monitoring at sub-national levels.
- Parliamentarians must be sensitized to the importance of Code monitoring and enforcement, and to their specific roles and support, including legislating for the Code, budgetary review, approval and oversight, and political advocacy with constituents.

Strengthen partnerships to provide technical and legal assistance to countries in effective Code monitoring and implementation

- Technical and legal assistance must be made available to countries through collaborative and coordinated efforts among partners, so as to pool available external expertise and avoid fragmentation. Collaboration among UN agencies, civil society organizations and other relevant partners must be strengthened, while recognizing the need to avoid conflict of interest. Support for countries is available through individual partners, and collectively through NetCode. The latter aims to strengthen country and civil society capacity to monitor the Code and relevant WHA resolutions, and to facilitate the development, monitoring and enforcement of national Code legislation by countries. NetCode is piloting a monitoring protocol to assist countries in reviewing the magnitude of Code violations and to establish a functioning mechanism for ongoing monitoring of Code compliance.

WHO /T. Kelly

ANNEXES

ANNEX 1

Table on legal status of the Code in all WHO Member States, including categorization

Country	Region	Year of most recent legal measure	Legal status of the Code
Afghanistan	EMRO	2009	Full provisions in law
Albania	EURO	1999	Full provisions in law
Algeria *	AFRO	2012	Few provisions in law
Andorra	EURO		No information
Angola	AFRO		No legal measures
Antigua and Barbuda	AMRO		No legal measures
Argentina	AMRO	2007	Many provisions in law
Armenia	EURO	2014	Full provisions in law
Australia	WPRO		No legal measures
Austria	EURO	2013	Few provisions in law
Azerbaijan	EURO	2003	Many provisions in law
Bahamas	AMRO		No legal measures
Bahrain	EMRO	1995	Full provisions in law
Bangladesh	SEARO	1984	Many provisions in law
Barbados	AMRO		No legal measures
Belarus	EURO		No legal measures
Belgium	EURO	2013	Few provisions in law
Belize	AMRO		No legal measures
Benin	AFRO	1998	Full provisions in law
Bhutan	SEARO		No legal measures
Bolivia (Plurinational State of)	AMRO	2009	Full provisions in law
Bosnia and Herzegovina	EURO		Few provisions in law
Botswana	AFRO	2005	Full provisions in law
Brazil	AMRO	2015	Full provisions in law
Brunei Darussalam	WPRO		No legal measures
Bulgaria	EURO	2013	Few provisions in law
Burkina Faso	AFRO	1993	Many provisions in law
Burundi	AFRO	2013	Many provisions in law
Cambodia	WPRO	2005	Many provisions in law
Cameroon	AFRO	2005	Full provisions in law
Canada*	AMRO		Few provisions in law
Cabo Verde	AFRO	2005	Full provisions in law
Central African Republic	AFRO		No information
Chad	AFRO		No legal measures
Chile*	AMRO	2015	Few provisions in law

Country	Region	Year of most recent legal measure	Legal status of the Code
China	WPRO	1995	Few provisions in law
Colombia	AMRO	1992	Few provisions in law
Comoros	AFRO	2014	Many provisions in law
Congo	AFRO		No legal measures
Cook Islands	WPRO		No legal measures
Costa Rica	AMRO	1994	Full provisions in law
Cote d'Ivoire	AFRO		Many provisions in law
Croatia	EURO	2013	Few provisions in law
Cuba	AMRO		Few provisions in law
Cyprus	EURO	2013	Few provisions in law
Czech Republic	EURO	2013	Few provisions in law
Democratic People's Republic of Korea	SEARO		No legal measures
Democratic Republic of Congo	AFRO	2006	Many provisions in law
Denmark	EURO	2013	Few provisions in law
Djibouti	EMRO	2010	Few provisions in law
Dominica	AMRO		No legal measures
Dominican Republic	AMRO	1996	Full provisions in law
Ecuador	AMRO	1999	Few provisions in law
Egypt	EMRO		Many provisions in law
El Salvador	AMRO	2013	Many provisions in law
Equatorial Guinea	AFRO		No information
Eritrea	AFRO		No legal measures
Estonia	EURO	2013	Few provisions in law
Ethiopia	AFRO		No legal measures
Fiji	WPRO	2010	Full provisions in law
Finland	EURO	2013	Few provisions in law
France	EURO	2013	Few provisions in law
Gabon	AFRO	2004	Full provisions in law
Gambia	AFRO	2006	Full provisions in law
Georgia	EURO	1999	Full provisions in law
Germany	EURO	2013	Few provisions in law
Ghana	AFRO	2000	Full provisions in law
Greece	EURO	2013	Few provisions in law
Grenada	AMRO		No legal measures
Guatemala	AMRO	1983	Full provisions in law
Guinea	AFRO		Few provisions in law
Guinea Bissau	AFRO	1982	Few provisions in law
Guyana	AMRO		No legal measures
Haiti	AMRO		No legal measures
Honduras	AMRO	2013	Few provisions in law
Hungary	EURO	2013	Few provisions in law

Country	Region	Year of most recent legal measure	Legal status of the Code
Iceland	EURO	2013	Few provisions in law
India	SEARO	2003	Full provisions in law
Indonesia	SEARO	2012	Many provisions in law
Iran (Islamic Republic of)	EMRO		Many provisions in law
Iraq	EMRO	2015	Few provisions in law
Ireland	EURO	2013	Few provisions in law
Israel	EURO		Few provisions in law
Italy	EURO	2013	Few provisions in law
Jamaica	AMRO		No legal measures
Japan	WPRO		No legal measures
Jordan	EMRO		Few provisions in law
Kazakhstan*	EURO	2003	Few provisions in law
Kenya	AFRO	2012	Full provisions in law
Kiribati	WPRO		No legal measures
Kuwait	EMRO	2014	Full provisions in law
Kyrgyzstan	EURO	2008	Many provisions in law
Lao People's Democratic Republic	WPRO	2007	Few provisions in law
Latvia	EURO	2013	Few provisions in law
Lebanon	EMRO	2008	Full provisions in law
Lesotho	AFRO		No legal measures
Liberia	AFRO		No legal measures
Libya	EMRO		No legal measures
Lithuania	EURO	2013	Few provisions in law
Luxembourg	EURO	2013	Few provisions in law
Madagascar	AFRO	2011	Full provisions in law
Malawi	AFRO	2004	Many provisions in law
Malaysia	WPRO		No legal measures
Maldives	SEARO	2008	Full provisions in law
Mali	AFRO	2006	Many provisions in law
Malta	EURO	2013	Few provisions in law
Marshall Islands	WPRO		No legal measures
Mauritania	AFRO		No legal measures
Mauritius	AFRO		No legal measures
Mexico	AMRO		Many provisions in law
Micronesia (Federated States of)	WPRO		No information
Monaco	EURO		No information
Mongolia	WPRO		Many provisions in law
Montenegro	EURO		No information
Morocco	EMRO		No legal measures
Mozambique	AFRO	2005	Full provisions in law
Myanmar	SEARO	2014	Many provisions in law

Country	Region	Year of most recent legal measure	Legal status of the Code
Namibia	AFRO		No legal measures
Nauru	WPRO		No information
Nepal	SEARO	1992	Full provisions in law
Netherlands	EURO	2013	Few provisions in law
New Zealand	WPRO		No legal measures
Nicaragua	AMRO	1999	Many provisions in law
Niger	AFRO	1998	Many provisions in law
Nigeria	AFRO	2005	Many provisions in law
Niue	WPRO		No information
Norway	EURO	2013	Few provisions in law
Oman	EMRO		Many provisions in law
Pakistan	EMRO	2002	Full provisions in law
Palau	WPRO	2006	Full provisions in law
Panama	AMRO	2013	Full provisions in law
Papua New Guinea	WPRO	1984	Few provisions in law
Paraguay	AMRO	1999	Few provisions in law
Peru	AMRO	2006	Full provisions in law
Philippines	WPRO	2006	Full provisions in law
Poland	EURO	2013	Few provisions in law
Portugal	EURO	2013	Few provisions in law
Qatar*	EMRO	2000	Few provisions in law
Republic of Korea	WPRO	2012	Few provisions in law
Republic of Moldova *	EURO	2011	Few provisions in law
Romania	EURO	2013	Few provisions in law
Russian Federation*	EURO	2013	Few provisions in law
Rwanda*	AFRO	2011	Few provisions in law
Sain Lucia	AMRO		No legal measures
Saint Kitts and Nevis	AMRO		No legal measures
Saint Vincent and the Grenadines	AMRO		No legal measures
Samoa	WPRO		No legal measures
San Marino	EURO		No information
Sao Tome & Principe	AFRO		No legal measures
Saudi Arabia	EMRO		Many provisions in law
Senegal	AFRO	1994	Many provisions in law
Serbia	EURO	2005	Many provisions in law
Seychelles	AFRO	1992	Few provisions in law
Sierra Leone	AFRO		No legal measures
Singapore	WPRO		No legal measures
Slovakia	EURO	2013	Few provisions in law
Slovenia	EURO	2013	Few provisions in law

Country	Region	Year of most recent legal measure	Legal status of the Code
Solomon Islands*	WPRO	2010	Few provisions in law
Somalia	EMRO		No legal measures
South Africa	AFRO	2012	Full provisions in law
South Sudan	AFRO		No legal measures
Spain	EURO	2013	Few provisions in law
Sri Lanka	SEARO	2003	Full provisions in law
Sudan	EMRO		Few provisions in law
Suriname	AMRO		No legal measures
Swaziland	AFRO		No legal measures
Sweden	EURO	2013	Few provisions in law
Switzerland	EURO	2008	Few provisions in law
Syrian Arab Republic	EMRO	2000	Many provisions in law
Tajikistan	EURO	2006	Many provisions in law
Thailand	SEARO		No legal measures
The former Yugoslav Republic of Macedonia*	EURO	2002	Few provisions in law
Timor-Leste	SEARO		No legal measures
Togo	AFRO		No legal measures
Tonga	WPRO		No information
Trinidad and Tobago	AMRO		Few provisions in law
Tunisia	EMRO	1983	Many provisions in law
Turkey	EURO		Few provisions in law
Turkmenistan	EURO	2009	Few provisions in law
Tuvalu	WPRO		No legal measures
Uganda	AFRO	1997	Full provisions in law
Ukraine *	EURO	2011	Few provisions in law
United Arab Emirates*	EMRO	1983	Few provisions in law
United Kingdom	EURO	2013	Few provisions in law
United Republic of Tanzania	AFRO	2013	Full provisions in law
United States of America	AMRO		No legal measures
Uruguay	AMRO	1994	Many provisions in law
Uzbekistan	EURO		Few provisions in law
Vanuatu	WPRO		No legal measures
Venezuela (Bolivarian State of)	AMRO		Full provisions in law
Viet Nam	WPRO	2014	Full provisions in law
Yemen	EMRO	2002	Full provisions in law
Zambia	AFRO	2006	Many provisions in law
Zimbabwe	AFRO	1998	Full provisions in law

* These countries have no dedicated Code legislation, but have Code-related provisions incorporated in other legal measures.

ANNEX 2

		Products covered									Required information for informational/educational materials					Required information for materials on breast-milk substitutes		
Country	Region	Infant formula	Follow-up formula	Complementary foods	Feeding bottles, teats, and/or pacifiers	Milk for mothers	Other designated products	Milk products covered up to age (months)	Complementary foods covered up to age (months)	Informational/educational materials covered	Benefits and superiority of breastfeeding	Maternal nutrition and preparation for and maintenance of breastfeeding	Negative effect on breastfeeding of bottle-feeding	Difficulty reversing decision not to breastfeed	Proper use of infant formula	Social & financial implications	Health hazards of inappropriate feeding	Health hazards of inappropriate use
Afghanistan	EMRO	✔	✔	✔	X	X	✔	36		✔	✔	✔	✔	✔	✔	✔	✔	✔
Albania	EURO	✔	✔	✔	X	X	✔	12	36	✔	X	X	X	X	X	X	X	X
Algeria	AFRO	✔	X	X	X	X	X	4		X	X	X	X	X	X	X	X	X
Armenia	EURO	✔	✔	✔	✔	X	✔	36	36	✔	✔	✔	✔	✔	✔	X	✔	✔
Austria	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Azerbaijan	EURO	✔	X	X	X	X	X	4		✔	X	X	X	X	X	✔	✔	✔
Bahrain	EMRO	✔	✔	✔	✔	X	✔	12	12	✔	✔	✔	✔	X	X	X	✔	✔
Bangladesh	SEARO	✔	✔	✔	X	X	X	unspecified		X	X	X	X	X	X	X	X	X
Belgium	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Benin	AFRO	✔	✔	✔	✔	X	✔	12	6	✔	✔	✔	✔	✔	X	✔	X	✔
Bolivia (Plurinational State of)	AMRO	✔	✔	✔	✔	X	X	24	24	✔	✔	✔	X	X	✔	X	X	X
Botswana	AFRO	✔	✔	✔	✔	X	✔	36		✔	✔	✔	✔	✔	✔	✔	✔	✔
Brazil	AMRO	✔	✔					36										
Bulgaria	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Burkina Faso	AFRO	✔	✔	X	✔	X	✔	unspecified		✔	X	X	X	X	X	X	X	X
Burundi	AFRO	✔	✔	✔	✔	X	✔	30	30	✔	✔	✔	✔	✔	X	✔	✔	✔
Cambodia	WPRO	✔	✔	✔	✔	X	✔	24		✔	✔	✔	✔	X	✔	✔	✔	✔
Cameroon	AFRO	✔	✔	X	✔	X	✔	30		✔	✔	X	X	X	X	X	X	X
Cabo Verde	AFRO	✔	✔	✔	✔	X	✔	24	12	✔	✔	✔	✔	✔	✔	✔	✔	✔
Chile	AMRO	✔	✔	X	X	X	X	12		X	X	X	X	X	X	X	X	X
China	WPRO	✔	X	X	✔	X	✔	4		✔	✔	✔	X	X	✔	✔	X	X
Colombia	AMRO	✔	✔	✔	✔	X	X	24	24	✔	✔	X	✔	X	X	X	✔	X
Comoros	AFRO	✔	✔	X	✔	X	✔	unspecified		✔	✔	✔	✔	X	✔	✔	✔	✔
Costa Rica	AMRO	✔	✔	X	✔	X	✔	unspecified		✔	✔	✔	X	X	✔	X	X	✔
Croatia	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Cyprus	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Czech Republic	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X

			Prohibitions of promotion to the general public				Prohibitions of promotion to health workers/ facilities		Required information on labels of breast-milk substitutes								Criteria for monitoring mechanism			
Country	Prohibition of pictures/text idealizing breast-milk substitutes	Approval required for donation of company materials	Advertising	Sales devices	Samples & gifts	Contact with mothers	Provision of free/low-cost supplies	Materials & gifts	Recommended age of introduction	Message on superiority of breastfeeding	Only to be used on advice of health worker	Preparation instructions	Bans of pictures/text idealizing infant formula	Warning on pathogenic micro-organisms	Ban on nutrition & health claims	Mandates monitoring mechanism	Independent & transparent	Free for commercial influence	Empowered to investigate Code violations	Empowered to impose legal sanctions
Afghanistan	✔	X	✔	✔	✔	X	✔	✔	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	✔	✔
Albania		✔	✔	✔	✔	X	X	✔	X	✔	✔	X	X	X	X	✔	X	X	X	✔
Algeria	X	X	X	X	X	X	X	X	X	✔	X	✔	✔	X	X	X				
Armenia	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	X	✔	✔	X	✔	✔	X	X	X	X
Austria	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Azerbaijan	✔	X	✔	✔	✔	X	X	✔	X	✔	✔	✔	✔	X	X	X				
Bahrain	✔		✔	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	X	X	✔	X	X	✔	✔
Bangladesh		X	✔	✔	✔	X	X	✔	X	✔	X	✔	✔	X	X	✔	X	X	X	✔
Belgium	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Benin	X	X	✔	✔	✔	X	✔	✔	✔	✔	X	✔	✔	X	X	✔	X	X	X	✔
Bolivia (Plurinational State of)	✔	✔	✔	✔	✔	X	X	24	24	✔	✔	✔	X	X	✔	X	X	X		
Botswana	X	✔	✔	✔	✔	✔	✔	✔	X	X	X	X	X	X	X	✔	X	✔	✔	✔
Brazil			✔	✔			✔	✔	✔	✔						✔				
Bulgaria	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Burkina Faso	X	✔	✔	✔	✔	✔	X	✔	X	✔	✔	✔	✔	X	X	✔	X	X	✔	✔
Burundi	✔	X	X	✔	✔	X	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	X	✔	✔
Cambodia	✔	✔	X	X	X	X	X	X	X	✔	✔	✔	✔	X	X	✔	X	X	✔	✔
Cameroon	✔	✔	X	X	✔	X	✔	✔	✔	✔	X	✔	✔	X	X	X				
Cabo Verde	✔		✔	✔	X	✔	✔	✔	✔	✔	✔	✔	✔	X	X	✔	X	X	X	X
Chile		X	✔	X	X	X	X	X	X	✔	✔	X	X	X	X	✔	X	X	X	✔
China	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	X	✔	X	X	X				
Colombia	X	X	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	X	✔	X	X	X	✔
Comoros	✔	✔	✔	✔	✔	✔	X	✔	X	✔	✔	✔	✔	X	X	✔	X	X	X	X
Costa Rica	✔	X	X	X	✔	X	X	X	X	✔	✔	✔	✔	X	X	✔	X	X	✔	✔
Croatia	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Cyprus	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Czech Republic	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					

		Products covered									Required information for informational/educational materials						Required information for materials on breast-milk substitutes		
Country	Region	Infant formula	Follow-up formula	Complementary foods	Feeding bottles, teats, and/or pacifiers	Milk for mothers	Other designated products	Milk products covered up to age (months)	Complementary foods covered up to age (months)	Informational/educational materials covered	Benefits and superiority of breastfeeding	Maternal nutrition and preparation for and maintenance of breastfeeding	Negative effect on breastfeeding of bottle-feeding	Difficulty reversing decision not to breastfeed	Proper use of infant formula	Social & financial implications	Health hazards of inappropriate feeding	Health hazards of inappropriate use
Democratic Republic of Congo	AFRO	✔	✔	X	✔	✔	✔	unspecified		✔	✔	✔	✔	X	✔	X	✔	✔
Denmark	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Djibouti	EMRO	✔	✔	✔	✔	X	X	unspecified			X	X	X	X	X	X	X	X
Dominican Republic	AMRO	✔	✔	✔	✔	X	✔	24	24	✔	✔	✔	✔	X	X	X	X	X
Ecuador	AMRO	✔	✔	X	X	X	✔	unspecified		✔	✔	✔	✔	✔	✔	✔	X	✔
Egypt	EMRO	✔	✔					24										
El Salvador	AMRO	✔	✔	X	X	X	X	unspecified		✔	✔	X	X	X	X	X	X	X
Estonia	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Fiji	WPRO	✔	✔	✔	✔	X	✔	6X	24	✔	✔	✔	✔	✔	✔	✔	✔	✔
Finland	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
France	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Gabon	AFRO	✔	✔	✔	✔	X	✔	12	6	✔	✔	✔	✔	✔	X	X	X	X
Gambia	AFRO	✔	✔	X	✔	X	✔	36		✔	✔	✔	✔	X	✔	✔	✔	✔
Georgia	EURO	✔	✔	✔	✔	X	✔	36	6	✔	✔	✔	✔	✔	✔	✔	✔	✔
Germany	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Ghana	AFRO	✔	✔	X	✔	X	✔	unspecified		✔	✔	✔	✔	✔	✔	✔	✔	✔
Greece	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Guatemala	AMRO	✔	✔	X	✔	X	X	unspecified		✔	✔	✔	✔	✔	✔	X	✔	✔
Guinea Bissau	AFRO	✔	✔	X	✔	X	X	unspecified		X	X	X	X	X	X	X	X	X
Honduras	AMRO	✔	✔	X	✔	✔	X	24		✔	✔	✔	✔	✔	X	✔	✔	✔
Hungary	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Iceland	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
India	SEARO	✔	✔	✔	✔	X	X	24	24	✔	✔	✔	✔	✔	X	✔	✔	✔
Indonesia	SEARO	✔	✔	✔	✔	X	X	unspecified		✔	✔	✔	✔	✔	X	X	X	X
Iraq	EMRO	✔	✔	X	✔	X	✔	unspecified		✔	✔	✔	✔	X	✔	X	✔	✔
Ireland	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Italy	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Kenya	AFRO	✔	✔	✔	✔	X	✔	24	24	✔	X	X	X	X	X	X	X	X
Kuwait	EMRO	✔	✔	✔	✔	X	X	36	36	✔	✔	✔	✔	✔	✔	✔	✔	✔

			Prohibitions of promotion to the general public				Prohibitions of promotion to health workers/ facilities		Required information on labels of breast-milk substitutes								Criteria for monitoring mechanism			
Country	Prohibition of pictures/text idealizing breast-milk substitutes	Approval required for donation of company materials	Advertising	Sales devices	Samples & gifts	Contact with mothers	Provision of free/low-cost supplies	Materials & gifts	Recommended age of introduction	Message on superiority of breastfeeding	Only to be used on advice of health worker	Preparation instructions	Bans of pictures/teot idealizing infant formula	Warning on pathogenic micro-organisms	Ban on nutrition & health claims	Mandates monitoring mechanism	Independent & transparent	Free for commercial influence	Empowered to investigate Code violations	Empowered to impose legal sanctions
Democratic Republic of Congo	X	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	✔	✔	X	X	✔	X	X	✔	✔
Denmark	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Djibouti			X	✔	✔	X	✔	X	X	X	X	X	X	X	X	✔	X	X	X	✔
Dominican Republic	X	X	✔	✔	✔	✔	X	✔	✔	✔	✔	✔	✔	X	X	✔	X	✔	✔	✔
Ecuador	✔	X	X	X	X	X	X	✔	✔	✔	X	✔	✔	X	X	✔	X	X	✔	✔
Egypt			✔	✔			✔	✔								✔				
El Salvador		✔	✔	✔	✔	✔	✔	✔	X	X	X	X	✔	X	X	✔	X	X	✔	✔
Estonia	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Fiji	✔	X	✔	✔	✔	X	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	X	✔	✔
Finland	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
France	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Gabon	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	X	✔	✔	X	X	✔	X	X	✔	✔
Gambia	✔	✔	✔	✔	✔	X	✔	✔	X	✔	X	✔	✔	X	X	✔	X	X	✔	✔
Georgia	X	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	X	✔	X	X	X	X
Germany	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Ghana	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	✔	✔	X	X	✔	X	X	✔	✔
Greece	X	X	X	X	X	X	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				
Honduras	✔	X	X	X	X	X	X	X	X	✔	X	✔	X	X	X	✔	X	X	X	✔
Hungary	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Iceland	X	X	X	X	X	X	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	X	✔	X	X	✔	✔
Iraq	X	X	X	X	X	X	✔	✔	X	✔	✔	✔	✔	X	X	X				
Ireland	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Italy	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Kenya		✔	✔	✔	✔	✔	✔	✔	X	X	X	X	X	X	X	✔	X	X	✔	✔
Kuwait	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔

		Products covered									Required information for informational/educational materials					Required information for materials on breast-milk substitutes		
Country	Region	Infant formula	Follow-up formula	Complementary foods	Feeding bottles, teats, and/or pacifiers	Milk for mothers	Other designated products	Milk products covered up to age (months)	Complementary foods covered up to age (months)	Informational/educational materials covered	Benefits and superiority of breastfeeding	Maternal nutrition and preparation for and maintenance of breastfeeding	Negative effect on breastfeeding of bottle-feeding	Difficulty reversing decision not to breastfeed	Proper use of infant formula	Social & financial implications	Health hazards of inappropriate feeding	Health hazards of inappropriate use
Kyrgyzstan	EURO	✔	✔	X	✔	X	X	24		X	X	X	X	X	X	X	X	X
Lao People's Democratic Republic	WPRO	✔	✔	✔	✔	X	X	24	24	✔	✔	X	✔	X	X	X	X	X
Latvia	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Lebanon	EMRO	✔	✔	✔	✔	X	✔	36	36	✔	✔	✔	✔	✔	✔	X	✔	✔
Lithuania	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Luxembourg	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Madagascar	AFRO	✔	✔	✔	✔	X	✔	24	24	✔	✔	✔	✔	✔	✔	✔	✔	✔
Malawi	AFRO	✔	X	X	✔	X	✔	6		✔	✔	✔	✔	✔	✔	✔	✔	✔
Maldives	SEARO	✔	✔	✔	✔	✔	✔	36	12	✔	✔	✔	✔	✔	✔	✔	✔	✔
Mali	AFRO	✔	✔	X	✔	X	X	unspecified		✔	✔	✔	✔	✔	✔	✔	✔	✔
Malta	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Mexico	AMRO	✔	✔					12										
Mozambique	AFRO	✔	✔	✔	✔	X	✔	36	12	✔	✔	✔	✔	✔	✔	✔	✔	✔
Myanmar	SEARO	✔	✔	X	✔	X	✔	24		✔	✔	✔	✔	X	X	✔	✔	✔
Nepal	SEARO	✔	✔	✔	✔	X	✔	12	12	✔	✔	✔	✔	✔	✔	✔	✔	✔
Netherlands	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Nicaragua	AMRO	✔	✔	X	✔	X	✔	24		✔	✔	X	X	X	X	X	✔	✔
Niger	AFRO	✔	✔	X	✔	X	X	unspecified		✔	✔	X	X	X	X	X	X	X
Nigeria	AFRO	✔	✔	✔	✔	X	✔	36	36	✔	✔	✔	✔	✔	✔	X	✔	✔
Norway	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Oman	EMRO	✔	X					4										
Pakistan	EMRO	✔	✔	✔	✔	X	✔	24	12	✔	X	X	X	X	X	X	X	X
Palau	WPRO	✔	✔	✔	✔	X	✔	36	12	✔	✔	✔	✔	✔	✔	✔	✔	✔
Panama	AMRO	✔	✔	✔	✔	X	✔	24	24	✔	✔	✔	✔	X	✔	X	✔	✔
Papua New Guinea	WPRO	X	X	X	✔	X	X			X	X	X	X	X	X	X	X	X
Paraguay	AMRO	✔	✔	X	✔	X	✔	unspecified		✔	✔	✔	✔	✔	✔	X	✔	✔
Peru	AMRO	✔	✔	X	✔	X	✔	24		✔	✔	✔	✔	✔	✔	✔	✔	✔
Philippines	WPRO	✔	✔	X	✔	X	✔	36		✔	✔	✔	✔	✔	✔	✔	✔	✔
Poland	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Portugal	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X

			Prohibitions of promotion to the general public				Prohibitions of promotion to health workers/ facilities		Required information on labels of breast-milk substitutes								Criteria for monitoring mechanism				
Country	Prohibition of pictures/text idealizing breast-milk substitutes	Approval required for donation of company materials	Advertising	Sales devices	Samples & gifts	Contact with mothers	Provision of free/low-cost supplies	Materials & gifts	Recommended age of introduction	Message on superiority of breastfeeding	Only to be used on advice of health worker	Preparation instructions	Bans of pictures/text idealizing infant formula	Warning on pathogenic micro-organisms	Ban on nutrition & health claims	Mandates monitoring mechanism	Independent & transparent	Free for commercial influence	Empowered to investigate Code violations	Empowered to impose legal sanctions
Kyrgyzstan			X	✔	✔	✔	X	X	X	X	X	X	X	X	X	✔	X	X	X	✔
Lao People's Democratic Republic	✔	X	✔	✔	✔	X	X	X	X	✔	X	✔	X	X	X	✔	X	X	✔	✔
Latvia	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Lebanon	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	✔	X	X	✔	✔
Lithuania	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Luxembourg	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Madagascar	X	✔	✔	✔	✔	X	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	X	✔	✔
Malawi	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	✔	X	X	X	✔	✔	✔	✔	✔
Maldives	✔	X	✔	✔	✔	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	✔	X	✔	✔	✔
Mali	✔	✔	✔	✔	✔	✔	X	✔	✔	X	X	✔	X	X	X	X				
Malta	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Mexico			X	X			X	X	✔	X						✔				
Mozambique	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	X	✔	✔	✔	✔	X
Myanmar	✔	✔	✔	✔	✔	✔	X	X	✔	✔	✔	✔	✔	X	✔	✔	X	X	✔	✔
Nepal	✔	✔	✔	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	X	X	✔	X	X	✔	✔
Netherlands	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Nicaragua	✔	✔	X	X	X	X	X	✔	✔	✔	X	✔	✔	X	X	✔	X	X	X	✔
Niger	✔	X	✔	X	✔	X	X	X	✔	✔	X	✔	✔	X	X	✔	X	X	✔	✔
Nigeria	✔	✔	✔	✔	✔	X	X	✔	✔	✔	✔	✔	✔	X	X	✔	X	X	X	✔
Norway	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Oman			✔	X				✔	X	✔						X				
Pakistan	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	✔	✔	X	X	✔	X	X	✔	✔
Palau	X	✔	✔	✔	✔	X	✔	✔	✔	✔	✔	✔	✔	X	✔	✔	X	X	✔	✔
Panama	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	X				
Papua New Guinea		✔	✔	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	X	✔	✔
Paraguay	✔	✔	X	X	X	X	X	X	✔	✔	X	✔	✔	X	X	✔	X	X	✔	✔
Peru	✔	X	✔	✔	✔	✔	✔	✔	✔	✔	X	✔	✔	X	X	✔	X	X	✔	✔
Philippines	X	✔	X	✔	✔	X	✔	✔	X	✔	✔	✔	✔	✔	X	✔	X	X	✔	✔
Poland	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Portugal	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					

		Products covered									Required information for informational/educational materials					Required information for materials on breast-milk substitutes		
Country	Region	Infant formula	Follow-up formula	Complementary foods	Feeding bottles, teats, and/or pacifiers	Milk for mothers	Other designated products	Milk products covered up to age (months)	Complementary foods covered up to age (months)	Informational/educational materials covered	Benefits and superiority of breastfeeding	Maternal nutrition and preparation for and maintenance of breastfeeding	Negative effect on breastfeeding of bottle-feeding	Difficulty reversing decision not to breastfeed	Proper use of infant formula	Social & financial implications	Health hazards of inappropriate feeding	Health hazards of inappropriate use
Republic of Korea	WPRO	✔	✔	X	X	X	X	unspecified		X	X	X	X	X	X	X	X	X
Romania	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Saudi Arabia	EMRO	✔	✔					12										
Senegal	AFRO	✔	✔	✔	X	X	X	unspecified		X	X	X	X	X	X	X	X	X
Serbia	EURO	✔	✔	✔	✔	X	✔	12	12		X	X	X	X	X	X	X	X
Seychelles	AFRO	✔	X	X	X	X	✔	4		X	X	X	X	X	X	X	X	X
Slovakia	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Slovenia	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Solomon Islands	WPRO	✔	✔	X	X	X	X	unspecified		X	X	X	X	X	X	X	X	X
South Africa	AFRO	✔	✔	✔	✔	X	✔	36		✔	X	X	X	X	X	X	X	X
Spain	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Republic of Moldova	EURO	✔	✔	X	X	X	X	unspecified		✔	✔	✔	✔	✔	✔	✔	✔	✔
Sri Lanka	SEARO	✔	✔	✔	✔	X	✔	12		✔	✔	X	X	X	X	X	X	X
Sweden	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
Switzerland	EURO	✔	X	X	X	X	X			X	X	X	X	X	X	X	X	X
Syrian Arab Republic	EMRO	✔	✔	X	✔	X	✔	unspecified		✔	✔	✔	✔	✔	✔	✔	✔	✔
Tajikistan	EURO	✔	X	✔	✔	X	✔			✔	✔	✔	✔	✔	✔	✔	✔	X
The former Yugoslav Republic of Macedonia	EURO	✔	✔	X	✔	X	X	12		X	X	X	X	X	X	X	X	X
Tunisia	EMRO	✔	✔	✔	✔	X	X	unspecified		X	X	X	X	X	X	X	X	X
Turkmenistan	EURO	✔	✔	✔	✔	X	X	36	36	X	X	X	X	X	X	X	X	X
Uganda	AFRO	✔	✔	✔	✔	X	✔	12	60	✔	✔	✔	✔	✔	✔	✔	✔	✔
United Kingdom	EURO	✔	✔	X	X	X	X	12		✔	X	X	X	X	X	X	X	X
United Republic of Tanzania	AFRO	✔	✔	✔	✔	X	✔	60	60	✔	✔	✔	✔	✔	✔	✔	✔	✔
Uruguay	AMRO	✔	✔	✔	X	X	X	36	36	✔	✔	✔	✔	✔	✔	✔	✔	✔
Viet Nam	WPRO	✔	✔	✔	✔	X	X	24	24	✔	✔	✔	✔	X	✔	✔	✔	✔
Yemen	EMRO	✔	✔	✔	X	X	X	24		✔	✔	X	✔	X	X	X	✔	✔
Zambia	AFRO	✔	✔	✔	✔	X	✔	unspecified	12	✔	✔	✔	✔	X	X	X	✔	✔
Zimbabwe	AFRO	✔	✔	✔	✔	X	✔	60	60	✔	✔	✔	✔	✔	✔	✔	✔	✔

			Prohibitions of promotion to the general public				Prohibitions of promotion to health workers/ facilities		Required information on labels of breast-milk substitutes								Criteria for monitoring mechanism			
Country	Prohibition of pictures/text idealizing breast-milk substitutes	Approval required for donation of company materials	Advertising	Sales devices	Samples & gifts	Contact with mothers	Provision of free/low-cost supplies	Materials & gifts	Recommended age of introduction	Message on superiority of breastfeeding	Only to be used on advice of health worker	Preparation instructions	Bans of pictures/text idealizing infant formula	Warning on pathogenic micro-organisms	Ban on nutrition & health claims	Mandates monitoring mechanism	Independent & transparent	Free for commercial influence	Empowered to investigate Code violations	Empowered to impose legal sanctions
Republic of Korea			✔	X	✔	X	✔	X	X	X	X	X	✔	X	X	✔	X	X	X	✔
Romania	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Saudi Arabia									✔	✔						✔				
Senegal	✔		X	X	X	X	✔	X	X	X	X	X	X	X	X	✔	X	X	✔	✔
Serbia			✔	X	X	X	✔	X	X	X	X	X	X	X	X					
Seychelles			✔	✔	✔	X	X	X	X	✔	✔	✔	✔	X	X	X				
Slovakia	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Slovenia	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Solomon Islands	X	X	✔	✔	✔	X	X	X	X	✔	✔	✔	X	X	✔	✔	✔	✔	✔	✔
South Africa	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	X	✔	✔
Spain	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Republic of Moldova	✔	X	X	X	X	X	X	X	✔	✔	X	✔	✔	X	X	X				
Sri Lanka	✔	X	✔	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	X	X	✔	X	X	✔	X
Sweden	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
Switzerland	X	X	X	✔	✔	✔	X	X	X	X	X	X	X	X	X	X				
Syrian Arab Republic	✔	✔	✔	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	X	X	✔	X	X	✔	✔
Tajikistan	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
The former Yugoslav Republic of Macedonia	X		✔	X	X	X	X	X	X	X	X	X	✔	X	X	✔	X	X	✔	✔
Tunisia	X	X	✔	✔	✔	X	✔	X	X	✔	X	✔	✔	X	X	✔	X	X	✔	✔
Turkmenistan		X	✔	✔	X	X	X	X	✔	✔	✔	✔	✔	X	X	X				
Uganda	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	✔	✔	X	X	✔	X	✔	✔	✔
United Kingdom	X	X	X	X	X	X	X	X	X	X	X	X	✔	X	✔					
United Republic of Tanzania	✔	✔	✔	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	X	X	X				
Uruguay	✔	✔	✔	✔	✔	✔	X	✔	X	✔	✔	✔	✔	X	X	X				
Viet Nam	✔	X	✔	✔	✔	✔	X	✔	✔	✔	✔	✔	✔	X	X	✔	X	X	✔	X
Yemen	✔	X	✔	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	X	✔	✔	✔	✔	✔	✔
Zambia	X	X	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	X	X				
Zimbabwe	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	X	✔	X	X	✔	✔

ANNEX 3

				Criteria for operationalization						
Country	Region	Formal monitoring mechanism in place	Agency Responsible	Transparent	Independent	Free of commercial influence	Budgeted	Empowered to take action	Sustainable	Frequency of monitoring
Afghanistan	EMRO	Yes	Public Nutrition Department of Minister of public Health	✔	✔	✔	✔	✔	X	More than monthly
Australia	WPRO	No								
Austria	EURO	Yes	Federal Ministry of Health	X	✔	✔	X	✔	✔	Other
Bahrain	EMRO	Yes		✔	✔	✔	✔	✔	X	More than monthly
Bolivia (Plurinational State of)	AMRO	Yes	Ministerio de Salud	✔	✔	✔	X	X	✔	Not reported
Botswana	AFRO	Yes	Nutrition and Food Control Division	✔	✔	✔	X	X	✔	More than monthly
Cambodia	WPRO	Yes	Ministry of Health	✔	✔	✔	X	✔	X	More than monthly
Cabo Verde	AFRO	Yes	Programme national de nutrition Direction Nationale de la Santé	X	X	X	X	X	X	Not reported
China	WPRO	Yes	National Health and family planning committee	✔	✔	✔	✔	✔	✔	Less than annually
Colombia	AMRO	No								
Comoros	AFRO	No								
Croatia	EURO	Yes		✔	✔	X	X	X	X	Not reported
Cyprus	EURO	Yes	Public Health Services, Ministry of Health of Cyprus	✔	✔	✔	✔	✔	✔	Monthly to annually
Democratic Republic of Congo	AFRO	Yes	Ministère de la santé	X	✔	✔	X	X	X	Less than annually
Denmark	EURO	No								
Estonia	EURO	Yes	Food and Veterinary Board	✔	✔	✔	X	✔	✔	Monthly to annually
Fiji	WPRO	No data								
Gabon	AFRO	No data								
Ghana	AFRO	No data								
Greece	EURO	Yes	The National Organization for Medicines	✔	✔	✔	X	✔	X	More than monthly
Guyana	AMRO	No								
India	SEARO	Yes	Ministry of Women and Child Development	✔	✔	✔	X	✔	X	Other
Japan	WPRO	No								
Kenya	AFRO	Yes	Ministry of Health	✔	✔	✔	X	✔	X	Not reported
Kiribati	WPRO	No data								
Kuwait	EMRO	Yes	Kuwait Ministry of Health	✔	✔	✔	✔	✔	✔	Not reported
Lao People's Democratic Republic	WPRO	No								

		Monitoring mandated for						Monitoring conducted in					Results of last monitoring		
Country	Most recent monitoring exercise	Health facilities	Media	Billboards	Retail shops	Pharmacies	Other	Health facilities	Media	Retail shops	Pharmacies	Other	Report published	Violations identified	Sanctions imposed
Afghanistan	since 2013	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	✔	X	✔	✔
Australia															
Austria	since 2013	✔	X	X	✔	✔	✔	X	X	X	X	X	✔	✔	✔
Bahrain	since 2013	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	✔	✔	✔	✔
Bolivia (Plurinational State of)	no info	✔	✔	✔	✔	✔	✔	X	X	X	X	X	X	X	X
Botswana	no info	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	✔	✔
Cambodia	since 2013	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	X	X	✔	✔
Cabo Verde	since 2013	✔	X	X	✔	✔	X	✔	X	X	X	X	X	✔	X
China	since 2013	✔	✔	✔	✔	✔	X	✔	X	X	X	X	X	✔	✔
Colombia															
Comoros															
Croatia	pre-2013	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	X	✔	✔	✔
Cyprus	since 2013	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	X	X	X	X
Democratic Republic of Congo	since 2013	✔	✔	✔	X	✔	X	✔	✔	X	✔	✔	✔	✔	X
Denmark															
Estonia	since 2013	X	✔	X	✔	✔	✔	X	X	X	X	✔	✔	X	X
Fiji															
Gabon															
Ghana															
Greece	since 2013	✔	✔	X	✔	✔	✔	X	X	✔	X	X	X	X	X
Guyana															
India	since 2013	✔	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	X	✔	X
Japan															
Kenya	no info	✔	✔	✔	✔	✔	✔	✔	✔	X	X	✔	X	✔	X
Kiribati															
Kuwait	no info	✔	✔	✔	✔	✔	✔	✔	X	✔	✔	X	X	✔	X
Lao People's Democratic Republic															

				Criteria for operationalization						
Country	Region	Formal monitoring mechanism in place	Agency Responsible	Transparent	Independent	Free of commercial influence	Budgeted	Empowered to take action	Sustainable	Frequency of monitoring
Latvia	EURO	Yes	The Food and Veterinary service (FVS) Republic of Latvia (FVS)	✔	✔	✔	X	✔	X	Other
Madagascar	AFRO	No								
Malaysia	WPRO	Yes	Ministry of Health Malaysia	✔	X	✔	✔	✔	✔	Monthly to annually
Maldives	SEARO	No								
Mali	AFRO	Yes	Direction Nationale du commerce et de la concurrence	X	X	✔	X	✔	X	Not reported
Mongolia	WPRO	No								
Nepal	SEARO	No data								
New Zealand	WPRO	Yes	Ministry of Health	✔	✔	X	✔	✔	✔	Monthly to annually
Nigeria	AFRO	Yes		✔	✔	✔	X	✔	X	Not reported
Panama	AMRO	No								
Philippines	WPRO	Yes	Department of Health and Food and Drug Agency	✔	✔	✔	X	✔	X	Monthly to annually
Poland	EURO	Yes	Chief Sanitary Inspectorate	✔	✔	✔	X	✔	X	More than monthly
Republic of Korea	WPRO	Yes	Ministry of Food and Drug Safety	✔	X	✔	✔	✔	✔	Other
Saudi Arabia	EMRO	Yes	Minister of Health	✔	✔	✔	✔	✔	✔	Not reported
Seychelles	AFRO	No data								
Slovakia	EURO	Yes	Regional Public Health Authorities and Public Health Authority SR	✔	✔	✔	X	✔	X	Other
Solomon Islands	WPRO	No data								
South Africa	AFRO	No data								
Tajikistan	EURO	Yes	Ministry of Health and social protection	✔	✔	✔	X	✔	X	Less than annually
Timor-Leste	SEARO	Yes	Ministry of Health	✔	✔	X	X	✔	X	Not reported
Tunisia	EMRO	Yes	Ministère de la santé	✔	✔	✔	✔	✔	✔	Not reported
Tuvalu	WPRO	No data								
United Kingdom	EURO	No data								
Venezuela (Bolivarian State of)	AMRO	Yes	Ministerio del Poder Popular para la Salud	✔	✔	✔	X	X	X	Other
Viet Nam	WPRO	Yes	iet Nam Food Administration, Health Inspection Unit	✔	✔	X	X	✔	X	Less than annually
Yemen	EMRO	No								
Zambia	AFRO	No								
Zimbabwe	AFRO	Yes	Ministry of Health and Child Care	✔	✔	✔	✔	✔	X	Monthly to annually

		Monitoring mandated for						Monitoring conducted in					Results of last monitoring		
Country	Most recent monitoring exercise	Health facilities	Media	Billboards	Retail shops	Pharmacies	Other	Health facilities	Media	Retail shops	Pharmacies	Other	Report published	Violations identified	Sanctions imposed
Latvia	no info	X	X	X	✔	✔	✔	X	X	✔	✔	✔	X	X	X
Madagascar															
Malaysia	since 2013	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Maldives															
Mali	no info	✔	X	X	✔	X	X	✔	✔	✔	✔	X	X	✔	X
Mongolia															
Nepal															
New Zealand	since 2013	✔	✔	✔	X	X	X	X	✔	X	X	X	X	✔	X
Nigeria	no info	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Panama															
Philippines	pre-2013	✔	✔	✔	X	X	X	✔	✔	X	X	X	X	X	X
Poland	since 2013	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	X	X	X	X
Republic of Korea	no info	X	X	X	✔	X	X	X	X	✔	X	X	X	✔	✔
Saudi Arabia	since 2013	✔	✔	✔	✔	✔	X	✔	✔	X	✔	X	X	✔	✔
Seychelles															
Slovakia	since 2013	X	✔	✔	✔	✔	X	✔	✔	✔	✔	X	✔	X	X
Solomon Islands		X													
South Africa															
Tajikistan	pre-2013	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	✔	✔	✔
Timor-Leste	no info	✔	✔	✔	✔	✔	X	X	X	X	X	X	X	X	X
Tunisia	pre-2013	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	X	✔	✔
Tuvalu															
United Kingdom															
Venezuela (Bolivarian State of)	since 2013	✔	✔	✔	✔	✔	X	✔	✔	✔	✔	✔	✔	✔	✔
Viet Nam	pre-2013	✔	✔	✔	✔	X	X	✔	✔	✔	X	X	X	✔	✔
Yemen															
Zambia															
Zimbabwe	since 2013	✔	✔	✔	✔	✔	✔	✔	X	✔	✔	X	X	✔	✔

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