



International (WHO) Code Action Report

“Manufacturers and distributors of breast-milk substitutes have an important and constructive role to play in relation to infant feeding, and in the promotion and aim of this Code and its proper implementation.”

Edition 7 - April 2003

Preamble to the WHO International Code of Marketing of Breast-milk Substitutes

Nestlé takes initiative on 6-month labelling

Readers of the Nestlé International (WHO) Code Action Report Number 6 will recall that in May 2001 the World Health Assembly (WHA) adopted Resolution 54.2 on “Infant and young child nutrition”. This included a recommendation regarding the optimum duration of exclusive breastfeeding and the age for introduction of complementary foods.

Mothers are now recommended to exclusively breastfeed their babies for the first six months of life. The previous recommendation was for four to six months. (See article on pages 4 and 5)

Immediately following that WHA, Nestlé announced its support for the new WHA recommendations, stating: “We fully support this new policy as it

varied. Some governments changed their policy or regulation to reflect the revised recommendations. Other countries, for example in Asia, representing well over two billion people, after having closely assessed their public health situation decided to continue recommending introduction of complementary feeding between four and six months of age.

“We fully support this new policy as it helps clear up a long-standing ambiguity and we hope that it will end the debate over the recommended duration of exclusive breastfeeding.”

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National governments’ reactions to WHA Resolution 54.2 have been

Nestlé labelling policy differs from other companies

In line with our clear policy of support for the new Resolution, Nestlé has consequently completed label changes on complementary foods to follow the

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Componente	Porción	Por 100g
Energía	100g	418
Proteína	100g	11
Grasa	100g	11
Carbohidrato	100g	80
Fibra	100g	0.5
Hierro	100g	1.2
Vitaminas	100g	12
Calcio	100g	10
Fósforo	100g	10
Sodio	100g	10
Ácido fólico	100g	10
Ácido ascórbico	100g	10
Ácido nicotínico	100g	10
Ácido pantotámico	100g	10
Ácido tiamínico	100g	10
Ácido riboflavínico	100g	10
Ácido cianocobalámico	100g	10
Ácido fólico	100g	10
Ácido ascórbico	100g	10
Ácido nicotínico	100g	10
Ácido pantotámico	100g	10
Ácido tiamínico	100g	10
Ácido riboflavínico	100g	10
Ácido cianocobalámico	100g	10

Nestlé infant food label in Venezuela.

Nestlé takes initiative on 6-month labelling

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Above: Nestlé infant food label in Russia
Left: Nestlé Cerelac label in India



six-month recommendation. In addition, to reflect the WHO mandated Expert Consultation on the Optimum Duration of Breastfeeding, we also advise mothers to consult their health professional on the appropriate individual age for the introduction of complementary foods, since the needs of each baby vary.



Right: Nestlé Infant Food labels in Russia and Venezuela

“..we also advise mothers to consult their health professional on the appropriate individual age for the introduction of complementary foods, since the needs of each baby vary.”



We took the decision to unilaterally implement those changes in developing countries where we apply the International (WHO) Code of Marketing of Breast-milk Substitutes as a minimum. In view of the complexity of regulations pertaining to product registration and labelling in many countries, the process of consultation with national governments was extensive and time-consuming. Nestlé has also consulted with WHO on the basic principles for the change of labels.

Nestlé is the only company manufacturing infant formula and complementary foods to have taken this step, in spite of the risk that this may put Nestlé complementary foods at a commercial disadvantage vis-à-vis competitors' products.

In some markets there might be some lead time within the distribution chain before products with the new labels appear on the shelves and products with the old labels are no longer found.



Nestlé infant food labels in South Africa.



THE FIFTY-FOURTH WORLD HEALTH ASSEMBLY

WHA 54.2 Agenda item 13.1

18 May 2001

Infant and young child nutrition

The Fifty-fourth World Health Assembly

...URGES Member States:

4) to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO Expert Consultation on optimal duration of exclusive breastfeeding, and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond, emphasizing channels of social dissemination of these concepts in order to lead communities to adhere to these practices;

...REQUESTS the Director-General:

(3) to provide support to Member States in the identification, implementation and evaluation of innovative approaches to improving infant and young child feeding, emphasizing exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO Expert Consultation on optimal duration of exclusive breastfeeding, the provision of safe and appropriate complementary foods, with continued breastfeeding up to two years of age or beyond, and community-based and cross-sector activities;

A summary on recent WHO and Codex developments

The World Health Assembly (WHA) Resolution 54.2, adopted in May 2001, followed the conclusions and recommendations of the Expert Consultation on the Optimal Duration of Exclusive Breastfeeding, mandated by the World Health Organization (WHO) to provide relevant scientific expertise. In summary, the Expert Consultation concluded that exclusive breastfeeding for six months confers several benefits on the infant and the mother and recommended: "Exclusive breastfeeding for six months, with the introduction of complementary foods and continued breastfeeding thereafter."*

Expert Consultation on exclusive breastfeeding

The Expert Consultation stated: "In developing-country settings, the most important potential advantage of exclusive breastfeeding for six months over exclusive breastfeeding for four months followed by partial breastfeeding for six months relates to infectious disease morbidity and mortality, especially those due to gastrointestinal infection (diarrhoeal disease)."

However, the Expert Consultation also stated: "Exclusive breastfeeding to six months can lead to iron deficiency in susceptible infants. In addition, the available data are insufficient to exclude several other potential risks associated with exclusive breastfeeding for six months, including growth faltering and other micronutrient deficiencies, in some infants. In all circumstances, these risks must be weighed against the benefits provided by exclusive breastfeeding, especially the potential reduction in morbidity and mortality." Accordingly, the Expert Consultation highlighted the need for more research to be done, as: "There are several unanswered questions that are important for policy-making with regard to defining the optimal duration



of exclusive breastfeeding and maximising its benefits."

The Expert Consultation recognised that: "Some mothers will be unable to, or choose not to, follow this recommendation; they should be supported to optimise their infants' nutrition."

Expert Consultation on complementary foods

Thus WHA recommends, as a global public health recommendation following the Expert Consultation, that after an initial six months of exclusive breastfeeding, infants should start receiving nutritionally adequate, safe and appropriate complementary foods, and at the same time continue to be breast-fed to up to two years of age or even beyond. The introduction of complementary foods signifies the beginning of a transition period when the baby's need for energy and nutrients exceeds what can be provided solely through exclusive and frequent

breastfeeding or breast-milk substitutes. The first step in this process is the introduction of infant cereals.

Global strategy on infant and young child feeding

One year following the adoption of WHA Resolution 54.2 the WHA adopted a "Global strategy for infant and young child feeding" (Resolution 55.25*), which reiterates the importance of ensuring exclusive breastfeeding for six months and promoting the timely, adequate, safe and appropriate complementary feeding together with continued breastfeeding.

The global strategy was developed over a two-year participatory process in which fundamental factors affecting the protection, promotion and support of optimal feeding practices for infants and young children were examined. The aim was to formulate a sound strategy that will contribute to a lasting reduction in malnutrition, poverty and deprivation.



International (WHO) Code

Action Report

This report and associated materials are available on our website at <http://www.babymilk.nestlé.com>

What is the Codex Alimentarius?

The Codex Alimentarius is a combined initiative of the Food and Agriculture Organization (FAO) and WHO. It has become a global reference point for consumers, food producers and processors, national food control agencies and the international food trade. This “food code” has had an important impact on food producers and processors as well as on consumers.

The significance of the Codex Alimentarius for consumer health protection was underscored in 1985 by United Nations Resolution 39/248, whereby guidelines were adopted for use in the elaboration and reinforcement of consumer protection policies. The guidelines advise that: “Governments should take into account the need of all consumers for food security and should support and, as far as possible, adopt standards from the Codex Alimentarius” of FAO and the World Health Organization. In all, 166 countries are members of the Codex Alimentarius.

Resolution 55.25, among other things, urges Member States to implement the global strategy, taking into account national circumstances, in order to ensure optimal feeding for all infants and young children and to strengthen structures for the implementation process including monitoring and evaluating its effectiveness.

The resolution also requests the Codex Alimentarius Commission to continue to improve the quality standards of processed foods for infants and young children and to promote their safe and proper use at an appropriate age within the framework of its operational mandate. This includes adequate labelling consistent with the policy of WHO, in particular the International Code of Marketing of Breast-milk Substitutes, WHA Resolution 54.2 and other relevant resolutions of the Health Assembly,

The WHO Director General was requested also to promote the continued cooperation with, and among, all parties concerned with implementing the global strategy.

Codex Alimentarius process

At a meeting in Berlin in November 2002, the Codex Alimentarius Committee on Nutrition and Foods for Special Dietary Uses (CCNFDSU)** discussed how to translate WHA Resolution 54.2, and the latest information and research on infant nutrition, into their revision of the Standard for Processed Cereal-Based Foods for Infants and Young Children.

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Would you like to receive any of the following?

- The WHO Code of Marketing of Breast-milk Substitutes
- Infant Feeding in the Developing World
- The Nestlé Sustainability Review
- The Nestlé People Development Review
- Nestlé South Africa Social Report

Do you have any comments on the Action Report or any suggestions for future editions?

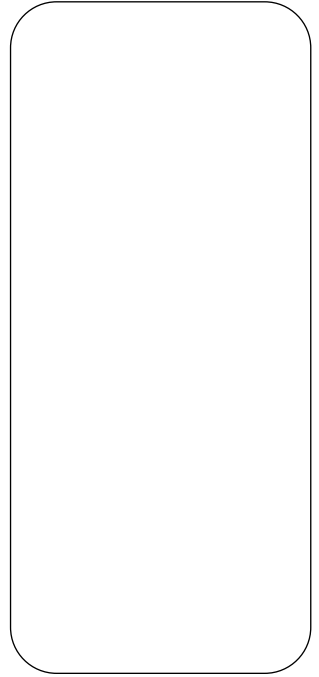
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Please let us know if you have any colleagues who would also be interested in receiving this report.

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The Committee has discussed the revision of the Standard for more than seven years, and has held two meetings since the adoption of Resolution 54.2. To date, no final consensus on the overall Standard, including labelling, has been reached. However, the Committee agreed to define the scope of the Standard as covering: “Cereal-based foods intended for feeding infants as a complementary food generally from the age of six months onwards, taking into account infants’ individual nutritional requirements, and for feeding young children as part of a progressively diversified diet, in accordance with World Health Assembly Resolution WHA 54.2 (2001).”

Nestlé’s action

Nestlé’s decision taken almost two years ago to support WHA Resolution 54.2 stays firm, and we have changed our infant formula labels accordingly as well as infant cereal labels in developing countries where we implement the WHO Code as a minimum standard. Introducing infant cereals from six months represents the first step on several stages, which aims to inform that suitable complementary foods are used consistent with the age and nutritional needs of infants and young children. The new WHA recommendation is also reflected in all our other communication materials relating to infant nutrition.

* WHA Resolution 54.2 and Resolution 55.25 is found on www.who.int/gb/

** ALINORM 03/26A: Report of the 24th Session of the Committee on Nutrition and Foods for Special Dietary Uses held in Berlin 4-8 November 2002 is found on: <http://ftp.fao.org/codex/alinorm03/al0326ae.pdf>

Nestlé compliance with the WHO code

The International Code of Marketing of Breast-milk Substitutes was adopted at the World Health Organization's (WHO) thirty-fourth World Health Assembly (WHA) in May 1981.

"The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution." (Article 1 of the Code)

The Code calls upon governments to: "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." (Article 11.1 of the Code)

WHA recommendations

WHA resolutions are recommendations to all Member States of the WHO. This is clearly stated in WHA Resolution 34.22, including the WHO Code, adopted in 1981.

"Resolutions passed after the adoption of the WHO Code have the same status as the Code – they are recommendations to all of its member governments." This was reiterated and reinforced in a statement by the WHO Director General, Gro Harlem Brundtland, to advocacy and industry NGOs in meetings held in November 1998.

Dr Brundtland said that: "The International Code and Assembly resolutions have the same force and the same value. In other words, neither the Code nor any resolution has a real impact and a lasting meaning unless countries implement them according to their national laws and practice.

Member States are sovereign; they may, if they choose, implement WHO's

recommendations to the letter, they may actually go beyond these recommendations, or they may simply ignore them altogether."

The Scope of the WHO Code

The WHO Code applies to infant food products presented or marketed as breast-milk substitutes. This is clarified in the WHO International Code publication, contained in the integrated explanatory statement (Annex 3) by the Chairman of the WHO Executive Board, read to the delegates of the WHA in 1981, upon which country delegates voted.

The explanation reflects the intent of the drafters. 150 representatives of governments, NGOs, infant food manufacturers and nutrition experts were involved in the drafting process together with WHO and UNICEF.

This important clarification on the Scope of the Code thus was part of the approval by WHO Member States and has not been changed since 1981.

The Code does not apply to complementary foods unless specifically marketed as breast-milk substitutes. Nestlé does not market or present any of its complementary foods as breast-milk substitutes.

Implementation and monitoring of the WHO Code

WHA Resolution 34.22 stresses, in its recommendation to governments, that the adoption of the International Code of Marketing of Breast-milk Substitutes is: "A minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding."

The WHO Code in Article 11 deals with "Implementation and Monitoring" and

makes clear that governments have the responsibility to implement the Code as they find appropriate with respect to the local circumstances. Companies are also asked to monitor their own marketing practices.

Nestlé's instructions for implementation of the WHO Code

Nestlé universally follows all countries' implementation of the WHO Code. Our decision, two decades ago, to voluntarily and unilaterally implement the WHO Code as a minimum in all developing countries is due to the fact that the economic, social and sanitary conditions in most of those countries differs substantially from the situation in developed countries like the USA or EU countries. The initial reason for developing an International Code of Marketing of Breast-milk Substitutes had also to do with the poor situation in the developing world.

Where Nestlé unilaterally and voluntarily implements the WHO Code - in more than 155 developing countries - we apply the Code to all infant food products being marketed or otherwise represented as a breast-milk substitute. That means to starter formula (0 to 6 months) and in the case of Nestlé it also means follow-on formula (6 to 12 months) with the same brand name as a starter formula.

WHO has made clear that follow-on formula does not fall within the Scope of the Code*.

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Nestlé compliance with the WHO code

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Nestlé's monitoring initiatives

The WHO Code asks companies to monitor their marketing practices, and we take our monitoring responsibilities very seriously. We have put various procedures in place in order to do our best to ensure Code compliance. These include:

- Instructions for WHO Code implementation;
- Information and education;
- Regular local and corporate auditing, including taking disciplinary measures in cases of non-compliance;
- Asking governments for their opinion on Nestlé's Code compliance;
- Commissioning independent external audits where there have been cases of multiple allegations (e.g. in Pakistan, please see our website www.babymilk.nestlé.com for full details);
- Implementing an "Internal WHO Code Ombudsman System" (in 2002) allowing Nestlé employees to raise concerns on Code compliance in a confidential way outside line management.

Governmental verification of WHO Code compliance by Nestlé

Nestlé supports all governments in their efforts to implement the Code as it provides clarity for us and better ensures that all companies meet the same marketing standards. We believe that the major area of improvement in the application of the WHO Code has to do with enforcement, which implies monitoring by governments or under the auspices of governments. We therefore encourage governments to set up official monitoring bodies, and readily cooperate with their monitoring efforts.

Our Code compliance has undergone official monitoring in some countries last year, and we quote below, by way

of example, two official statements issued by such authorities as a result of their monitoring.

Vietnam

In Vietnam the Government has been routinely monitoring compliance by manufacturers of breast-milk substitutes with the Vietnamese regulations implementing the WHO Code for several years. The official body in charge of that monitoring is the State Inspectorate Section within the Ministry of Health.

For three consecutive years, in the years 2000, 2001 and again in 2002, the State Inspectorate has monitored Nestlé's marketing practices and has found them to be in compliance with the Vietnamese Code.

The last official monitoring report issued in September 2002 contains the following conclusions:

Comments by the Inspectors:

Nestlé Vietnam has fully complied with the regulations of the Decree 74/2000/ND-CP of the Government on Trading and Use of Breast-milk Substitutes.

Recommendations from the Inspectors:

The Company should continue its good implementation of the Regulations on Trading and Use of Breast-milk Substitutes.

Sanction:

None."

Gabon

In Gabon, the General Department of Health within the Ministry of Health and Population has recently investigated Nestlé's marketing practices relating to breast-milk substitutes. Following that investigation, the Ministry wrote to Nestlé Gabon expressing its satisfaction with the way the company complies with the local regulations governing this matter as well as its appreciation of the cooperation Nestlé has extended to the Ministry towards the implementation of WHO's recommendations in Gabon.

The following statement is quoted from the letter from the General Director of Health:

"The results of on-site investigations by my regulatory services show that your Company scrupulously observes Ministerial Directives governing commercial and advertising practices for infant and dietetic foods."

* 1) World Health Organization, Nutrition for Health and Development, Geneva, Switzerland, May 2000.

2) Document WAH45/1992//REC/1, Annex 9, paragraphs 45 – 51.