

Marketing of Breast-milk Substitutes: National Implementation of the International Code

— STATUS REPORT 2020 —



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ACRONYMS

BMS	breast-milk substitute(s)
IBFAN	International Baby Food Action Network
ICDC	International Code Documentation Centre
IYCF	infant and young child feeding
NetCode	Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent relevant World Health Assembly Resolutions
NFS	WHO Department of Nutrition and Food Safety
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 (BMS) and subsequent relevant World Health Assembly (WHA) resolutions (“the Code”) in countries. It presents the legal status of the Code, including to what extent its provisions have been incorporated in national legal measures. The report highlights specific provisions considered to be particularly instrumental in addressing and eliminating promotion of BMS, feeding bottles and teats to health workers and in health facilities.

Methodology

WHO, UNICEF and IBFAN collected information from their regional and country offices on new or additional legal measures adopted by countries since 2018. For countries with missing or incomplete information in 2018, further investigation was conducted on the status of Code implementation. For those countries that have adopted legal measures since the 2018 report, the relevant legal documents were obtained through ministries of health with the assistance of regional and country offices. Documentation was also obtained from legal databases (Lexis/Nexis and FAOLEX), national gazettes and internet search engines.

The legal measures for all countries were analysed based on an expanded, standardized WHO/UNICEF/IBFAN checklist of provisions in the Code. The checklist included relevant provisions covered in World Health Assembly resolutions, including the guidance associated with WHA69.9. A scoring algorithm was developed, assigning point values for each Code provision, with a possible total of 100 points for measures that reflect all provisions in the Code. Countries with legal measures that scored 75 or greater are considered to be “substantially aligned with the Code”, those with scores of 50 - < 75 are considered to be “moderately aligned with the Code”, and those with scores < 50 are considered to have “some provisions of the Code included”. This algorithm facilitates a systematic and objective classification of countries and their legal measures.

While progress has been made, far too few countries have legal measures in place to effectively stop marketing that undermines breastfeeding.

Findings: Legal status of the Code

Over the past two years, protections against inappropriate marketing of BMS have been strengthened in 44 countries around the world. Since the 2018 report, 11 countries – Bahrain, Chad, Egypt, Lao People’s Democratic Republic, Nigeria, Pakistan (Punjab), Republic of Moldova, Saudi Arabia, Turkey, United Arab Emirates and Uzbekistan – enacted new Code-related legislation or amended existing legal measures. In addition, strengthened restrictions on promotion to the general public and through the health care system came into effect in the European Union in 2020.

As of April 2020, 136 (70%) of 194 WHO Member States (“countries”)¹ had enacted legal measures with provisions to implement the Code. Of these, 25 countries had measures substantially aligned with the Code; a further 42 had measures which are moderately aligned; 69 had only included some the provisions and 58 had no legal measures at all. (Report annexes provide details of countries’ specific measures).

Findings: Legal provisions related to promotion to health workers and in health facilities

Health systems in many countries continue to be used as major conduits for promoting products falling under the scope of the Code. Key target audiences, such as pregnant women and mothers of infants as well as their family members, can easily be reached. Health facilities and personnel are often targeted through the provision of materials and equipment which may lead to a direct or indirect endorsement of a company’s products.

Of the 136 countries with legal measures in place, 79 have measures which call for an overall prohibition of promotion of BMS in health facilities. A total of 44 countries explicitly spell out a prohibition of display of covered products, and 84 countries explicitly prohibit the display of placards or posters concerning products. Far fewer countries explicitly

¹ The data presented in this report are for 194 WHO Member States (“countries”), and do not include non-Member States or territories.

prohibit the use of health facilities for hosting events, contests or campaigns (21), or use of personnel provided by or paid by manufacturers or distributors (30).

Only 30 countries have measures that call for the full prohibition of all gifts or incentives for health workers. Fifty-one countries prohibit the donation of free or low-cost supplies in any part of the health system, and 59 prohibit the donation of product samples. Only five countries completely prohibit the donation of equipment or services by manufacturers or distributors of products within the scope of the Code. In spite of the significant documented conflicts of interest created through the sponsorship of scientific and health professional association meetings, to date only 19 countries have prohibited such sponsorship by manufacturers of BMS.

Conclusions

This 2020 report highlights the continued legal shortcomings of implementing the Code in many countries. The new expanded checklist and scoring algorithm presented have allowed WHO, UNICEF and IBFAN to undertake a more comprehensive and objective analysis of countries' efforts to translate the Code into national legal measures. While progress has been made, far too few countries have legal measures in place to effectively stop marketing that undermines breastfeeding. Countries should analyse and address weaknesses or gaps in their existing legislation and act accordingly.

Recommendations

1. Legislators and policy-makers should recognize their obligations, both under international human rights law and international agreements, to promote and protect breastfeeding, and to eliminate inappropriate marketing practices.
2. Countries should analyse and address weaknesses or gaps in their existing legislation and act accordingly. In particular, countries must strengthen their legal and regulatory frameworks to:
 - eliminate all forms of promotion of BMS, feeding bottles and teats to the general public and in health care facilities;
 - ban all gifts to health care workers and other forms of inappropriate engagement between manufacturers and distributors of BMS and health care workers and systems;
 - enable authorized government entities to impose sanctions when violations have been identified and validated;
 - explicitly include milk products intended and marketed as suitable for feeding young children up to at least 36 months of age in the scope of their national legislation; and
 - enforce a ban on promotion of complementary foods for infants under 6 months of age.
3. Legislation must be supported by allocation of adequate budgets and human resources to enable full implementation in relevant sectors.
4. Governments should establish robust and sustainable monitoring and enforcement mechanisms to implement national laws and regulations. Such mechanisms must involve all relevant government agencies, be adequately funded, and allow for public engagement and scrutiny, including through the periodic release of implementation reports.
5. Governments should apply deterrent sanctions in the case of violations of national Code legislation.
6. Health care workers should be educated on their responsibilities under the Code and national legislation to avoid conflicts of interest and fully protect, promote and support breastfeeding.





1. *Introduction*

1. INTRODUCTION

Implementation of the International Code of Marketing of Breast-milk Substitutes² and subsequent relevant WHA resolutions (the Code) through enactment and enforcement of robust national legal measures is essential to ensuring that parents and other caregivers are protected from inappropriate and misleading information. Implementation also ensures that health workers, their professional associations, and health facilities do not promote BMS or accept support from BMS manufacturers or distributors.

WHO and UNICEF have established a network of civil society organizations to facilitate the development of national Code legislation and to strengthen capacity to monitor and enforce it.³ Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent relevant World Health Assembly Resolutions (NetCode) partners include Action Against Hunger, Emergency Nutrition Network, Helen Keller International, IBFAN, International Lactation Consultant Association, La Leche League International, Save the Children, and the World Alliance for Breastfeeding Action. Over the past two years, WHO, UNICEF and NetCode partners have continued to implement a variety of actions to reduce the harmful marketing practices of manufacturers and distributors of BMS.

Increasingly, national systems are being developed to monitor adherence to the Code. The NetCode toolkit⁴ for ongoing monitoring and periodic assessment of the Code, which includes an examination of Code violations in health care facilities, retail, communities and mass media, has been used in 10 countries (Brazil, Chile, Dominican Republic, Ecuador, Mexico, Nigeria, Panama, Sri Lanka, Thailand and Uruguay) to document continued inappropriate promotion of BMS. More than 20 countries have actively pursued the

establishment of ongoing monitoring systems to identify Code violations and implement enforcement actions using this toolkit.

WHO, UNICEF and NetCode partners have stepped-up capacity-building efforts. In 2018-19, regional workshops on infant and young child feeding (IYCF), including training on the NetCode monitoring toolkit, were held in Burkina Faso, Egypt, Jamaica, Oman, the Russian Federation, Rwanda and Serbia with a total participation of over 70 countries. In 2019, WHO and UNICEF conducted a training workshop

for technical assistance providers to deliver tailored support to governments using the protocols, guidance and tools on how to implement ongoing monitoring and periodic assessment of the Code and national laws. Countries are expected to have access to a growing cadre of technical advisers on Code monitoring and implementation through

NetCode partners. In addition, UNICEF expanded its capacity to provide assistance to countries by contracting three legal consultants.

WHO, UNICEF and NetCode partners have expanded their support to 88 countries across the six WHO regions during 2018-19. Thirty-eight countries received assistance to advocate and further strengthen the formulation, monitoring and enforcement of national Code legislation. Many countries (49) received support to periodically assess Code violations, and 16 on using practical and concrete tools for continuous monitoring of adherence to the Code.

NetCode partners released a number of publications on ongoing Code violations in countries. In 2019, Helen Keller International published a supplement on marketing and consumption of commercial foods fed to young children in low- and middle-income countries.⁵ This supplement illustrates the widespread promotion and high rates of

In Ecuador 18% of new mothers participated in industry-sponsored social groups and activities, mostly digital.

² WHO. International Code of Marketing of Breast-milk Substitutes. Geneva: WHO; 1981 (<https://www.who.int/nutrition/netcode/resolutions/en/>, accessed 5 May 2020).

³ <https://www.who.int/nutrition/netcode/en>.

⁴ WHO, UNICEF. NetCode toolkit. Monitoring the marketing of breast-milk substitutes: protocol for ongoing monitoring systems. Geneva: WHO; 2017 (<https://www.who.int/nutrition/netcode/toolkit/en/>, accessed 1 May 2020).

⁵ Zehner E, Champenym M, guest editors. Marketing and consumption of commercial foods fed to young children in low and middle-income countries. *Maternal and Child Nutrition*. 2019; 15:S4 (<https://onlinelibrary.wiley.com/toc/17408709/2019/15/S4>, accessed 23 April 2020).

consumption of commercial foods and beverages among infants and young children. The evidence in the supplement underscores the need to implement laws and policies that prohibit promotion of BMS.

In 2018, IBFAN updated its *Code Essentials* booklets for legislators, policy-makers, health educators, regulators and compliance staff to increase understanding of the importance of effective Code implementation in protecting breastfeeding and optimal IYCF.⁶ In addition, its *Health Worker's Guide to the International Code of Marketing of Breast-milk Substitutes* was updated and published.⁷

Both the NetCode protocol application in countries and various actions by partners have revealed an increased use of digital platforms by manufacturers and distributors for marketing their products. The widespread use of digital marketing strategies for the promotion of BMS is a cause of growing concern. Modern marketing methods that were unavailable when the Code was written in 1981 are now used regularly to reach young women and their families with messages that normalize artificial feeding and undermine breastfeeding. Tactics such as industry-sponsored online social groups, individually-targeted Facebook advertisements, paid blogs and vlogs, online magazines, and discounted internet sales are used increasingly.

In-depth analysis of promotional practices through the use of the NetCode protocol on periodic assessments in selected countries show, for instance, that in Ecuador 18% of new mothers participated in industry-sponsored social groups and activities,⁸ mostly digital, while in Mexico 84% of 210 advertisements for BMS were internet based.⁹ In Thailand 83% of mothers reported seeing at least one BMS promotion in the past six months, over one quarter on social media or the internet.¹⁰

The harmful impact on children's health and development of commercial marketing, including through digital means, was also highlighted in the 2020 report of the WHO/UNICEF/Lancet Commission on Children and the Sustainable Development Goals.¹¹ In its report, the Commission viewed commercial marketing for and to children as one of the major new threats undermining children's well-being, and called for the development of strong legal instruments to better regulate marketing practices, including through the development and adoption of an Optional Protocol to the Convention on the Rights of the Child.¹²

Since 2018 WHO has further examined the extent to which health workers and their professional bodies continue to be influenced by manufacturers and distributors of BMS. WHO *Guidance on ending the inappropriate promotion of foods for infants and*

⁶ IBFAN. Code essentials 1, 2, 3, 4, Second edition. Penang; IBFAN; 2018.

⁷ IBFAN. Protecting infant health: a health worker's guide to the International Code of Marketing of Breastmilk Substitutes. 12th edition. Penang; IBFAN; 2019.

⁸ OPS/OMS/UNICEF/Ministerio de la Salud. Study to estimate the prevalence of violations to the International Code of Marketing of Breast-milk Substitutes in two cities in Ecuador [Estudio para estimar la prevalencia de violaciones al Código Internacional de comercialización de los Sucesos de la Leche Materna en dos Ciudades de Ecuador]. Quito: OPS/OMS/UNICEF/Ministerio de la Salud; 2017.

⁹ Lozada Tequeanes AL, Hernández Cordero S, Shamah Levy T, Cuernavaca PS. Final report on the study to estimate the prevalence of violations to the International Code of Marketing of Breast-milk Substitutes in two states in the Republic of Mexico [Informe Final del Estudio para estimar la Prevalencia de Violaciones al Código Internacional de los Sucesos de la Leche Materna en dos Estados de la Republica Mexicana]. Mexico: OPS/OMS/UNICEF/Centro Nacional de Equidad de Genero y Salud Reproductiva/Secretaria de Salud de Mexico; 2016.

¹⁰ Brewer BK, Andrzejewski C, Vij V, Muwakki L, Lo A, Evans A. In-country assessments of baby food companies' compliance with the International Code of Marketing of Breast-milk Substitutes. Thailand Report. Bangkok: Westat; 2018.

¹¹ Clark H, Coll-Seck AM, Banerjee A, Peterson S, Dalglis SL, Ameratunga S et al. A future for the world's children? A WHO–UNICEF–Lancet Commission. *Lancet*. 2020; 395(10224): 605–58 ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32540-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32540-1/fulltext), accessed 23 April 2020).

¹² United Nations Human Rights. Convention on the Rights of the Child (<https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>, accessed 1 May 2020).

*young children*¹³ recommends that companies marketing such foods should not sponsor meetings for health professionals and scientists. Despite that guidance, 38% of national paediatric associations continue to receive funding for their conferences from BMS manufacturers.¹⁴ This situation is increasingly being addressed at the national level through legislation.

This report provides updated information on the status of country implementation of the Code. It presents the legal status of the Code, including to what extent its provisions

have been incorporated into national legal measures. The report highlights specific provisions considered to be particularly instrumental in addressing and eliminating promotion of BMS, feeding bottles and teats to health workers and in health facilities. Given the important role of health workers in protecting pregnant women, mothers and their infants from inappropriate promotion of BMS, the 2020 report provides an extensive analysis of legal measures taken to prohibit promotion to health workers and in health facilities.

¹³ WHO. Guidance on ending the inappropriate promotion of foods for infants and young children: implementation manual. Geneva: WHO; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/260137/9789241513470-eng.pdf?sequence=1>, accessed 1 May 2020).

¹⁴ Grummer-Strawn LM, Holliday F, Tabea Jungo K, Rollins N. Sponsorship of national and regional professional paediatrics associations by companies that make breast-milk substitutes: evidence from a review of official websites. *BMJ Open*. 2019;9:e029035. doi:10.1136/bmjopen-2019-029035.





2. *Methodology*

2. METHODOLOGY

WHO, UNICEF and IBFAN collected information from their regional and country offices on new or additional legal measures adopted by countries since 2018. In addition, for countries with missing or incomplete information in 2018, further investigation was conducted on the status of Code implementation. A re-examination of legal measures was undertaken for all countries based on an expanded, standardized checklist, which includes relevant recommendations from the *Guidance on ending inappropriate promotion of foods for infants and young children*.¹⁵ A new scoring algorithm (Annex 1) was used to classify countries' legislation. The scoring methods allow for standardized classification of countries following agreed criteria among WHO, UNICEF and IBFAN.

2.1. Data collection

For those countries that have adopted legal measures since the 2018 report, the relevant documents were obtained through ministries of health, with the assistance of WHO, UNICEF and IBFAN regional and country offices. Documentation was also obtained from legal databases (Lexis/Nexis and FAOLEX), national gazettes and internet search engines. Where needed, additional copies of legislation and translations were acquired from UNICEF and IBFAN-ICDC files. New legal measures were entered into the WHO *Global database on the implementation of nutrition action*.¹⁶

2.2. Analysis of legal provisions for the Code

Legal measures for which documentation was available were analysed on scope and content by using the expanded and standardized checklist of Code provisions. The checklist included relevant provisions covered in subsequent WHA resolutions, including the guidance associated with WHA69.9. All legal measures available were analysed, including those examined in previous Code reports as well as new legislation or new amendments or regulations.

National legal measures were scored in terms of how well they reflect the recommendations put forward in the Code (including WHA69.9).¹⁷ Each provision of the Code was given a point value, with the total of all points adding up to 100. The provisions were broken down into seven groups, with a specified number of points possible in each group (see Table). Annex 1 provides a detailed breakdown of the scoring algorithm. This algorithm facilitates a systematic and objective classification of countries and their legal measures.

¹⁵ See footnote 13.

¹⁶ <https://www.who.int/nutrition/gina/en/>

¹⁷ Resolution WHA69.9. Ending inappropriate promotion of foods for infants and young children. In: Sixty-ninth World health Assembly, Geneva, 23–28 May 2016. Resolutions and decisions, annexes. Geneva: WHO; 2016 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R9-en.pdf, accessed 23 April 2020).

Table. Scoring algorithm to classify national legal measures on the Code

Measure	Total points possible
Scope	20
Monitoring and enforcement	10
Informational/educational materials on IYCF	10
Promotion to general public	20
Promotion in health care facilities	10
Engagement with health workers and systems	15
Labelling	15
Total	100


2.3. Classification of legislation

Based on a possible total of 100, all WHO Member States were classified as follows:

- **Substantially aligned with the Code:** countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing a significant set of provisions of the Code (score of 75 - 100);
- **Moderately aligned with the Code:** countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing a majority of provisions of the Code (score of 50 - < 75);
- **Some provisions of the Code included:** countries have enacted legislation or adopted regulations, decrees or other legally binding measures covering less than half of the provisions of the Code (score of < 50);
- **No legal measures:** 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).

Annex 2 shows a list of countries with the legal status of the Code, and Annex 3 shows the scores for each sub-category.





3. Legislative status of the Code

3. LEGISLATIVE STATUS OF THE CODE

Under Article 11.1 of the Code, countries are requested 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, regulation or other suitable measures”. In resolution WHA34.22 (1981), in which the Code was adopted, the World Health Assembly 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”.¹⁸

3.1. Status of national legal measures

Over the past two years, protections against inappropriate marketing of BMS have been strengthened in 44 countries, indicating a renewed interest and level of action in support of breastfeeding. Since 2018, 11 countries enacted new Code-related legislation or strengthened existing legal measures. The European Commission adopted stronger regulations on the Code by adopting Regulation (EU) 2016/127, which entered into force on 22 February 2020, impacting 33 countries.¹⁹

In the African Region, Chad adopted Code legislation for the first time, while Nigeria strengthened its 2005 legislation with new measures. In the Eastern Mediterranean Region, Bahrain strengthened its measures to regulate procedures and control on the use, marketing and promotion of BMS, and Egypt adopted a by-law to give further substance to Code provisions in the country’s Child Law. In Pakistan, Punjab Province adopted new stringent regulations, leading

the way for other provinces to consider strengthening their legal and regulatory framework to curb inappropriate promotion practices. In addition, both Saudi Arabia and United Arab Emirates improved their measures by adopting additional regulations. In the Western Pacific Region, Lao People’s Democratic Republic adopted new and more robust legislation. In Europe, the new European Union Regulation strengthened restrictions on advertising and promotion directly to the general public or via health workers and facilities. In other developments in Europe, Uzbekistan updated its legal measures, and Republic of Moldova and Turkey aligned their legislation with Regulation (EU) 2016/127.²⁰

With respect to Cuba, for which no documentation was available for the 2018 report, further consultation was held with the Regional Office for the Americas and the country office to seek an update, which indicates that the country does not have legal measures in place.

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

3.2. Classification of national legal measures

As of April 2020, a total of 136 (70%) of 194 countries have adopted legal measures to implement the Code. Of these, 25 countries have measures in place that are substantially aligned with the Code; a further 42 have measures that are moderately aligned; 69 have included some provisions; while 58 have no legal measures at all (see Figure 1).

¹⁸ Resolution WHA34.22. International Code of Marketing of Breast-milk Substitutes. In: Thirty-fourth World Health Assembly, Geneva, 4–22 May 1981. Resolutions and decisions, annexes. Geneva: World Health Organization; 1981 (http://www.who.int/nutrition/topics/WHA34.22_iycn_en.pdf, accessed 23 April 2020).

¹⁹ Commission Delegated Regulation (EU) 2016/127, 25 September 2015, supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding (https://eur-lex.europa.eu/eli/reg_del/2016/127/2019-06-12, accessed 23 April 2020).

²⁰ See footnote 19.

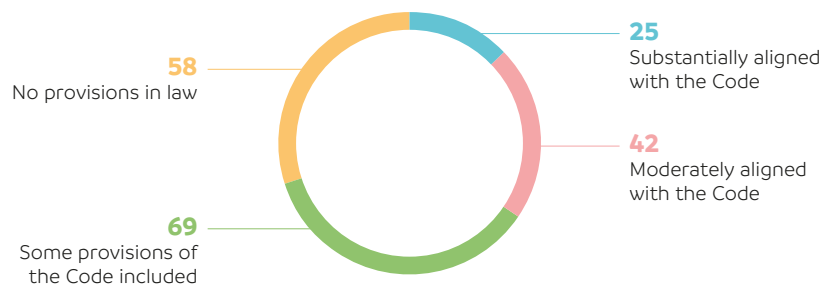


Figure 1. Legal status of the code as enacted in countries (N=194)

The total number of countries in each of the four different classifications is based on the new or additional measures adopted, existing measures repealed and existing measures re-examined and classified based on the WHO/UNICEF/IBFAN expanded checklist and new algorithm.

With regard to the scope of products covered in national legislation, only 31 countries have legal measures covering the full breadth of BMS, which include milk products targeted for use up to at least 36 months.

Based on the scoring algorithm, many countries continue to fall short of having comprehensive and robust legal and regulatory frameworks to prohibit all forms of promotion of BMS. No country had a perfect score, and only three countries had scores above 90, indicating that all countries need to strengthen their legislation. Thirteen countries scored less than 30, thus having very minimal protection against inappropriate marketing.

Figure 2 shows the global legal status of the Code, clearly indicating the current low level of robust legislation, with the majority of countries having limited or no legal measures at all.

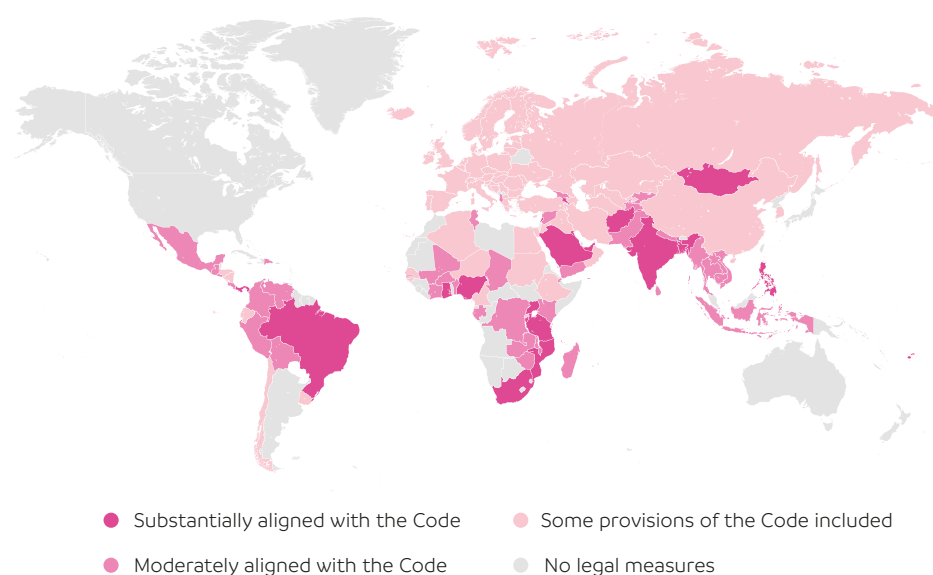


Figure 2. National legal status of the Code, 2020

3.3. Key provisions of 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 the provisions of the Code. Annexes 4 through 9 of the report provide detailed and updated information on all provisions covered by national legal measures in 136 countries.

The provisions analysed were divided into seven groups: scope; monitoring and enforcement; informational/educational materials on IYCF; promotion to the general public; promotion in health care facilities; engagement with health workers and systems; and labelling. Figure 3 shows the number of countries receiving full points and those with at least one half the possible points for each section of the scoring algorithm. Many countries have measures in place which do not fully cover all provisions of the Code.

The health system has been a traditional conduit for promoting products falling under the scope of the Code, and promotion in health facilities persists in many countries. In spite of this, too few countries have robust measures in place to reduce these promotional practices.

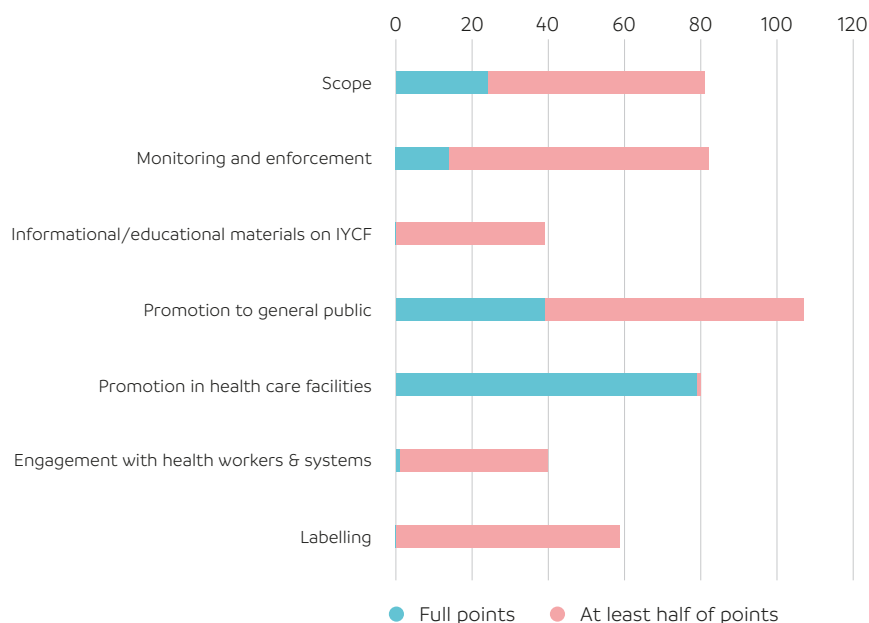


Figure 3. Number of countries receiving full points, and those receiving at least one half possible points on each section of the scoring algorithm

With regard to the scope of products covered in national legislation, only 31 countries have legal measures covering the full breadth of BMS, which include milk products targeted for use up to at least 36 months (Figure 4). A much higher number of countries (76) cover BMS for infants

and young children from up to 12 or up to 35 months. In addition, 81 countries cover complementary foods, while 74 countries include bottles and teats in the scope of their national legislation.

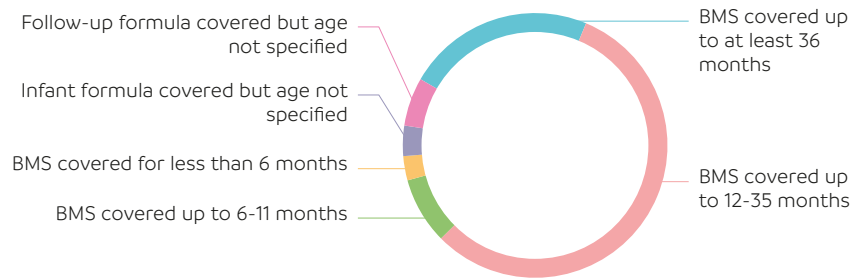


Figure 4. BMS products covered in scope of legal measures (136 countries)

Figure 5 highlights some key provisions of the Code. These provisions were selected to highlight persistent challenges witnessed in many countries, and does not in any way diminish the importance of other Code provisions. Indeed, as emphasized in resolution WHA34.22, adoption of and adherence to the Code is a minimum requirement for all countries, and the Code should be implemented in its entirety.

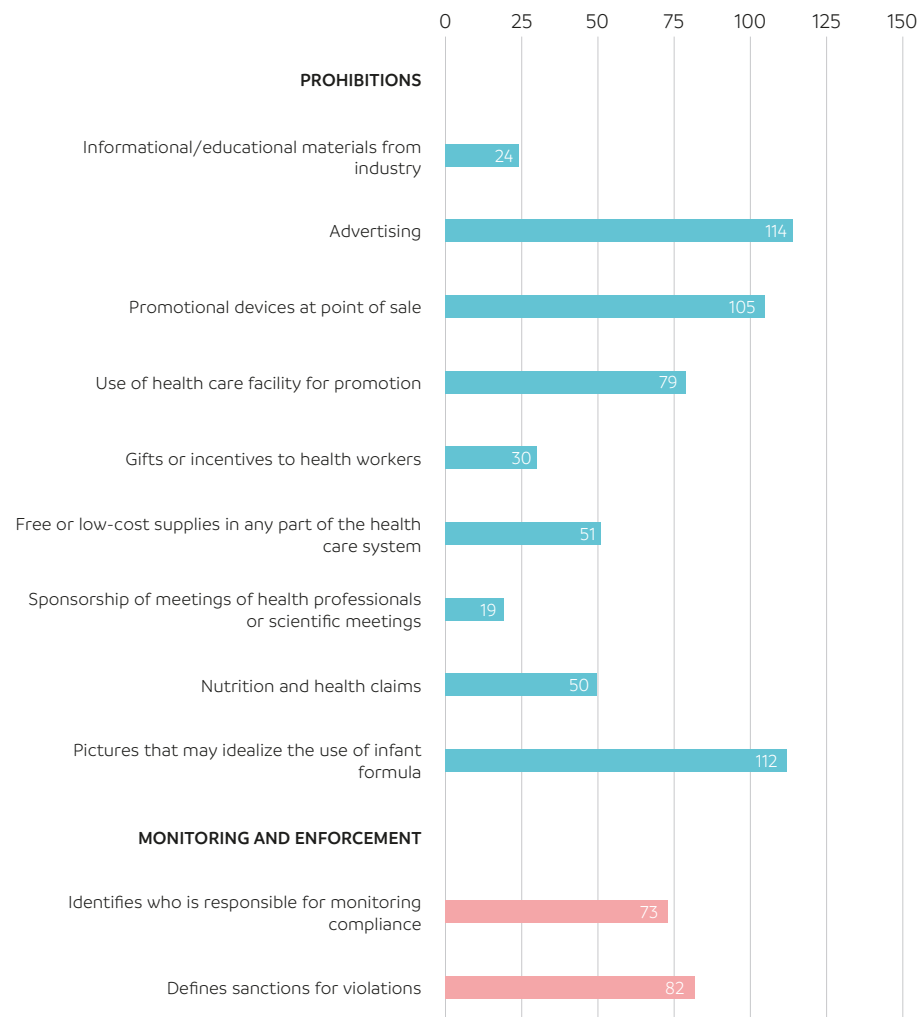


Figure 5. Countries with key Code provisions enumerated in legal measures, by provision

Countries continue to present significant variation in Code provisions incorporated in national legislation. While most countries (112) prohibit the use of pictures on labels that may idealize the use of infant formula, fewer countries (50) prohibit the inclusion of

nutrition and health claims on labels. Similarly, many countries have prohibitions on advertising (114) and the use of promotional devices at points of sale (105), but few (24) prohibit the distribution of informational or educational materials from manufacturers or distributors.

The health system has been a traditional conduit for promoting products falling under the scope of the Code, and promotion in health facilities persists in many countries. In spite of this, too few countries have robust measures in place to reduce these promotional practices. While many countries (79) prohibit the use of facilities for promotion, fewer (51) have provisions in place that prohibit the distribution of free or low-cost supplies in the health care system. In addition, only 19 countries have legal restrictions on industry sponsorship of meetings of health professionals or scientific groups.

For national Code legislation or regulations to be effective, 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. Therefore, legal measures must include clear provisions which enable and empower authorized agencies to take the corrective action needed. However, only 73 countries have measures which clearly spell out who in government is responsible for monitoring compliance, and only 82 define sanctions for violations.

3.4. Summary

This analysis demonstrates the need for further alignment with the Code in most countries. While the lack of some provisions may reflect the evolution of the Code and its expansion through subsequent World Health Assembly resolutions (e.g. marketing tactics such as sponsorship of meetings of health professionals or health and nutrition claims), greater understanding is needed of why so few countries have robust measures in place to prohibit other basic promotional practices, such as advertising of infant formula. Similarly, the relatively weak nature of monitoring and enforcement measures included in national Code legislation urgently needs to be addressed.

The relatively weak nature of monitoring and enforcement measures included in national Code legislation urgently needs to be addressed.





4. *Status of legal provisions for health workers and health systems*

4. STATUS OF LEGAL PROVISIONS FOR HEALTH WORKERS AND HEALTH SYSTEMS

The Code contains provisions which are directly aimed at eliminating promotion of BMS to health care professionals and in health care settings. Article 7.3 of the Code states that financial or material inducements to promote designated products should not be offered to health workers or their family members, nor should these be accepted by them.

Subsequent relevant World Health Assembly resolutions have addressed the issue of conflict of interest which may occur as a result of interaction between manufacturers and distributors of BMS and health care professionals. These include WHA49.15, which urges Member States “to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby Friendly Hospital Initiative”;²¹ and WHA58.32, which urges Member States “to ensure that financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflicts of interest.”²² In addition, WHA69.9 urges Member States, manufacturers and distributors, health care professionals and the media to implement the WHO *Guidance on ending the inappropriate promotion of foods for infants and young children*,²³ which states clearly that there should be no:

- provision or acceptance of free products, samples or reduced-price foods for infants or young children to families through health workers or health facilities;
- donation, acceptance or distribution of equipment or services to health facilities;
- gifts or incentives to health care staff;

- use of health facilities to host events, contests or campaigns;
- gifts or coupons to parents, caregivers and families;
- provision of education in health facilities by companies, directly or indirectly to parents and other caregivers on IYCF;
- provision of any information for health workers other than that which is scientific and factual.

In addition, the *Guidance* recommends that sponsorship of meetings of health professionals and scientific groups by companies selling foods for infants and young children should not be allowed.

In spite of these recommendations, health systems in many countries continue to be used as a major conduit for promoting products falling under the scope of the Code. Traditional target audiences, such as pregnant women, mothers of infants and their family members, can easily be reached, and health facilities and personnel are often targeted through the provision of materials and equipment which may lead to a direct or indirect endorsement of a company's products.

Given the importance of health workers and health professional associations in global and national efforts to protect pregnant women, mothers and their newborns from misleading information and inappropriate promotion of BMS, this section of the report contains information on the extent to which countries have put legal measures in place that aim to eliminate the promotion of BMS to health workers and in health facilities.

²¹ Resolution WHA49.15. Infant and young child nutrition. In: Forty-ninth World Health Assembly, Geneva, 20–25 May 1996. Resolutions and decisions, annexes. Geneva: WHO; 1996:15–16 (WHA49/1996/REC/1; http://apps.who.int/iris/bitstream/handle/10665/178941/WHA49_1996-REC-1_eng.pdf?sequence=1, accessed 23 April 2020).

²² Resolution WHA58.32. Infant and young child nutrition. In: Fifty-eighth World Health Assembly, Geneva, 16–25 May 2005 (https://www.who.int/nutrition/topics/WHA58.32_ycn_en.pdf?ua=1, accessed 23 April 2020).

²³ See footnote 13.

4.1. Identification and analysis of provisions

Analysis of legal measures focused on prohibition of two types of promotional activities by manufacturers and distributors of BMS: the use of health facilities for promotion; and engagement with health workers and health systems.

Gifts or incentives, however small, given to health workers by manufacturers and distributors can create a sense of obligation to such companies or influence the judgement or attitudes of health professionals towards their products.

The analysis examined whether national legal measures require an overall prohibition on the use of health care facilities for promotion. In addition, the legal measures were examined to document whether specific types of promotion within health facilities are explicitly prohibited, i.e. display of designated products under national Code legislation, and of placards and posters concerning said products; distribution of any material provided by a manufacturer or distributor; use of health facilities to host events, contests or campaigns; and use of personnel provided by or paid for by manufacturers and distributors.

With regard to engagement with health workers and health systems, the analysis examined to what extent countries have legal measures in place that prohibit all gifts or incentives to health workers and health systems. Specific types of gifts or incentives that might be explicitly spelled out include financial or material inducements to promote products within the scope of the Code; and fellowships, study tours, research grants, or attendance at professional conferences. Additionally, the analysis identified provisions on the prohibition of free or low-cost supplies in any part of the health care system; donations of equipment or services; product samples; product information restricted to scientific and factual matters; and sponsorship of meetings of health professionals or scientific meetings.

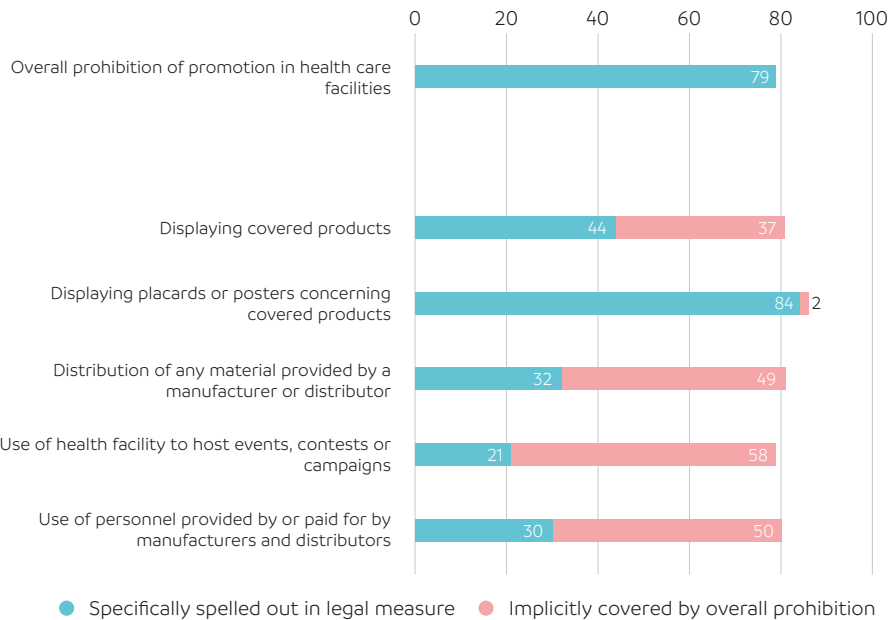


Figure 6. Number of countries prohibiting promotion in health care facilities, by type of prohibition

4.1.1. Promotion in health facilities

Inappropriate promotion of foods for infants and young children often occurs in health care settings, where manufacturers and distributors of baby foods have direct access to those providing services to pregnant women and mothers. Health facilities 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. They may also be requested to host events, contests or even campaigns by companies. In addition, companies may offer assistance through use of their personnel for capacity building or other activities. Such types of promotion in health facilities remain highly prevalent in many countries.

Of the 136 countries having legal measures in place, a total of 79 have an overall prohibition on the use of health facilities for promotion (Figure 6). Forty-four countries explicitly spell out a prohibition of display of covered products, and an additional 37 implicitly cover such promotion by having an overall prohibition. Overall, 84 countries explicitly prohibit the display of placards or posters of products within the scope of the Code, with two more implicitly covering such promotion by their overall prohibition of promotion in health care facilities. With regard to the prohibition of distributing any material provided by manufacturers or distributors, 32 countries specifically spelled out such prohibition in their legislation, while an additional 49 countries implicitly

covered this prohibition. Fewer countries explicitly prohibit the use of health facilities for hosting events, contests or campaigns (21), or use of personnel provided by or paid by manufacturers or distributors (30).

4.1.2. Engagement with health workers and health systems

Health professionals clearly have a vital role to play in educating pregnant women, mothers and other caregivers about appropriate IYCF. It is also their moral, legal and professional obligation to protect, promote and support optimal IYCF. However, health professionals are often targeted and influenced by manufacturers and distributors of BMS through promotions, relationships, and incentives, which create conflicts of interest and can result in the loss of their independence, integrity and public credibility.

Gifts or incentives, however small, given to health workers by manufacturers and distributors can create a sense of obligation to such companies or influence the judgement or attitudes of health professionals towards their products. Gifts or incentives include financial or material inducements to promote products as well as fellowships, study tours, research grants and attendance at professional conferences. Such gifts or incentives should be prohibited to prevent these conflicts of interest and ensure optimal IYCF.

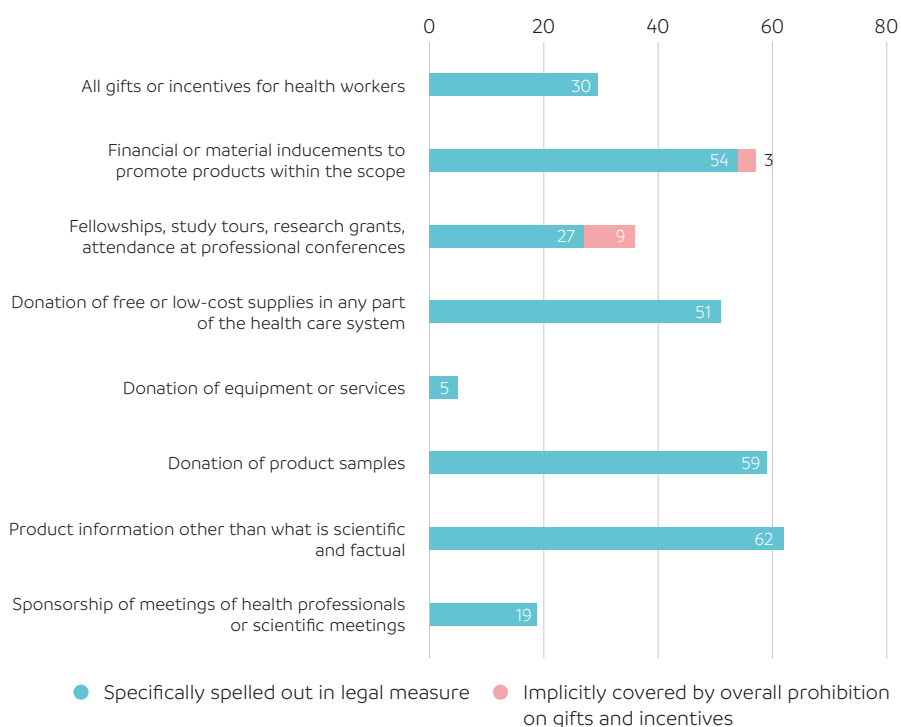


Figure 7. Number of countries with prohibitions on industry engagement with health workers and systems, by type of prohibition

Of the 136 countries with legal measures in place, 30 have measures that call for a full prohibition of all gifts or incentives for health workers (Figure 7), and 54 have measures that explicitly spell out the prohibition of financial or material inducements to promote products. Only 27 explicitly prohibit promotion to health workers through the provision of fellowships, study tours, research grants and attendance at conferences, but nine more implicitly cover this prohibition by banning all gifts or incentives. While not prohibiting these activities, an additional 23 countries allow these types of gifts as long as they are disclosed to the health worker's institution.

Manufacturers and distributors of BMS continue to target health workers for promotion of their products, taking advantage of generally limited legal measures in countries.

The donation of free or low-cost supplies, equipment or services, and product samples through the health care system is another powerful form of promotion often used by manufacturers and distributors. Such donations constitute conflicts of interest as they can create a sense of obligation or a need to reciprocate by the health professional or institution. Donations may positively influence the attitudes of the health professional and/or facility management to manufacturers and distributors and their products, and may interfere with institutional policy and decision-making, and the appropriate practices and ethical obligations of the health professional.

In spite of these known concerns and risks, too few countries have adopted robust legal restrictions on such practices. Fifty-one countries prohibit the donation of free or low-cost supplies in any part of the health system, and 59 countries prohibit the donation of product samples. However, only five countries completely prohibit the donation of equipment or services by manufacturers or distributors of products within the scope of the Code. An additional 37 countries have a partial prohibition on donations of equipment or services, allowing such donations as long as the equipment or services do not refer to a proprietary product.

While it is understood that health workers do need information on BMS, the Code clearly states that this information must be restricted to scientific and factual matters. Sixty-two countries include in their legal measures such a restriction on product information.

Many manufacturers and distributors of BMS offer financial support for international or national scientific meetings and meetings of health professional associations. Sponsorship of such meetings is a clear conflict of interest and allows manufacturers and distributors to gain preferential access to health professionals, provide them with opportunities to directly communicate their own ideas on IYCF, and expose health professionals to biased information on the subject. It is therefore essential that countries put in place robust measures to prohibit such practices. However, to date only 19 countries have prohibited the sponsorship of scientific and health professional association meetings by manufacturers of BMS.

4.2. Summary

The Code provides recommendations urging countries to put in place measures to eliminate the promotion of products under the scope of the Code in health facilities and to keep the baby food industry at arm's length to avoid conflicts of interest in health systems. However, manufacturers and distributors of BMS continue to target health facilities and health workers as conduits for promotion of their products, taking advantage of generally limited legal measures in countries. The findings of the analysis summarized above show that more action is required to stop the use of health facilities and engagement with health workers as avenues for product promotion. Strengthening legal restrictions on such practices and capacity building of health workers on how to avoid conflicts of interest, including through legal awareness and literacy, are some of the actions required.





5. *Conclusions and Recommendations*

5. CONCLUSIONS AND RECOMMENDATIONS

Since 2018, progress has continued to be made on the promotion and protection of breastfeeding, both globally and in countries. More robust measures to curb continuing harmful marketing practices by manufacturers and distributors of BMS have been adopted in several countries.

Over the past two years, protections against inappropriate marketing of BMS have been strengthened in many countries around the world. In 2018-2019, 11 countries enacted new Code-related legislation or strengthened existing legal measures. The European Union enacted stronger regulation on the Code. WHO, UNICEF, IBFAN and other partners continued to provide technical and legal assistance to countries, including support in drafting new legislation or amendments, and in reviewing their current legislation. NetCode partners supported capacity building of policy-makers and health professionals. New research publications and policy and programmatic tools were released, providing further evidence of ongoing Code violations in countries and providing additional tools to governments and health workers.

However, the 2020 Report highlights continued legal shortcomings in many countries. The new expanded checklist and scoring algorithm allowed WHO, UNICEF and IBFAN to undertake a more comprehensive and objective analysis of countries' efforts to translate the Code into domestic legal measures.

Results show that far too few countries have legal measures in place to effectively stop harmful marketing of BMS. While the lack of some provisions partially reflects the evolution of the Code and its expansion through subsequent World Health Assembly resolutions (e.g. prohibitions on sponsorship of meetings of health professionals or health

and nutrition claims), more understanding is required as to why some countries still do not have robust measures in place to prohibit basic promotional practices, such as advertising to the public. Only a minority of countries have adopted measures that comprehensively target promotional

practices in the health system and through direct engagement with health workers. This failure has allowed manufacturers and distributors of BMS to continue to use the health system as a conduit for promotion. Similarly, the relatively weak nature of monitoring and enforcement measures included in national

Code legislation urgently needs to be addressed.

Other challenges persist in countries, including the absence of high-level political will, poor accountability, lack of monitoring and enforcement mechanisms, limited understanding of the Code, and insufficient human and financial resources.

The existence of new operational tools and legal and technical assistance should provide countries with a real opportunity to review their current measures, and to initiate improvement processes. This report shows that every country needs to improve. What is essential for this improvement is the presence of sustained, high-level political will and accountability.

The Code remains as relevant and important as when it was adopted in 1981, if not more so. The Code is an essential part of creating an overall environment that enables mothers to make the best possible decisions about infant feeding, based on impartial information and free of commercial influences, and to be fully supported in doing so. Protecting the health of children and their mothers from continued misleading marketing practices should be seen as a public health priority and human rights obligation by countries.

The Code remains as relevant and important as when it was adopted in 1981, if not more so.

Recommendations

1. Legislators and policy-makers should recognize their obligations, both under international human rights law and international agreements, to promote and protect breastfeeding, and to eliminate inappropriate marketing practices.
2. Countries should analyse and address weaknesses or gaps in their existing legislation and act accordingly. In particular, countries must strengthen their legal and regulatory frameworks to:
 - eliminate all forms of promotion of BMS, feeding bottles and teats to the general public and in health care facilities;
 - ban all gifts to health care workers and other forms of inappropriate engagement between manufacturers and distributors of BMS and health care workers and systems;
 - enable authorized government entities to impose sanctions when violations have been identified and validated;
 - explicitly include milk products intended and marketed as suitable for feeding young children up to at least 36 months of age in the scope of their national legislation; and
 - enforce a ban on promotion of complementary foods for infants under 6 months of age.
3. Legislation must be supported by allocation of adequate budgets and human resources to enable full implementation in relevant sectors.
4. Governments should establish robust and sustainable monitoring and enforcement mechanisms to implement national laws and regulations. Such mechanisms must involve all relevant government agencies, be adequately funded, and allow for public engagement and scrutiny, including through the periodic release of implementation reports.
5. Governments should apply deterrent sanctions in the case of violations of national Code legislation.
6. Health care workers should be educated on their responsibilities under the Code and national legislation to avoid conflicts of interest and fully protect, promote and support breastfeeding.





Annexes

ANNEX 1. SCORING ALGORITHM TO CLASSIFY NATIONAL LEGAL MEASURES ON THE CODE

In this algorithm, developed for use with a WHO/UNICEF/IBFAN checklist, national legal measures are scored in terms of how well they reflect the recommendations put forward in the Code. Each provision of the Code is given a point value, with the total of all points adding up to 100. The provisions are broken down into seven groups, with the maximum number of points possible in each group as shown in the following table.

Measure	Total points possible
Scope	20
Monitoring and enforcement	10
Informational/educational materials on IYCF	10
Promotion to general public	20
Promotion in health care facilities	10
Engagement with health workers and systems	15
Labelling	15
Total	100

More specifically, points for each provision are awarded as shown in the following table.

	Points	Total
Scope		
BMS covered at least up to 6 months of age (where infant formula is covered but no definition of age is provided, half credit is awarded, i.e. two points)	4	
BMS covered at least up to 12 months of age (in addition to above)	4	
BMS covered at least up to 36 months of age (in addition to above) (where follow-up formula is covered but no age range is specified, half credit is awarded, i.e. two points)	4	
Complementary foods covered	4	
Bottles and teats covered	4	
Scope sub-score		20
Monitoring and enforcement		
Definition of sanctions for violations	5	
Identification of who is responsible for monitoring compliance	3	
Requirement that monitoring and enforcement should be independent, transparent and free from commercial influence	2	
Monitoring and enforcement sub-score		10

	Points	Total
Informational/educational materials on IYCF		
Informational/educational materials from industry prohibited	4	
Required information in these materials--one third point for each of the following nine elements: <ul style="list-style-type: none"> — the benefits and superiority of breastfeeding — maternal nutrition, and preparation for and maintenance of breastfeeding — the negative effect on breastfeeding of introducing partial bottle-feeding — the difficulty of reversing the decision not to breastfeed — proper use of infant formula — for materials on use of infant formula: social and financial implications of its use — for materials on use of infant formula: health hazards of inappropriate feeding — for materials on use of infant formula: health hazards of inappropriate use — for materials on use of infant formula: risk of intrinsic contamination of powdered formula 	3	
Prohibition of reference to proprietary products	1.5	
Prohibition of pictures or text idealizing BMS	1.5	
Informational/educational materials on IYCF sub-score		10
Promotion to general public		
Advertising	7	
Promotional devices at point of sale	6	
Samples to public	2	
Gifts to pregnant women and mothers	2	
Contact with mothers	3	
Promotion to general public sub-score		20
Promotion in health care facilities		
Overall prohibition on use of health care facilities for promotion. If no overall prohibition, two points are given for each of the following five prohibited specific types of promotion within health facilities: <ul style="list-style-type: none"> — displaying covered products — displaying placards or posters concerning covered products — distribution of any material provided by a manufacturer or distributor — use of health facility to host events, contests or campaigns — use of personnel provided by or paid for by manufacturers and distributors 	10	
Promotion in health care facilities sub-score		10

	Points	Total
Engagement with health workers and systems		
Overall prohibition of all gifts or incentives to health workers and health systems. If no overall prohibition (total three points), one point is given for each of the following specific types of gifts or incentives that are prohibited:		
— financial or material inducements to promote products within the scope	3	
— fellowships, study tours, research grants, attendance at professional conferences (where these are not prohibited but they must be disclosed to the institution, half credit is awarded, i.e. half point)		
Provision of free or low-cost supplies in any part of the health care system	2	
Donations of equipment or services (where donations are prohibited only if they refer to a proprietary product, half credit is awarded, i.e. one point)	2	
Product samples	2	
Product information restricted to scientific and factual matters	2	
Sponsorship of meetings of health professionals or scientific meetings	4	
Engagement with health workers and systems sub-score		15
Labelling		
Prohibition of nutrition and health claims	4	
Required information on infant formula products—(one-half point for each of the following six elements):		
— the words "Important Notice"		
— a statement on superiority of breastfeeding		
— a statement on using only on the advice of a health worker	3	
— instructions for appropriate preparation		
— warning on health hazards of inappropriate preparation		
— warning that powdered formula may contain pathogens		
Prohibition of pictures that may idealize the use of infant formula on label of infant formula products	3	
Required information for follow-up formula products--one-third point for each of the following three elements:		
— the recommended age for introduction of the product		
— the importance of continued breastfeeding for 2 years	1	
— the importance of no complementary feeding before 6 months		
Prohibited content for follow-up formula products—one point for each of the following four elements:		
— any representation suggesting use before 6 months		
— images or text that discourages breastfeeding or compares to breast milk	4	
— messages that recommend or promote bottle feeding		
— professional endorsements		
Labelling sub-score		15

ANNEX 2. LEGAL STATUS OF THE CODE IN ALL WHO MEMBER STATES, INCLUDING CATEGORIZATION OF MEASURES

Country	Region	Date of legal measure	Legal status of the Code (category)
Afghanistan	Eastern Mediterranean	2009	Substantially aligned with the Code
Albania	European	1999	Moderately aligned with the Code
Algeria	African	2012	Some provisions of the Code included
Andorra	European	2013, 2016	Some provisions of the Code included
Angola	African	-	No legal measures
Antigua and Barbuda	Americas	-	No legal measures
Argentina	Americas	-	No legal measures
Armenia	European	2014	Substantially aligned with the Code
Australia	Western Pacific	-	No legal measures
Austria	European	2013, 2016	Some provisions of the Code included
Azerbaijan	European	2003	Some provisions of the Code included
Bahamas	Americas	-	No legal measures
Bahrain	Eastern Mediterranean	2018	Substantially aligned with the Code
Bangladesh	South-East Asia	2013	Substantially aligned with the Code
Barbados	Americas	-	No legal measures
Belarus	European	-	No legal measures
Belgium	European	2013, 2016	Some provisions of the Code included
Belize	Americas	-	No legal measures
Benin	African	1997	Moderately aligned with the Code
Bhutan	South-East Asia		No legal measures
Bolivia (Plurinational State of)	Americas	2006	Moderately aligned with the Code
Bosnia and Herzegovina	European	2000	Some provisions of the Code included
Botswana	African	2005	Moderately aligned with the Code
Brazil	Americas	2006	Substantially aligned with the Code
Brunei Darussalam	Western Pacific	-	No legal measures
Bulgaria	European	2013, 2016	Some provisions of the Code included
Burkina Faso	African	1993	Moderately aligned with the Code
Burundi	African	2013	Substantially aligned with the Code
Cabo Verde	African	2004, 2005, 2007	Moderately aligned with the Code
Cambodia	Western Pacific	2005, 2007	Moderately aligned with the Code
Cameroon	African	2005	Some provisions of the Code included
Canada	Americas	-	No legal measures
Central African Republic	African	-	No legal measures
Chad	African	2019	Moderately aligned with the Code

Country	Region	Date of legal measure	Legal status of the Code (category)
Chile	Americas	2015	Some provisions of the Code included
China	Western Pacific	2015	Some provisions of the Code included
Colombia	Americas	1992	Moderately aligned with the Code
Comoros	African	2014	Moderately aligned with the Code
Congo	African	-	No legal measures
Cook Islands	Western Pacific	-	No legal measures
Costa Rica	Americas	1994	Moderately aligned with the Code
Côte d'Ivoire	African	2013	Moderately aligned with the Code
Croatia	European	2013, 2016	Some provisions of the Code included
Cuba	Americas	-	No legal measures
Cyprus	European	2013, 2016	Some provisions of the Code included
Czechia	European	2013, 2016	Some provisions of the Code included
Democratic People's Republic of Korea	South-East Asia	-	No legal measures
Democratic Republic of the Congo	African	2006	Moderately aligned with the Code
Denmark	European	2013, 2016	Some provisions of the Code included
Djibouti	Eastern Mediterranean	2010	Moderately aligned with the Code
Dominica	Americas	-	No legal measures
Dominican Republic	Americas	1995	Moderately aligned with the Code
Ecuador	Americas	1995	Some provisions of the Code included
Egypt	Eastern Mediterranean	2018	Some provisions of the Code included
El Salvador	Americas	2013	Moderately aligned with the Code
Equatorial Guinea	African	-	No legal measures
Eritrea	African	-	No legal measures
Estonia	European	2013, 2016	Some provisions of the Code included
Eswatini	African	-	No legal measures
Ethiopia	African	2014	Some provisions of the Code included
Fiji	Western Pacific	2010	Substantially aligned with the Code
Finland	European	2013, 2016	Some provisions of the Code included
France	European	2013, 2016	Some provisions of the Code included
Gabon	African	2004	Moderately aligned with the Code
Gambia	African	2006	Substantially aligned with the Code
Georgia	European	1999	Moderately aligned with the Code
Germany	European	2013, 2016	Some provisions of the Code included

Annex 2. Legal status of the Code in all WHO Member States, including categorization of measures

Country	Region	Date of legal measure	Legal status of the Code (category)
Ghana	African	2000	Substantially aligned with the Code
Greece	European	2013, 2016	Some provisions of the Code included
Grenada	Americas	-	No legal measures
Guatemala	Americas	1983	Moderately aligned with the Code
Guinea	African	-	No legal measures
Guinea-Bissau	African	1982	Some provisions of the Code included
Guyana	Americas	-	No legal measures
Haiti	Americas	-	No legal measures
Honduras	Americas	2013, as amended 2014	Some provisions of the Code included
Hungary	European	2013, 2016	Some provisions of the Code included
Iceland	European	2013, 2016	Some provisions of the Code included
India	South-East Asia	1992, amended 2003	Substantially aligned with the Code
Indonesia	South-East Asia	2012, 2013	Moderately aligned with the Code
Iran (Islamic Republic of)	Eastern Mediterranean	1995, 2010	Some provisions of the Code included
Iraq	Eastern Mediterranean	2015	Some provisions of the Code included
Ireland	European	2013, 2016	Some provisions of the Code included
Israel	European		No legal measures
Italy	European	2013, 2016	Some provisions of the Code included
Jamaica	Americas	-	No legal measures
Japan	Western Pacific	-	No legal measures
Jordan	Eastern Mediterranean	2015	Some provisions of the Code included
Kazakhstan	European	2013, as amended 2015	Some provisions of the Code included
Kenya	African	2012	Moderately aligned with the Code
Kiribati	Western Pacific	2014	Moderately aligned with the Code
Kuwait	Eastern Mediterranean	2014	Substantially aligned with the Code
Kyrgyzstan	European	2008	Moderately aligned with the Code
Lao People's Democratic Republic	Western Pacific	2019	Moderately aligned with the Code
Latvia	European	2013, 2016	Some provisions of the Code included
Lebanon	Eastern Mediterranean	2008	Substantially aligned with the Code
Lesotho	African	-	No legal measures
Liberia	African	-	No legal measures
Libya	Eastern Mediterranean	-	No legal measures

Country	Region	Date of legal measure	Legal status of the Code (category)
Lithuania	European	2013, 2016	Some provisions of the Code included
Luxembourg	European	2013, 2016	Some provisions of the Code included
Madagascar	African	2011	Moderately aligned with the Code
Malawi	African	2004	Moderately aligned with the Code
Malaysia	Western Pacific	-	No legal measures
Maldives	South-East Asia	2008	Substantially aligned with the Code
Mali	African	2006	Moderately aligned with the Code
Malta	European	2013, 2016	Some provisions of the Code included
Marshall Islands	Western Pacific	-	No legal measures
Mauritania	African	-	No legal measures
Mauritius	African	-	No legal measures
Mexico	Americas	2012	Moderately aligned with the Code
Micronesia (Federated States of)	Western Pacific	-	No legal measures
Monaco	European	2013, 2016	Some provisions of the Code included
Mongolia	European	2017	Substantially aligned with the Code
Montenegro	European	-	No legal measures
Morocco	Eastern Mediterranean	-	No legal measures
Mozambique	African	2005	Substantially aligned with the Code
Myanmar	South-East Asia	2014	Moderately aligned with the Code
Namibia	African	-	No legal measures
Nauru	Western Pacific	-	No legal measures
Nepal	South-East Asia	1992	Moderately aligned with the Code
Netherlands	European	2013, 2016	Some provisions of the Code included
New Zealand	Western Pacific	-	No legal measures
Nicaragua	the Americas	1999	Some provisions of the Code included
Niger	African	1998	Some provisions of the Code included
Nigeria	African	1990, as amended 1999, 2019	Substantially aligned with the Code
Niue	Western Pacific	-	No legal measures
North Macedonia	European	2002	Some provisions of the Code included
Norway	European	2013, 2016	Some provisions of the Code included
Oman	Eastern Mediterranean	1998	Some provisions of the Code included

Annex 2. Legal status of the Code in all WHO Member States, including categorization of measures

Country	Region	Date of legal measure	Legal status of the Code (category)
Pakistan	Eastern Mediterranean	2002, as amended 2012, 2018	Moderately aligned with the Code
Palau	Western Pacific	2006	Substantially aligned with the Code
Panama	Americas	1995	Substantially aligned with the Code
Papua New Guinea	Western Pacific	1977, as amended 1984	Some provisions of the Code included
Paraguay	Americas	1999	Some provisions of the Code included
Peru	Americas	2006	Moderately aligned with the Code
Philippines	Western Pacific	1986	Substantially aligned with the Code
Poland	European	2013, 2016	Some provisions of the Code included
Portugal	European	2013, 2016	Some provisions of the Code included
Qatar	Eastern Mediterranean	-	No legal measures
Republic of Korea	Western Pacific	2010, amended 2016	Some provisions of the Code included
Republic of Moldova	European	2018	Some provisions of the Code included
Romania	European	2013, 2016	Some provisions of the Code included
Russian Federation	European	2013	Some provisions of the Code included
Rwanda	African	2006	Some provisions of the Code included
Saint Kitts and Nevis	Americas	-	No legal measures
Saint Lucia	Americas	-	No legal measures
Saint Vincent and the Grenadines	Americas	-	No legal measures
Samoa	Western Pacific	-	No legal measures
San Marino	European	2013, 2016	Some provisions of the Code included
São Tomé and Príncipe	African	-	No legal measures
Saudi Arabia	Eastern Mediterranean	2019	Substantially aligned with the Code
Senegal	African	1994	Some provisions of the Code included
Serbia	European	2005	Some provisions of the Code included
Seychelles	African	1994	Some provisions of the Code included
Sierra Leone	African	-	No legal measures
Singapore	Western Pacific	-	No legal measures
Slovakia	European	2013, 2016	Some provisions of the Code included
Slovenia	European	2013, 2016	Some provisions of the Code included
Solomon Islands	Western Pacific	2010	Moderately aligned with the Code
Somalia	Eastern Mediterranean	-	No legal measures

Country	Region	Date of legal measure	Legal status of the Code (category)
South Africa	African	1972, 2012	Substantially aligned with the Code
South Sudan	African	-	No legal measures
Spain	European	2013, 2016	Some provisions of the Code included
Sri Lanka	South-East Asia	2004	Moderately aligned with the Code
Sudan	Eastern Mediterranean	2000	Some provisions of the Code included
Suriname	Americas	-	No legal measures
Sweden	European	2016	Some provisions of the Code included
Switzerland	European	2016	Some provisions of the Code included
Syrian Arab Republic	Eastern Mediterranean	2000	Moderately aligned with the Code
Tajikistan	European	2006	Moderately aligned with the Code
Thailand	South-East Asia	2017	Moderately aligned with the Code
Timor-Leste	South-East Asia	-	No legal measures
Togo	African	-	No legal measures
Tonga	Western Pacific	-	No legal measures
Trinidad and Tobago	Americas	1985	Some provisions of the Code included
Tunisia	Eastern Mediterranean	1983	Moderately aligned with the Code
Turkey	European	2019	Some provisions of the Code included
Turkmenistan	European	2009	Some provisions of the Code included
Tuvalu	Western Pacific	-	No legal measures
Uganda	African	1997	Substantially aligned with the Code
Ukraine	European	2006, 2011, 2013	Some provisions of the Code included
United Arab Emirates	Eastern Mediterranean	2018	Substantially aligned with the Code
United Kingdom	European	2013, 2016	Some provisions of the Code included
United Republic of Tanzania	African	2012	Substantially aligned with the Code
United States of America	Americas	-	No legal measures
Uruguay	Americas	1994	Some provisions of the Code included
Uzbekistan	European	2019	Some provisions of the Code included
Vanuatu	Western Pacific	-	No legal measures
Venezuela (Bolivarian Republic of)	Americas	2007	Moderately aligned with the Code
Viet Nam	Western Pacific	2014	Moderately aligned with the Code
Yemen	Eastern Mediterranean	2002	Moderately aligned with the Code
Zambia	African	2006	Moderately aligned with the Code
Zimbabwe	African	1998	Substantially aligned with the Code

ANNEX 3. TOTAL SCORES FOR EACH CATEGORY OF CODE PROVISIONS COVERED, AMONG COUNTRIES THAT HAVE LEGAL MEASURES IN PLACE

Country	Sub-scores							TOTAL SCORE
	Scope (out of 20)	Monitoring and enforcement (out of 10)	Informational/ educational materials (out of 10)	Promotion to general public (out of 20)	Promotion in health care facilities (out of 10)	Engagement with health workers and systems (out of 15)	Labelling (out of 15)	
Afghanistan	14	10	10	17	10	14	14	88
Albania	20	8	9	17	10	8	3	74
Algeria	2	0	0	0	0	0	4	6
Andorra	8	0	3	17	0	0	11	39
Armenia	20	8	9	17	10	14	12	90
Austria	8	0	3	17	0	0	11	39
Azerbaijan	16	0	0	6	8	8	2	39
Bahrain	20	8	7	20	10	8	7	80
Bangladesh	20	8	6	20	10	4	10	78
Belgium	8	0	3	17	0	0	11	39
Benin	16	5	2	17	10	9	5	63
Bolivia (Plurinational State of)	16	8	4	17	10	5	8	68
Bosnia and Herzegovina	6	5	0	15	10	0	6	42
Botswana	20	10	4	20	10	8	1	73
Brazil	20	8	8	17	10	6	14	83
Bulgaria	8	0	3	17	0	0	11	39
Burkina Faso	4	5	2	20	10	6	6	52
Burundi	16	5	5	17	10	9	13	75
Cabo Verde	16	10	8	15	10	12	0	71
Cambodia	16	8	5	0	10	5	7	51
Cameroon	16	0	3	9	2	6	5	41
Chad	20	5	2	20	10	8	7	72
Chile	12	5	0	7	0	0	5	29
China	8	8	0	7	2	0	0	25
Colombia	12	0	1	17	10	9	6	55
Comoros	8	8	5	20	10	4	6	60
Costa Rica	16	8	3	5	10	4	10	56
Côte d'Ivoire	16	5	4	20	10	5	5	65
Croatia	8	0	3	17	0	0	11	39
Cyprus	8	0	3	17	0	0	11	39
Czechia	8	0	3	17	0	0	11	39

Country	Sub-scores							TOTAL SCORE
	Scope (out of 20)	Monitoring and enforcement (out of 10)	Informational/ educational materials (out of 10)	Promotion to general public (out of 20)	Promotion in health care facilities (out of 10)	Engagement with health workers and systems (out of 15)	Labelling (out of 15)	
Democratic Republic of the Congo	12	8	4	20	10	4	3	60
Denmark	8	0	3	17	0	0	11	39
Djibouti	10	5	0	20	10	7	0	52
Dominican Republic	16	10	3	20	10	3	8	69
Ecuador	8	8	5	0	10	2	6	40
Egypt	16	0	8	10	0	0	2	36
El Salvador	6	8	1	20	10	4	4	53
Estonia	8	0	3	17	0	0	11	39
Ethiopia	12	8	0	0	0	0	7	27
Fiji	20	10	9	17	10	14	5	85
Finland	8	0	3	17	0	0	11	39
France	8	0	3	17	0	0	11	39
Gabon	16	8	4	15	10	7	6	66
Gambia	20	8	8	17	10	9	5	77
Georgia	20	3	3	18	10	4	7	65
Germany	8	0	3	17	0	0	11	39
Ghana	16	8	10	20	10	6	7	76
Greece	8	0	3	17	0	0	11	39
Guatemala	8	8	4	14	10	6	4	53
Guinea-Bissau	2	0	0	17	10	2	0	31
Honduras	16	8	4	0	0	2	7	38
Hungary	8	0	3	17	0	0	11	39
Iceland	8	0	3	17	0	0	11	39
India	16	8	4	20	10	13	8	78
Indonesia	12	8	3	7	10	5	6	50
Iran (Islamic Republic of)	10	8	4	9	0	4	0	35
Iraq	14	0	4	0	10	2	7	36
Ireland	8	0	3	17	0	0	11	39
Italy	8	0	3	17	0	0	11	39
Jordan	8	3	2	20	10	5	1	49

Annex 3. Total scores for each category of Code provisions covered, among countries that have legal measures in place

Country	Sub-scores							TOTAL SCORE
	Scope (out of 20)	Monitoring and enforcement (out of 10)	Informational/ educational materials (out of 10)	Promotion to general public (out of 20)	Promotion in health care facilities (out of 10)	Engagement with health workers and systems (out of 15)	Labelling (out of 15)	
Kazakhstan	2	3	0	7	2	0	0	14
Kenya	16	8	6	20	10	9	0	69
Kiribati	14	8	4	10	10	14	10	70
Kuwait	20	10	6	20	10	14	7	86
Kyrgyzstan	16	8	5	20	10	6	9	73
Lao People's Democratic Republic	16	8	8	17	10	3	2	64
Latvia	8	0	3	17	0	0	11	39
Lebanon	20	8	9	20	10	14	9	90
Lithuania	8	0	3	17	0	0	11	39
Luxembourg	8	0	3	17	0	0	11	39
Madagascar	16	8	6	17	10	9	7	73
Malawi	12	10	6	20	10	9	5	71
Maldives	20	10	6	20	10	14	14	93
Mali	6	5	6	20	10	4	1	52
Malta	8	0	3	17	0	0	11	39
Mexico	12	3	0	20	10	5	11	60
Monaco	8	0	3	17	0	0	11	39
Mongolia	20	8	7	15	10	11	7	78
Mozambique	20	10	10	20	10	8	3	81
Myanmar	16	8	5	20	10	3	12	74
Nepal	16	8	6	17	10	7	7	71
Netherlands	8	0	3	17	0	0	11	39
Nicaragua	16	8	3	2	10	2	9	50
Niger	8	8	0	9	4	4	4	37
Nigeria	20	8	6	20	10	9	11	84
North Macedonia	16	8	0	7	0	0	4	35
Norway	8	0	3	17	0	0	11	39
Oman	4	5	0	4	10	3	2	28
Pakistan	16	5	6	20	10	10	6	73
Palau	20	10	6	17	10	14	13	90

Country	Sub-scores							TOTAL SCORE
	Scope (out of 20)	Monitoring and enforcement (out of 10)	Informational/ educational materials (out of 10)	Promotion to general public (out of 20)	Promotion in health care facilities (out of 10)	Engagement with health workers and systems (out of 15)	Labelling (out of 15)	
Panama	16	8	5	20	10	12	9	80
Papua New Guinea	4	5	0	7	2	0	0	18
Paraguay	16	8	5	0	0	0	2	31
Peru	16	8	4	17	10	6	7	68
Philippines	20	10	9	10	10	14	12	85
Poland	8	0	3	17	0	0	11	39
Portugal	8	0	3	17	0	0	11	39
Republic of Korea	2	8	0	9	0	4	3	26
Republic of Moldova	12	0	0	0	0	0	4	16
Romania	8	0	3	17	0	0	11	39
Russian Federation	12	0	0	0	0	0	6	18
Rwanda	8	3	2	20	10	2	5	50
San Marino	8	0	3	17	0	0	11	39
Saudi Arabia	20	8	4	20	10	8	7	77
Senegal	12	8	0	0	10	2	0	32
Serbia	16	0	6	7	0	0	7	36
Seychelles	4	3	0	17	10	0	6	40
Slovakia	8	0	3	17	0	0	11	39
Slovenia	8	0	3	17	0	0	11	39
Solomon Islands	4	10	3	17	10	2	6	52
South Africa	20	8	4	20	10	13	12	87
Spain	8	0	3	17	0	0	11	39
Sri Lanka	16	8	2	20	10	8	5	69
Sudan	4	5	0	15	10	2	1	37
Sweden	8	0	3	17	0	0	11	39
Switzerland	16	0	0	0	0	0	11	27
Syrian Arab Republic	8	8	4	20	10	8	6	63
Tajikistan	20	8	8	8	10	13	3	70
Thailand	16	10	1	20	10	10	0	68
Trinidad and Tobago	6	8	0	0	0	0	7	21
Tunisia	16	8	0	20	10	4	6	64

Annex 3. Total scores for each category of Code provisions covered, among countries that have legal measures in place

Country	Sub scores							TOTAL SCORE
	Scope (out of 20)	Monitoring and enforcement (out of 10)	Informational/ educational materials (out of 10)	Promotion to general public (out of 20)	Promotion in health care facilities (out of 10)	Engagement with health workers and systems (out of 15)	Labelling (out of 15)	
Turkey	12	0	0	0	0	0	4	16
Turkmenistan	20	5	0	13	2	2	7	49
Uganda	16	10	6	20	10	15	6	83
Ukraine	12	8	0	10	0	2	5	37
United Arab Emirates	16	8	4	17	10	14	10	79
United Kingdom	8	0	3	17	0	0	11	39
United Republic of Tanzania	20	5	6	20	10	10	8	78
Uruguay	12	0	0	17	10	0	5	44
Uzbekistan	16	3	0	11	2	6	5	43
Venezuela (Bolivarian Republic of)	16	5	5	11	10	8	14	68
Viet Nam	16	3	5	20	10	10	9	73
Yemen	16	5	1	17	10	1	7	57
Zambia	12	8	4	20	10	4	6	63
Zimbabwe	20	8	6	20	10	10	7	81

ANNEX 4. PROVISIONS ON SCOPE AND MONITORING AND ENFORCEMENT, AMONG COUNTRIES THAT HAVE LEGAL MEASURES IN PLACE

Country	Scope			Monitoring & Enforcement		
	BMS products covered up to age (months)	Complementary foods	Bottles & teats	Identifies who is responsible for monitoring compliance	Defines sanctions for violations	Requires that monitoring and enforcement should be independent, transparent and free from commercial influence
Afghanistan	unspecified	✓	✓	✓	✓	✓
Albania	36	✓	✓	✓	✓	✗
Algeria	unspecified	✗	✗	✗	✗	✗
Andorra	12	✗	✗	✗	✗	✗
Armenia	36	✓	✓	✓	✓	✗
Austria	12	✗	✗	✗	✗	✗
Azerbaijan	36	✓	✗	✗	✗	✗
Bahrain	36	✓	✓	✓	✓	✗
Bangladesh	60	✓	✓	✓	✓	✗
Belgium	12	✗	✗	✗	✗	✗
Benin	12	✓	✓	✗	✓	✗
Bolivia (Plurinational State of)	24	✓	✓	✓	✓	✗
Bosnia and Herzegovina	unspecified	✗	✓	✗	✓	✗
Botswana	36	✓	✓	✓	✓	✓
Brazil	36	✓	✓	✓	✓	✗
Bulgaria	12	✗	✗	✗	✗	✗
Burkina Faso	4	✗	✓	✗	✓	✗
Burundi	30	✓	✓	✗	✓	✗
Cabo Verde	24	✓	✓	✓	✓	✓
Cambodia	24	✓	✓	✓	✓	✗
Cameroon	30	✓	✓	✗	✗	✗
Chad	36	✓	✓	✗	✓	✗
Chile	12	✓	✗	✗	✓	✗
China	12	✗	✗	✓	✓	✗
Colombia	24	✓	✗	✗	✗	✗
Comoros	4	✓	✓	✓	✓	✗
Costa Rica	12	✓	✓	✓	✓	✗
Côte d'Ivoire	24	✓	✓	✗	✓	✗
Croatia	12	✗	✗	✗	✗	✗
Cyprus	12	✗	✗	✗	✗	✗

✗ = the provision is not included in national legal measures

Annex 4. Provisions on scope and monitoring and enforcement, among countries that have legal measures in place

Country	Scope			Monitoring & Enforcement		
	BMS products covered up to age (months)	Complementary foods	Bottles & teats	Identifies who is responsible for monitoring compliance	Defines sanctions for violations	Requires that monitoring and enforcement should be independent, transparent and free from commercial influence
Czechia	12	x	x	x	x	x
Democratic Republic of the Congo	6	✓	✓	✓	✓	x
Denmark	12	x	x	x	x	x
Djibouti	unspecified	x	✓	x	✓	x
Dominican Republic	24	✓	✓	✓	✓	✓
Ecuador	12	x	x	✓	✓	x
Egypt	24	✓	✓	x	x	x
El Salvador	unspecified	x	x	✓	✓	x
Estonia	12	x	x	x	x	x
Ethiopia	36	x	x	✓	✓	x
Fiji	60	✓	✓	✓	✓	✓
Finland	12	x	x	x	x	x
France	12	x	x	x	x	x
Gabon	12	✓	✓	✓	✓	x
Gambia	36	✓	✓	✓	✓	x
Georgia	36	✓	✓	✓	x	x
Germany	12	x	x	x	x	x
Ghana	12	✓	✓	✓	✓	x
Greece	12	x	x	x	x	x
Guatemala	6	x	✓	✓	✓	x
Guinea-Bissau	unspecified	x	x	x	x	x
Honduras	24	✓	✓	✓	✓	x
Hungary	12	x	x	x	x	x
Iceland	12	x	x	x	x	x
India	24	✓	✓	✓	✓	x
Indonesia	6	✓	✓	✓	✓	x
Iran (Islamic Republic of)	unspecified	✓	x	✓	✓	x
Iraq	unspecified	✓	✓	x	x	x
Ireland	12	x	x	x	x	x
Italy	12	x	x	x	x	x

x = the provision is not included in national legal measures

Country	Scope			Monitoring & Enforcement		
	BMS products covered up to age (months)	Complementary foods	Bottles & teats	Identifies who is responsible for monitoring compliance	Defines sanctions for violations	Requires that monitoring and enforcement should be independent, transparent and free from commercial influence
Jordan	6	✓	✗	✓	✗	✗
Kazakhstan	unspecified	✗	✗	✓	✗	✗
Kenya	24	✓	✓	✓	✓	✗
Kiribati	unspecified	✓	✓	✓	✓	✗
Kuwait	36	✓	✓	✓	✓	✓
Kyrgyzstan	24	✓	✓	✓	✓	✗
Lao People's Democratic Republic	24	✓	✓	✓	✓	✗
Latvia	12	✗	✗	✗	✗	✗
Lebanon	36	✓	✓	✓	✓	✗
Lithuania	12	✗	✗	✗	✗	✗
Luxembourg	12	✗	✗	✗	✗	✗
Madagascar	24	✓	✓	✓	✓	✗
Malawi	6	✓	✓	✓	✓	✓
Maldives	36	✓	✓	✓	✓	✓
Mali	unspecified	✗	✗	✗	✓	✗
Malta	12	✗	✗	✗	✗	✗
Mexico	36	✗	✗	✓	✗	✗
Monaco	12	✗	✗	✗	✗	✗
Mongolia	36	✓	✓	✓	✓	✗
Mozambique	36	✓	✓	✓	✓	✓
Myanmar	24	✓	✓	✓	✓	✗
Nepal	12	✓	✓	✓	✓	✗
Netherlands	12	✗	✗	✗	✗	✗
Nicaragua	24	✓	✓	✓	✓	✗
Niger	6	✗	✓	✓	✓	✗
Nigeria	36	✓	✓	✓	✓	✗
North Macedonia	12	✓	✓	✓	✓	✗
Norway	12	✗	✗	✗	✗	✗
Oman	4	✓	✗	✗	✓	✗
Pakistan	12	✓	✓	✗	✓	✗

✗ = the provision is not included in national legal measures

Annex 4. Provisions on scope and monitoring and enforcement, among countries that have legal measures in place

Country	Scope			Monitoring & Enforcement		
	BMS products covered up to age (months)	Complementary foods	Bottles & teats	Identifies who is responsible for monitoring compliance	Defines sanctions for violations	Requires that monitoring and enforcement should be independent, transparent and free from commercial influence
Palau	36	✓	✓	✓	✓	✓
Panama	12	✓	✓	✓	✓	✗
Papua New Guinea	not covered	✗	✓	✗	✓	✗
Paraguay	20	✓	✓	✓	✓	✗
Peru	24	✓	✓	✓	✓	✗
Philippines	36	✓	✓	✓	✓	✓
Poland	12	✗	✗	✗	✗	✗
Portugal	12	✗	✗	✗	✗	✗
Republic of Korea	unspecified	✗	✗	✓	✓	✗
Republic of Moldova	12	✓	✗	✗	✗	✗
Romania	12	✗	✗	✗	✗	✗
Russian Federation	12	✓	✗	✗	✗	✗
Rwanda	6	✗	✓	✓	✗	✗
San Marino	12	✗	✗	✗	✗	✗
Saudi Arabia	36	✓	✓	✓	✓	✗
Senegal	12	✓	✗	✓	✓	✗
Serbia	12	✓	✓	✗	✗	✗
Seychelles	6	✗	✗	✓	✗	✗
Slovakia	12	✗	✗	✗	✗	✗
Slovenia	12	✗	✗	✗	✗	✗
Solomon Islands	6	✗	✗	✓	✓	✓
South Africa	36	✓	✓	✓	✓	✗
Spain	12	✗	✗	✗	✗	✗
Sri Lanka	12	✓	✓	✓	✓	✗
Sudan	4	✓	✗	✗	✓	✗
Sweden	12	✗	✗	✗	✗	✗
Switzerland	36	✓	✗	✗	✗	✗
Syrian Arab Republic	6	✗	✓	✓	✓	✗
Tajikistan	36	✓	✓	✓	✓	✗
Thailand	36	✓	✗	✓	✓	✓
Trinidad and Tobago	unspecified	✗	✗	✓	✓	✗

✗ = the provision is not included in national legal measures

Country	Scope			Monitoring & Enforcement		
	BMS products covered up to age (months)	Complementary foods	Bottles & teats	Identifies who is responsible for monitoring compliance	Defines sanctions for violations	Requires that monitoring and enforcement should be independent, transparent and free from commercial influence
Tunisia	12	✓	✓	✓	✓	✗
Turkey	12	✓	✗	✗	✗	✗
Turkmenistan	36	✓	✓	✗	✓	✗
Uganda	12	✓	✓	✓	✓	✓
Ukraine	36	✗	✗	✗	✗	✗
United Arab Emirates	24	✓	✓	✓	✓	✗
United Kingdom	12	✗	✗	✗	✗	✗
United Republic of Tanzania	60	✓	✓	✗	✓	✗
Uruguay	12	✓	✗	✗	✗	✗
Uzbekistan	36	✓	✗	✓	✗	✗
Venezuela (Bolivarian Republic of)	24	✓	✓	✗	✓	✗
Viet Nam	24	✓	✓	✓	✗	✗
Yemen	24	✓	✓	✗	✓	✗
Zambia	6	✓	✓	✓	✓	✗
Zimbabwe	60	✓	✓	✓	✓	✗

✗ = the provision is not included in national legal measures

ANNEX 5. PROVISIONS ON INFORMATIONAL AND EDUCATIONAL MATERIALS, AMONG COUNTRIES THAT HAVE LEGAL MEASURES IN PLACE

Country	Informational educational materials from industry prohibited	Required content for all information/education communication materials					Required content for materials dealing with infant formula				Prohibited content	
		The benefits and superiority of breastfeeding	Maternal nutrition and preparation for and maintenance of breastfeeding	The negative effect on breastfeeding of introducing partial bottle-feeding	The difficulty of reversing the decision not to breastfeed	Proper use of infant formula	Social and financial implications of its use	Health hazards of inappropriate feeding	Health hazards of inappropriate use	Risk of intrinsic contamination of powdered formula	Reference to proprietary products	Pictures or text idealizing BMS
Afghanistan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
Albania	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓
Algeria	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Andorra	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Armenia	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓
Austria	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Azerbaijan	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Bahrain	✓	✓	✓	✓	✗	✗	✗	✓	✓	✗	✗	✓
Bangladesh	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✗	✗
Belgium	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Benin	✗	✓	✓	✓	✓	✗	✓	✗	✓	✗	✗	✗
Bolivia (Plurinational State of)	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Bosnia and Herzegovina	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Botswana	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗
Brazil	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓
Bulgaria	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Burkina Faso	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗
Burundi	✗	✓	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓
Cabo Verde	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓
Cambodia	✗	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✓
Cameroon	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓
Chad	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗
Chile	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
China	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Colombia	✗	✓	✗	✓	✗	✗	✗	✓	✗	✗	✗	✗
Comoros	✗	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✓
Costa Rica	✗	✓	✓	✗	✗	✓	✗	✓	✓	✗	✗	✓

✗ = the provision is not included in national legal measures

Country	Informational educational materials from industry prohibited	Required content for all information/education communication materials					Required content for materials dealing with infant formula				Prohibited content	
		The benefits and superiority of breastfeeding	Maternal nutrition and preparation for and maintenance of breastfeeding	The negative effect on breastfeeding of introducing partial bottle-feeding	The difficulty of reversing the decision not to breastfeed	Proper use of infant formula	Social and financial implications of its use	Health hazards of inappropriate feeding	Health hazards of inappropriate use	Risk of intrinsic contamination of powdered formula	Reference to proprietary products	Pictures or text idealizing BMS
Côte d'Ivoire	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Croatia	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Cyprus	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Czechia	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Democratic Republic of the Congo	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗
Denmark	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Djibouti	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Dominican Republic	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	✗
Ecuador	✗	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓
Egypt	✓	✓	✓	✗	✓	✓	✗	✓	✓	✗	✗	✓
El Salvador	✗	✓	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗
Estonia	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Ethiopia	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Fiji	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓
Finland	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
France	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Gabon	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✓	✓
Gambia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓
Georgia	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Germany	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Ghana	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
Greece	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Guatemala	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✓
Guinea-Bissau	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Honduras	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓
Hungary	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗
Iceland	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗

✗ = the provision is not included in national legal measures

Annex 5. Provisions on informational and educational materials, among countries that have legal measures in place

Country	Informational educational materials from industry prohibited	Required content for all information/education communication materials					Required content for materials dealing with infant formula				Prohibited content	
		The benefits and superiority of breastfeeding	Maternal nutrition and preparation for and maintenance of breastfeeding	The negative effect on breastfeeding of introducing partial bottle-feeding	The difficulty of reversing the decision not to breastfeed	Proper use of infant formula	Social and financial implications of its use	Health hazards of inappropriate feeding	Health hazards of inappropriate use	Risk of intrinsic contamination of powdered formula	Reference to proprietary products	Pictures or text idealizing BMS
India	x	✓	✓	✓	✓	x	✓	✓	✓	x	✓	x
Indonesia	x	✓	✓	✓	✓	x	x	x	x	x	x	✓
Iran (Islamic Republic of)	x	✓	x	✓	✓	✓	✓	x	✓	x	x	✓
Iraq	x	✓	✓	✓	x	✓	x	✓	✓	x	✓	x
Ireland	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Italy	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Jordan	x	✓	✓	x	x	✓	✓	✓	✓	x	x	x
Kazakhstan	x	x	x	x	x	x	x	x	x	x	x	x
Kenya	✓	x	x	x	x	x	x	x	x	x	✓	x
Kiribati	✓	x	x	x	x	x	x	x	x	x	x	x
Kuwait	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Kyrgyzstan	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓
Lao People's Democratic Republic	✓	✓	x	✓	x	x	x	x	x	x	✓	✓
Latvia	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Lebanon	✓	✓	✓	✓	✓	✓	x	✓	✓	x	✓	✓
Lithuania	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Luxembourg	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Madagascar	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Malawi	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Maldives	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Mali	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Malta	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Mexico	x	x	x	x	x	x	x	x	x	x	x	x
Monaco	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Mongolia	✓	✓	✓	✓	x	✓	x	x	✓	x	✓	x
Mozambique	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Myanmar	x	✓	✓	✓	x	✓	✓	✓	✓	x	✓	✓

x = the provision is not included in national legal measures

Country	Informational educational materials from industry prohibited	Required content for all information/education communication materials					Required content for materials dealing with infant formula				Prohibited content	
		The benefits and superiority of breastfeeding	Maternal nutrition and preparation for and maintenance of breastfeeding	The negative effect on breastfeeding of introducing partial bottle-feeding	The difficulty of reversing the decision not to breastfeed	Proper use of infant formula	Social and financial implications of its use	Health hazards of inappropriate feeding	Health hazards of inappropriate use	Risk of intrinsic contamination of powdered formula	Reference to proprietary products	Pictures or text idealizing BMS
Nepal	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Netherlands	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Nicaragua	x	✓	x	x	x	x	x	✓	✓	x	x	✓
Niger	x	✓	x	x	x	x	x	x	x	x	x	x
Nigeria	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x
North Macedonia	x	x	x	x	x	x	x	x	x	x	x	x
Norway	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Oman	x	x	x	x	x	x	x	x	x	x	x	x
Pakistan	✓	x	x	x	x	x	x	x	x	x	x	✓
Palau	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Panama	x	✓	✓	✓	x	✓	x	✓	✓	✓	✓	✓
Papua New Guinea	x	x	x	x	x	x	x	x	x	x	x	x
Paraguay	x	✓	✓	✓	✓	✓	x	✓	✓	x	✓	✓
Peru	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓
Philippines	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓
Poland	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Portugal	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Republic of Korea	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	x
Romania	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Russian Federation	x	x	x	x	x	x	x	x	x	x	x	x
Rwanda	x	✓	✓	✓	✓	✓	x	✓	✓	x	x	x
San Marino	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Saudi Arabia	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓
Senegal	x	x	x	x	x	x	x	x	x	x	x	x
Serbia	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Seychelles	x	x	x	x	x	x	x	x	x	x	x	x
Slovakia	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x

x = the provision is not included in national legal measures

Annex 5. Provisions on informational and educational materials, among countries that have legal measures in place

Country	Informational educational materials from industry prohibited	Required content for all information/education communication materials					Required content for materials dealing with infant formula				Prohibited content	
		The benefits and superiority of breastfeeding	Maternal nutrition and preparation for and maintenance of breastfeeding	The negative effect on breastfeeding of introducing partial bottle-feeding	The difficulty of reversing the decision not to breastfeed	Proper use of infant formula	Social and financial implications of its use	Health hazards of inappropriate feeding	Health hazards of inappropriate use	Risk of intrinsic contamination of powdered formula	Reference to proprietary products	Pictures or text idealizing BMS
Slovenia	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Solomon Islands	x	x	x	x	x	x	x	x	x	✓	✓	✓
South Africa	✓	x	x	x	x	x	x	x	x	x	x	x
Spain	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Sri Lanka	x	✓	x	x	x	x	x	x	x	x	x	✓
Sudan	x	x	x	x	x	x	x	x	x	x	x	x
Sweden	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
Switzerland	x	x	x	x	x	x	x	x	x	x	x	x
Syrian Arab Republic	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓
Tajikistan	✓	✓	x	x	x	✓	x	✓	✓	x	✓	✓
Thailand	x	x	x	x	x	✓	✓	✓	✓	x	x	x
Trinidad and Tobago	x	x	x	x	x	x	x	x	x	x	x	x
Tunisia	x	x	x	x	x	x	x	x	x	x	x	x
Turkey	x	x	x	x	x	x	x	x	x	x	x	x
Turkmenistan	x	✓	x	x	x	x	x	x	x	x	x	x
Uganda	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Ukraine	x	x	x	x	x	x	x	x	x	x	x	x
United Arab Emirates	x	✓	x	✓	✓	x	x	x	x	x	✓	✓
United Kingdom	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x
United Republic of Tanzania	x	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Uruguay	x	x	x	x	x	x	x	x	x	x	x	x
Uzbekistan	x	x	x	x	x	x	x	x	x	x	x	x
Venezuela (Bolivarian Republic of)	x	✓	x	✓	✓	x	x	✓	✓	x	✓	✓
Viet Nam	x	✓	✓	✓	x	✓	✓	✓	✓	x	✓	✓
Yemen	x	✓	✓	✓	✓	x	x	x	x	x	x	x
Zambia	x	✓	✓	✓	✓	x	x	✓	✓	x	✓	x
Zimbabwe	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

x = the provision is not included in national legal measures

ANNEX 6. PROVISIONS ON PROMOTION TO THE GENERAL PUBLIC, AMONG COUNTRIES THAT HAVE LEGAL MEASURES IN PLACE

Country	Advertising	Samples to public	Promotional devices at point of sale	Gifts to pregnant women and mothers	Contact with mothers
Afghanistan	✓	✓	✓	✓	✗
Albania	✓	✓	✓	✓	✗
Algeria	✗	✗	✗	✗	✗
Andorra	✓	✓	✓	✓	✗
Armenia	✓	✓	✓	✓	✗
Austria	✓	✓	✓	✓	✗
Azerbaijan	✗	✗	✓	✗	✗
Bahrain	✓	✓	✓	✓	✓
Bangladesh	✓	✓	✓	✓	✓
Belgium	✓	✓	✓	✓	✗
Benin	✓	✓	✓	✓	✗
Bolivia (Plurinational State of)	✓	✓	✓	✓	✗
Bosnia and Herzegovina	✓	✓	✓	✗	✗
Botswana	✓	✓	✓	✓	✓
Brazil	✓	✓	✓	✓	✗
Bulgaria	✓	✓	✓	✓	✗
Burkina Faso	✓	✓	✓	✓	✓
Burundi	✓	✓	✓	✓	✗
Cabo Verde	✓	✗	✓	✓	✗
Cambodia	✗	✗	✗	✗	✗
Cameroon	✓	✓	✗	✗	✗
Chad	✓	✓	✓	✓	✓
Chile	✓	✗	✗	✗	✗
China	✓	✗	✗	✗	✗
Colombia	✓	✓	✓	✓	✗
Comoros	✓	✓	✓	✓	✓
Costa Rica	✗	✓	✗	✗	✓
Côte d'Ivoire	✓	✓	✓	✓	✓
Croatia	✓	✓	✓	✓	✗
Cyprus	✓	✓	✓	✓	✗
Czechia	✓	✓	✓	✓	✗
Democratic Republic of the Congo	✓	✓	✓	✓	✓

✗ = the provision is not included in national legal measures

Annex 6. Provisions on promotion to the general public, among countries that have legal measures in place

Country	Advertising	Samples to public	Promotional devices at point of sale	Gifts to pregnant women and mothers	Contact with mothers
Denmark	✓	✓	✓	✓	✗
Djibouti	✓	✓	✓	✓	✓
Dominican Republic	✓	✓	✓	✓	✓
Ecuador	✗	✗	✗	✗	✗
Egypt	✓	✗	✗	✗	✓
El Salvador	✓	✓	✓	✓	✓
Estonia	✓	✓	✓	✓	✗
Ethiopia	✗	✗	✗	✗	✗
Fiji	✓	✓	✓	✓	✗
Finland	✓	✓	✓	✓	✗
France	✓	✓	✓	✓	✗
Gabon	✓	✓	✓	✗	✗
Gambia	✓	✓	✓	✓	✗
Georgia	✓	✓	✓	✗	✓
Germany	✓	✓	✓	✓	✗
Ghana	✓	✓	✓	✓	✓
Greece	✓	✓	✓	✓	✗
Guatemala	✓	✓	✗	✓	✓
Guinea-Bissau	✓	✓	✓	✓	✗
Honduras	✗	✗	✗	✗	✗
Hungary	✓	✓	✓	✓	✗
Iceland	✓	✓	✓	✓	✗
India	✓	✓	✓	✓	✓
Indonesia	✗	✓	✗	✓	✓
Iran (Islamic Republic of)	✓	✓	✗	✗	✗
Iraq	✗	✗	✗	✗	✗
Ireland	✓	✓	✓	✓	✗
Italy	✓	✓	✓	✓	✗
Jordan	✓	✓	✓	✓	✓
Kazakhstan	✓	✗	✗	✗	✗
Kenya	✓	✓	✓	✓	✓
Kiribati	✗	✓	✓	✓	✗

✗ = the provision is not included in national legal measures

Country	Advertising	Samples to public	Promotional devices at point of sale	Gifts to pregnant women and mothers	Contact with mothers
Kuwait	✓	✓	✓	✓	✓
Kyrgyzstan	✓	✓	✓	✓	✓
Lao People's Democratic Republic	✓	✓	✓	✓	✗
Latvia	✓	✓	✓	✓	✗
Lebanon	✓	✓	✓	✓	✓
Lithuania	✓	✓	✓	✓	✗
Luxembourg	✓	✓	✓	✓	✗
Madagascar	✓	✓	✓	✓	✗
Malawi	✓	✓	✓	✓	✓
Maldives	✓	✓	✓	✓	✓
Mali	✓	✓	✓	✓	✓
Malta	✓	✓	✓	✓	✗
Mexico	✓	✓	✓	✓	✓
Monaco	✓	✓	✓	✓	✗
Mongolia	✓	✓	✓	✗	✗
Mozambique	✓	✓	✓	✓	✓
Myanmar	✓	✓	✓	✓	✓
Nepal	✓	✓	✓	✓	✗
Netherlands	✓	✓	✓	✓	✗
Nicaragua	✗	✓	✗	✗	✗
Niger	✓	✓	✗	✗	✗
Nigeria	✓	✓	✓	✓	✓
North Macedonia	✓	✗	✗	✗	✗
Norway	✓	✓	✓	✓	✗
Oman	✗	✓	✗	✓	✗
Pakistan	✓	✓	✓	✓	✓
Palau	✓	✓	✓	✓	✗
Panama	✓	✓	✓	✓	✓
Papua New Guinea	✓	✗	✗	✗	✗
Paraguay	✗	✗	✗	✗	✗
Peru	✓	✓	✓	✓	✗
Philippines	✗	✓	✓	✓	✗

✗ = the provision is not included in national legal measures

Annex 6. Provisions on promotion to the general public, among countries that have legal measures in place

Country	Advertising	Samples to public	Promotional devices at point of sale	Gifts to pregnant women and mothers	Contact with mothers
Poland	✓	✓	✓	✓	✗
Portugal	✓	✓	✓	✓	✗
Republic of Korea	✓	✓	✗	✗	✗
Republic of Moldova	✗	✗	✗	✗	✗
Romania	✓	✓	✓	✓	✗
Russian Federation	✗	✗	✗	✗	✗
Rwanda	✓	✓	✓	✓	✓
San Marino	✓	✓	✓	✓	✗
Saudi Arabia	✓	✓	✓	✓	✓
Senegal	✗	✗	✗	✗	✗
Serbia	✓	✗	✗	✗	✗
Seychelles	✓	✓	✓	✓	✗
Slovakia	✓	✓	✓	✓	✗
Slovenia	✓	✓	✓	✓	✗
Solomon Islands	✓	✓	✓	✓	✗
South Africa	✓	✓	✓	✓	✓
Spain	✓	✓	✓	✓	✗
Sri Lanka	✓	✓	✓	✓	✓
Sudan	✓	✓	✓	✗	✗
Sweden	✓	✓	✓	✓	✗
Switzerland	✗	✗	✗	✗	✗
Syrian Arab Republic	✓	✓	✓	✓	✓
Tajikistan	✗	✓	✓	✗	✗
Thailand	✓	✓	✓	✓	✓
Trinidad and Tobago	✗	✗	✗	✗	✗
Tunisia	✓	✓	✓	✓	✓
Turkey	✗	✗	✗	✗	✗
Turkmenistan	✓	✗	✓	✗	✗
Uganda	✓	✓	✓	✓	✓
Ukraine	✗	✓	✓	✓	✗
United Arab Emirates	✓	✓	✓	✓	✗
United Kingdom	✓	✓	✓	✓	✗

✗ = the provision is not included in national legal measures

Country	Advertising	Samples to public	Promotional devices at point of sale	Gifts to pregnant women and mothers	Contact with mothers
United Republic of Tanzania	✓	✓	✓	✓	✓
Uruguay	✓	✓	✓	✓	✗
Uzbekistan	✓	✓	✗	✓	✗
Venezuela (Bolivarian Republic of)	✓	✓	✗	✓	✗
Viet Nam	✓	✓	✓	✓	✓
Yemen	✓	✓	✓	✓	✗
Zambia	✓	✓	✓	✓	✓
Zimbabwe	✓	✓	✓	✓	✓

✗ = the provision is not included in national legal measures

ANNEX 7. PROVISIONS ON PROMOTION IN HEALTH CARE FACILITIES, AMONG COUNTRIES THAT HAVE LEGAL MEASURES IN PLACE

Country	Overall prohibition on use of health care facility for promotion	Type of prohibition explicitly covered				
		Display of covered products	Display of placards or posters concerning covered products	Distribution of any material provided by a manufacturer or distributor	Use of health facility to host events, contests or campaigns	Use of personnel provided by or paid for by manufacturers and distributors
Afghanistan	✓	✓	✓	✓	✓	✓
Albania	✓	✓	✓	✓	✓	✓
Algeria	✗	✗	✗	✗	✗	✗
Andorra	✗	✗	✗	✗	✗	✗
Armenia	✓	✓	✓	✓	✓	✓
Austria	✗	✗	✗	✗	✗	✗
Azerbaijan	✗	✓	✓	✓	✗	✓
Bahrain	✓	✓	✓	✓	✓	✓
Bangladesh	✓	✓	✓	✓	✓	✓
Belgium	✗	✗	✗	✗	✗	✗
Benin	✓	✓	✓	✓	✓	✓
Bolivia (Plurinational State of)	✓	✓	✓	✓	✓	✓
Bosnia and Herzegovina	✓	✓	✓	✓	✓	✓
Botswana	✓	✓	✓	✓	✓	✓
Brazil	✓	✓	✓	✓	✓	✓
Bulgaria	✗	✗	✗	✗	✗	✗
Burkina Faso	✓	✓	✓	✓	✓	✓
Burundi	✓	✓	✓	✓	✓	✓
Cabo Verde	✓	✓	✓	✓	✓	✓
Cambodia	✓	✗	✗	✗	✗	✗
Cameroon	✗	✗	✓	✗	✗	✗
Chad	✓	✓	✓	✓	✓	✓
Chile	✗	✗	✗	✗	✗	✗
China	✗	✗	✓	✗	✗	✗
Colombia	✓	✓	✓	✓	✓	✓
Comoros	✓	✓	✓	✓	✓	✓
Costa Rica	✓	✓	✓	✓	✓	✓
Côte d'Ivoire	✓	✓	✓	✓	✓	✓
Croatia	✗	✗	✗	✗	✗	✗

✗ = the provision is not included in national legal measures

Country	Overall prohibition on use of health care facility for promotion	Type of prohibition explicitly covered				
		Display of covered products	Display of placards or posters concerning covered products	Distribution of any material provided by a manufacturer or distributor	Use of health facility to host events, contests or campaigns	Use of personnel provided by or paid for by manufacturers and distributors
Cyprus	x	x	x	x	x	x
Czechia	x	x	x	x	x	x
Democratic Republic of the Congo	✓	✓	✓	✓	✓	✓
Denmark	x	x	x	x	x	x
Djibouti	✓	✓	✓	✓	✓	✓
Dominican Republic	✓	✓	✓	✓	✓	✓
Ecuador	✓	✓	✓	✓	✓	✓
Egypt	x	x	x	x	x	x
El Salvador	✓	✓	✓	✓	✓	✓
Estonia	x	x	x	x	x	x
Ethiopia	x	x	x	x	x	x
Fiji	✓	✓	✓	✓	✓	✓
Finland	x	x	x	x	x	x
France	x	x	x	x	x	x
Gabon	✓	✓	✓	✓	✓	✓
Gambia	✓	✓	✓	✓	✓	✓
Georgia	✓	✓	✓	✓	✓	✓
Germany	x	x	x	x	x	x
Ghana	✓	✓	✓	✓	✓	✓
Greece	x	x	x	x	x	x
Guatemala	✓	✓	✓	✓	✓	✓
Guinea-Bissau	✓	✓	✓	✓	✓	✓
Honduras	x	x	x	x	x	x
Hungary	x	x	x	x	x	x
Iceland	x	x	x	x	x	x
India	✓	✓	✓	✓	✓	✓
Indonesia	✓	✓	✓	✓	✓	✓
Iran (Islamic Republic of)	x	x	x	x	x	x
Iraq	✓	✓	✓	✓	✓	✓

x = the provision is not included in national legal measures

Annex 7. Provisions on promotion in health care facilities, among countries that have legal measures in place

Country	Overall prohibition on use of health care facility for promotion	Type of prohibition explicitly covered				
		Display of covered products	Display of placards or posters concerning covered products	Distribution of any material provided by a manufacturer or distributor	Use of health facility to host events, contests or campaigns	Use of personnel provided by or paid for by manufacturers and distributors
Ireland	x	x	x	x	x	x
Italy	x	x	x	x	x	x
Jordan	✓	✓	✓	✓	✓	✓
Kazakhstan	x	x	✓	x	x	x
Kenya	✓	✓	✓	✓	✓	✓
Kiribati	✓	✓	✓	✓	✓	✓
Kuwait	✓	✓	✓	✓	✓	✓
Kyrgyzstan	✓	✓	✓	✓	✓	✓
Lao People's Democratic Republic	✓	✓	✓	✓	✓	✓
Latvia	x	x	x	x	x	x
Lebanon	✓	✓	✓	✓	✓	✓
Lithuania	x	x	x	x	x	x
Luxembourg	x	x	x	x	x	x
Madagascar	✓	✓	✓	✓	✓	✓
Malawi	✓	✓	✓	✓	✓	✓
Maldives	✓	✓	✓	✓	✓	✓
Mali	✓	✓	✓	✓	✓	✓
Malta	x	x	x	x	x	x
Mexico	✓	✓	✓	✓	✓	✓
Monaco	x	x	x	x	x	x
Mongolia	✓	✓	✓	✓	✓	✓
Mozambique	✓	✓	✓	✓	✓	✓
Myanmar	✓	✓	✓	✓	✓	✓
Nepal	✓	✓	✓	✓	✓	✓
Netherlands	x	x	x	x	x	x
Nicaragua	✓	✓	✓	✓	✓	✓
Niger	x	✓	✓	x	x	x
Nigeria	✓	✓	✓	✓	✓	✓
North Macedonia	x	x	x	x	x	x

x = the provision is not included in national legal measures

Country	Overall prohibition on use of health care facility for promotion	Type of prohibition explicitly covered				
		Display of covered products	Display of placards or posters concerning covered products	Distribution of any material provided by a manufacturer or distributor	Use of health facility to host events, contests or campaigns	Use of personnel provided by or paid for by manufacturers and distributors
Norway	x	x	x	x	x	x
Oman	✓	✓	✓	✓	✓	✓
Pakistan	✓	✓	✓	✓	✓	✓
Palau	✓	✓	✓	✓	✓	✓
Panama	✓	✓	✓	✓	✓	✓
Papua New Guinea	x	x	✓	x	x	x
Paraguay	x	x	x	x	x	x
Peru	✓	✓	✓	✓	✓	✓
Philippines	✓	✓	✓	✓	✓	✓
Poland	x	x	x	x	x	x
Portugal	x	x	x	x	x	x
Republic of Korea	x	x	x	x	x	x
Republic of Moldova	x	x	x	x	x	x
Romania	x	x	x	x	x	x
Russian Federation	x	x	x	x	x	x
Rwanda	✓	✓	✓	✓	✓	✓
San Marino	x	x	x	x	x	x
Saudi Arabia	✓	✓	✓	✓	✓	✓
Senegal	✓	✓	✓	✓	✓	✓
Serbia	x	x	x	x	x	x
Seychelles	✓	✓	✓	✓	✓	✓
Slovakia	x	x	x	x	x	x
Slovenia	x	x	x	x	x	x
Solomon Islands	✓	✓	✓	✓	✓	✓
South Africa	✓	✓	✓	✓	✓	✓
Spain	x	x	x	x	x	x
Sri Lanka	✓	✓	✓	✓	✓	✓
Sudan	✓	✓	✓	✓	✓	✓
Sweden	x	x	x	x	x	x

x = the provision is not included in national legal measures

Annex 7. Provisions on promotion in health care facilities, among countries that have legal measures in place

Country	Overall prohibition on use of health care facility for promotion	Type of prohibition explicitly covered				
		Display of covered products	Display of placards or posters concerning covered products	Distribution of any material provided by a manufacturer or distributor	Use of health facility to host events, contests or campaigns	Use of personnel provided by or paid for by manufacturers and distributors
Switzerland	x	x	x	x	x	x
Syrian Arab Republic	✓	✓	✓	✓	✓	✓
Tajikistan	✓	✓	✓	✓	✓	✓
Thailand	✓	✓	✓	✓	✓	✓
Trinidad and Tobago	x	x	x	x	x	x
Tunisia	✓	✓	✓	✓	✓	✓
Turkey	x	x	x	x	x	x
Turkmenistan	x	x	x	✓	x	x
Uganda	✓	✓	✓	✓	✓	✓
Ukraine	x	x	x	x	x	x
United Arab Emirates	✓	✓	✓	✓	✓	✓
United Kingdom	x	x	x	x	x	x
United Republic of Tanzania	✓	✓	✓	✓	✓	✓
Uruguay	✓	✓	✓	✓	✓	✓
Uzbekistan	x	x	✓	x	x	x
Venezuela (Bolivarian Republic of)	✓	✓	✓	✓	✓	✓
Viet Nam	✓	✓	✓	✓	✓	✓
Yemen	✓	✓	✓	✓	✓	✓
Zambia	✓	✓	✓	✓	✓	✓
Zimbabwe	✓	✓	✓	✓	✓	✓

x = the provision is not included in national legal measures

ANNEX 8. PROVISIONS ON ENGAGEMENT WITH HEALTH CARE WORKERS AND HEALTH SYSTEMS, AMONG COUNTRIES THAT HAVE LEGAL MEASURES IN PLACE

Country	Overall prohibition of all gifts or incentives to health workers and health systems	Type of gift or incentive			Other prohibitions					
		Financial or material inducements to promote products within the scope	Fellowships, study tours, research grants, attendance at professional conferences	Fellowships, etc., not prohibited but must be disclosed to the institution	Provision of free or low-cost supplies in any part of the health care system	Donations of equipment or services	Donations prohibited only if they refer to a proprietary product	Product samples	Product information restricted to scientific and factual matters	Sponsorship of meetings of health professionals or scientific meetings
Afghanistan	✓	✓	✓	✗	✓	✗	✓	✓	✓	✓
Albania	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗
Algeria	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Andorra	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Armenia	✓	✓	✓	✗	✓	✗	✓	✓	✓	✓
Austria	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Azerbaijan	✗	✓	✗	✓	✓	✗	✗	✓	✓	✗
Bahrain	✗	✓	✗	✗	✓	✗	✓	✓	✓	✗
Bangladesh	✗	✓	✓	✗	✗	✗	✗	✓	✗	✗
Belgium	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Benin	✗	✓	✗	✓	✓	✗	✓	✓	✓	✗
Bolivia (Plurinational State of)	✗	✓	✗	✗	✗	✗	✗	✓	✓	✗
Bosnia and Herzegovina	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Botswana	✓	✓	✓	✗	✓	✗	✓	✗	✓	✗
Brazil	✗	✓	✓	✗	✓	✗	✗	✗	✓	✗
Bulgaria	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Burkina Faso	✗	✗	✗	✓	✗	✗	✓	✓	✓	✗
Burundi	✓	✓	✓	✗	✓	✗	✗	✓	✓	✗
Cabo Verde	✓	✓	✓	✗	✗	✗	✓	✓	✓	✓
Cambodia	✗	✗	✗	✓	✓	✗	✗	✗	✓	✗
Cameroon	✗	✗	✗	✓	✗	✗	✓	✓	✓	✗
Chad	✓	✓	✓	✗	✗	✗	✓	✓	✓	✗
Chile	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
China	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Colombia	✗	✓	✗	✗	✓	✓	✗	✓	✓	✗
Comoros	✗	✓	✗	✓	✗	✗	✗	✓	✗	✗

✗ = the provision is not included in national legal measures

Annex 8. Provisions on engagement with health care workers and health systems, among countries that have legal measures in place

Country	Overall prohibition of all gifts or incentives to health workers and health systems	Type of gift or incentive			Other prohibitions					
		Financial or material inducements to promote products within the scope	Fellowships, study tours, research grants, attendance at professional conferences	Fellowships, etc., not prohibited but must be disclosed to the institution	Provision of free or low-cost supplies in any part of the health care system	Donations of equipment or services	Donations prohibited only if they refer to a proprietary product	Product samples	Product information restricted to scientific and factual matters	Sponsorship of meetings of health professionals or scientific meetings
Costa Rica	x	x	x	x	✓	x	x	x	✓	x
Côte d'Ivoire	x	✓	x	x	✓	x	x	✓	x	x
Croatia	x	x	x	x	x	x	x	x	x	x
Cyprus	x	x	x	x	x	x	x	x	x	x
Czechia	x	x	x	x	x	x	x	x	x	x
Democratic Republic of the Congo	x	✓	x	✓	x	x	x	x	✓	x
Denmark	x	x	x	x	x	x	x	x	x	x
Djibouti	x	✓	x	✓	✓	x	✓	x	✓	x
Dominican Republic	x	✓	x	x	x	x	x	✓	x	x
Ecuador	x	x	x	x	x	x	x	x	✓	x
Egypt	x	x	x	x	x	x	x	x	x	x
El Salvador	x	x	x	x	✓	x	x	x	✓	x
Estonia	x	x	x	x	x	x	x	x	x	x
Ethiopia	x	x	x	x	x	x	x	x	x	x
Fiji	✓	✓	✓	x	✓	x	✓	✓	✓	✓
Finland	x	x	x	x	x	x	x	x	x	x
France	x	x	x	x	x	x	x	x	x	x
Gabon	x	x	x	✓	✓	x	x	✓	✓	x
Gambia	x	✓	x	✓	✓	x	✓	✓	✓	x
Georgia	x	x	x	x	✓	x	x	✓	x	x
Germany	x	x	x	x	x	x	x	x	x	x
Ghana	x	✓	x	✓	✓	x	x	x	✓	x
Greece	x	x	x	x	x	x	x	x	x	x
Guatemala	x	✓	x	✓	x	x	x	✓	✓	x
Guinea-Bissau	x	x	x	x	✓	x	x	x	x	x
Honduras	x	x	x	x	x	x	x	x	✓	x

x = the provision is not included in national legal measures

Country	Overall prohibition of all gifts or incentives to health workers and health systems	Type of gift or incentive			Other prohibitions					
		Financial or material inducements to promote products within the scope	Fellowships, study tours, research grants, attendance at professional conferences	Fellowships, etc, not prohibited but must be disclosed to the institution	Provision of free or low-cost supplies in any part of the health care system	Donations of equipment or services	Donations prohibited only if they refer to a proprietary product	Product samples	Product information restricted to scientific and factual matters	Sponsorship of meetings of health professionals or scientific meetings
Hungary	x	x	x	x	x	x	x	x	x	x
Iceland	x	x	x	x	x	x	x	x	x	x
India	✓	✓	✓	x	✓	x	x	✓	✓	✓
Indonesia	x	x	x	✓	✓	x	x	✓	x	x
Iran (Islamic Republic of)	x	x	x	x	x	x	x	✓	✓	x
Iraq	x	x	x	x	✓	x	x	x	x	x
Ireland	x	x	x	x	x	x	x	x	x	x
Italy	x	x	x	x	x	x	x	x	x	x
Jordan	x	x	x	✓	x	x	x	✓	✓	x
Kazakhstan	x	x	x	x	x	x	x	x	x	x
Kenya	✓	✓	✓	x	✓	x	x	✓	✓	x
Kiribati	✓	✓	✓	x	✓	x	✓	✓	✓	✓
Kuwait	✓	✓	✓	x	✓	x	✓	✓	✓	✓
Kyrgyzstan	✓	✓	✓	x	x	x	✓	✓	x	x
Lao People's Democratic Republic	x	x	x	x	x	x	✓	✓	x	x
Latvia	x	x	x	x	x	x	x	x	x	x
Lebanon	✓	✓	✓	x	✓	x	✓	✓	✓	✓
Lithuania	x	x	x	x	x	x	x	x	x	x
Luxembourg	x	x	x	x	x	x	x	x	x	x
Madagascar	x	✓	x	✓	✓	x	✓	✓	✓	x
Malawi	✓	✓	✓	x	✓	✓	x	✓	x	x
Maldives	✓	✓	✓	x	✓	x	✓	✓	✓	✓
Mali	x	x	x	✓	x	x	✓	✓	x	x
Malta	x	x	x	x	x	x	x	x	x	x
Mexico	x	✓	x	✓	x	x	✓	x	✓	x
Monaco	x	x	x	x	x	x	x	x	x	x

x = the provision is not included in national legal measures

Annex 8. Provisions on engagement with health care workers and health systems, among countries that have legal measures in place

Country	Overall prohibition of all gifts or incentives to health workers and health systems	Type of gift or incentive			Other prohibitions					
		Financial or material inducements to promote products within the scope	Fellowships, study tours, research grants, attendance at professional conferences	Fellowships, etc., not prohibited but must be disclosed to the institution	Provision of free or low-cost supplies in any part of the health care system	Donations of equipment or services	Donations prohibited only if they refer to a proprietary product	Product samples	Product information restricted to scientific and factual matters	Sponsorship of meetings of health professionals or scientific meetings
Mongolia	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓
Mozambique	✓	✓	✓	✗	✗	✗	✓	✓	✓	✗
Myanmar	✗	✗	✗	✓	✗	✗	✗	✗	✓	✗
Nepal	✓	✓	✓	✗	✗	✗	✗	✓	✓	✗
Netherlands	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Nicaragua	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗
Niger	✗	✗	✗	✓	✗	✗	✓	✗	✓	✗
Nigeria	✗	✓	✗	✗	✓	✓	✗	✗	✗	✓
North Macedonia	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Norway	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Oman	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗
Pakistan	✓	✓	✓	✗	✓	✗	✓	✓	✓	✗
Palau	✓	✓	✓	✗	✓	✗	✓	✓	✓	✓
Panama	✓	✓	✓	✗	✓	✗	✓	✗	✓	✓
Papua New Guinea	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Paraguay	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Peru	✗	✗	✓	✗	✗	✗	✓	✓	✓	✗
Philippines	✓	✓	✓	✗	✓	✗	✓	✓	✓	✓
Poland	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Portugal	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Republic of Korea	✗	✗	✗	✗	✓	✗	✗	✓	✗	✗
Republic of Moldova	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Romania	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Russian Federation	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Rwanda	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗
San Marino	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Saudi Arabia	✗	✓	✗	✓	✗	✓	✗	✓	✓	✗

✗ = the provision is not included in national legal measures

Country	Overall prohibition of all gifts or incentives to health workers and health systems	Type of gift or incentive			Other prohibitions					
		Financial or material inducements to promote products within the scope	Fellowships, study tours, research grants, attendance at professional conferences	Fellowships, etc., not prohibited but must be disclosed to the institution	Provision of free or low-cost supplies in any part of the health care system	Donations of equipment or services	Donations prohibited only if they refer to a proprietary product	Product samples	Product information restricted to scientific and factual matters	Sponsorship of meetings of health professionals or scientific meetings
Senegal	x	x	x	x	✓	x	x	x	x	x
Serbia	x	x	x	x	x	x	x	x	x	x
Seychelles	x	x	x	x	x	x	x	x	x	x
Slovakia	x	x	x	x	x	x	x	x	x	x
Slovenia	x	x	x	x	x	x	x	x	x	x
Solomon Islands	x	✓	x	x	x	x	✓	x	x	x
South Africa	✓	✓	✓	x	✓	x	x	✓	✓	✓
Spain	x	x	x	x	x	x	x	x	x	x
Sri Lanka	x	✓	✓	x	✓	x	x	✓	✓	x
Sudan	x	x	x	x	x	x	x	✓	x	x
Sweden	x	x	x	x	x	x	x	x	x	x
Switzerland	x	x	x	x	x	x	x	x	x	x
Syrian Arab Republic	x	✓	x	✓	✓	x	x	✓	✓	x
Tajikistan	x	✓	✓	x	✓	x	✓	✓	✓	✓
Thailand	✓	✓	✓	x	✓	x	✓	✓	✓	x
Trinidad and Tobago	x	x	x	x	x	x	x	x	x	x
Tunisia	x	x	x	x	✓	x	x	✓	x	x
Turkey	x	x	x	x	x	x	x	x	x	x
Turkmenistan	x	x	x	x	x	x	x	x	✓	x
Uganda	✓	✓	✓	x	✓	✓	x	✓	✓	✓
Ukraine	x	x	x	x	x	x	x	x	✓	x
United Arab Emirates	✓	✓	✓	x	✓	x	✓	✓	✓	✓
United Kingdom	x	x	x	x	x	x	x	x	x	x
United Republic of Tanzania	✓	✓	✓	x	✓	x	✓	✓	✓	x
Uruguay	x	x	x	x	x	x	x	x	x	x
Uzbekistan	x	x	x	x	✓	x	x	✓	✓	x

x = the provision is not included in national legal measures

Annex 8. Provisions on engagement with health care workers and health systems, among countries that have legal measures in place

Country	Overall prohibition of all gifts or incentives to health workers and health systems	Type of gift or incentive			Other prohibitions					
		Financial or material inducements to promote products within the scope	Fellowships, study tours, research grants, attendance at professional conferences	Fellowships, etc., not prohibited but must be disclosed to the institution	Provision of free or low-cost supplies in any part of the health care system	Donations of equipment or services	Donations prohibited only if they refer to a proprietary product	Product samples	Product information restricted to scientific and factual matters	Sponsorship of meetings of health professionals or scientific meetings
Venezuela (Bolivarian Republic of)	✓	✓	✓	✗	✓	✗	✓	✓	✗	✗
Viet Nam	✗	✓	✓	✗	✗	✗	✗	✓	✓	✓
Yemen	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗
Zambia	✗	✓	✗	✗	✗	✗	✓	✓	✗	✗
Zimbabwe	✓	✓	✓	✗	✓	✗	✓	✓	✓	✗

✗ = the provision is not included in national legal measures

ANNEX 9. PROVISIONS ON LABELLING, AMONG COUNTRIES THAT HAVE LEGAL MEASURES IN PLACE

Country	Prohibition of nutrition and health claims	Required information for infant formula						Prohibited content for infant formula	Required information for follow-up formula			Prohibited content for follow-up formula			
		The words "Important Notice"	Statement on superiority of breastfeeding	Statement on use only on advice of a health worker	Instructions for appropriate preparation	Warning against the health hazards of inappropriate preparation	Warning that powdered formula may contain pathogens	Pictures that may idealize the use of infant formula	Recommended age for introduction of the product	Importance of continued breastfeeding for 2+ years	Importance of no complementary foods <6 months	Image/text suggesting use at <6 months	Images/text that undermines or discourages breastfeeding or compares to breast milk	Messages that recommend or promote bottle feeding	Professional endorsements
Afghanistan	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗	✓
Albania	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗
Algeria	✗	✗	✓	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗
Andorra	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Armenia	✓	✓	✓	✗	✓	✓	✗	✓	✓	✗	✓	✓	✓	✗	✗
Austria	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Azerbaijan	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Bahrain	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✗
Bangladesh	✓	✓	✓	✗	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✓
Belgium	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Benin	✗	✓	✓	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗
Bolivia (Plurinational State of)	✗	✓	✓	✗	✓	✗	✗	✓	✓	✗	✓	✗	✓	✓	✓
Bosnia and Herzegovina	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗
Botswana	✗	✗	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Brazil	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗
Bulgaria	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Burkina Faso	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗
Burundi	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✗
Cabo Verde	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Cambodia	✗	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✗	✓	✗	✗
Cameroon	✗	✗	✓	✗	✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗
Chad	✗	✓	✓	✗	✓	✓	✗	✓	✗	✗	✗	✗	✓	✓	✗
Chile	✗	✗	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗

✗ = the provision is not included in national legal measures

Annex 9. Provisions on labelling, among countries that have legal measures in place

Country	Prohibition of nutrition and health claims	Required information for infant formula						Prohibited content for infant formula	Required information for follow-up formula			Prohibited content for follow-up formula			
		The words "Important Notice"	Statement on superiority of breastfeeding	Statement on use only on advice of a health worker	Instructions for appropriate preparation	Warning against the health hazards of inappropriate preparation	Warning that powdered formula may contain pathogens	Pictures that may idealize the use of infant formula	Recommended age for introduction of the product	Importance of continued breastfeeding for 2+ years	Importance of no complementary foods <6 months	Image/text suggesting use at <6 months	Images/text that undermines or discourages breastfeeding or compares to breast milk	Messages that recommend or promote bottle feeding	Professional endorsements
China	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Colombia	x	x	✓	x	✓	✓	x	✓	x	x	x	x	x	✓	x
Comoros	x	✓	✓	✓	✓	✓	x	✓	x	x	x	x	✓	✓	x
Costa Rica	x	✓	✓	✓	✓	✓	x	✓	x	x	✓	✓	✓	✓	✓
Côte d'Ivoire	x	x	✓	✓	✓	✓	x	✓	x	✓	x	x	x	x	x
Croatia	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Cyprus	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Czechia	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Democratic Republic of the Congo	x	✓	✓	✓	✓	✓	x	x	x	x	x	x	x	x	x
Denmark	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Djibouti	x	x	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
Egypt	x	✓	✓	✓	✓	x	x	x	x	✓	x	x	x	x	x
El Salvador	x	x	x	✓	✓	x	x	✓	x	x	x	x	x	x	x
Estonia	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Ethiopia	x	✓	✓	✓	✓	✓	x	✓	x	x	x	x	✓	x	x
Fiji	x	x	x	x	✓	✓	x	✓	x	x	x	x	✓	x	x
Finland	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
France	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Gabon	x	✓	✓	x	✓	✓	x	✓	x	x	x	x	✓	x	x
Gambia	x	✓	✓	x	✓	✓	x	✓	x	x	x	x	x	x	x
Georgia	x	✓	✓	✓	✓	x	x	✓	✓	x	x	x	✓	✓	x

x = the provision is not included in national legal measures

Country	Prohibition of nutrition and health claims	Required information for infant formula						Prohibited content for infant formula	Required information for follow-up formula			Prohibited content for follow-up formula			
		The words "Important Notice"	Statement on superiority of breastfeeding	Statement on use only on advice of a health worker	Instructions for appropriate preparation	Warning against the health hazards of inappropriate preparation	Warning that powdered formula may contain pathogens	Pictures that may idealize the use of infant formula	Recommended age for introduction of the product	Importance of continued breastfeeding for 2+ years	Importance of no complementary foods <6 months	Image/text suggesting use at <6 months	Images/text that undermines or discourages breastfeeding or compares to breast milk	Messages that recommend or promote bottle feeding	Professional endorsements
Germany	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Ghana	✗	✓	✓	✗	✓	✓	✗	✓	✗	✗	✗	✓	✓	✗	✗
Greece	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Guatemala	✗	✗	✓	✗	✓	✗	✗	✓	✓	✗	✗	✓	✓	✓	✗
Guinea-Bissau	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Honduras	✗	✓	✓	✗	✓	✓	✗	✓	✓	✗	✗	✓	✓	✗	✗
Hungary	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Iceland	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
India	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✗	✓	✓
Indonesia	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗
Iran (Islamic Republic of)	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Iraq	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✓	✗	✗
Ireland	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Italy	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Jordan	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Kazakhstan	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Kenya	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Kiribati	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✓	✗	✗
Kuwait	✗	✓	✓	✓	✓	✗	✗	✓	✓	✗	✓	✗	✓	✗	✗
Kyrgyzstan	✗	✗	✓	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗
Lao People's Democratic Republic	✗	✓	✓	✗	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗
Latvia	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Lebanon	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✓	✓	✓	✗

✗ = the provision is not included in national legal measures

Annex 9. Provisions on labelling, among countries that have legal measures in place

Country	Prohibition of nutrition and health claims	Required information for infant formula						Prohibited content for infant formula	Required information for follow-up formula			Prohibited content for follow-up formula			
		The words "Important Notice"	Statement on superiority of breastfeeding	Statement on use only on advice of a health worker	Instructions for appropriate preparation	Warning against the health hazards of inappropriate preparation	Warning that powdered formula may contain pathogens	Pictures that may idealize the use of infant formula	Recommended age for introduction of the product	Importance of continued breastfeeding for 2+ years	Importance of no complementary foods <6 months	Image/text suggesting use at <6 months	Images/text that undermines or discourages breastfeeding or compares to breast milk	Messages that recommend or promote bottle feeding	Professional endorsements
Lithuania	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Luxembourg	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Madagascar	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✗
Malawi	✗	✗	✓	✗	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗
Maldives	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓
Mali	✗	✗	✗	✗	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗
Malta	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Mexico	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Monaco	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Mongolia	✗	✗	✓	✓	✓	✗	✗	✓	✓	✗	✓	✓	✓	✗	✗
Mozambique	✗	✓	✓	✓	✓	✓	✗	✗	✓	✗	✓	✗	✗	✗	✗
Myanmar	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✗	✓	✓	✗
Nepal	✗	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	✓	✓	✗	✗
Netherlands	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Nicaragua	✗	✓	✓	✗	✓	✓	✗	✓	✓	✗	✗	✓	✓	✓	✓
Niger	✗	✗	✓	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗
Nigeria	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗	✗
North Macedonia	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✓	✗	✗
Norway	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Oman	✗	✗	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗
Pakistan	✗	✗	✓	✗	✓	✗	✗	✓	✗	✗	✗	✓	✓	✗	✗
Palau	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓	✓	✓	✗
Panama	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✓	✓	✓
Papua New Guinea	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗

✗ = the provision is not included in national legal measures

Country	Prohibition of nutrition and health claims	Required information for infant formula						Prohibited content for infant formula	Required information for follow-up formula			Prohibited content for follow-up formula			
		The words "Important Notice"	Statement on superiority of breastfeeding	Statement on use only on advice of a health worker	Instructions for appropriate preparation	Warning against the health hazards of inappropriate preparation	Warning that powdered formula may contain pathogens	Pictures that may idealize the use of infant formula	Recommended age for introduction of the product	Importance of continued breastfeeding for 2+ years	Importance of no complementary foods <6 months	Image/text suggesting use at <6 months	Images/text that undermines or discourages breastfeeding or compares to breast milk	Messages that recommend or promote bottle feeding	Professional endorsements
Paraguay	x	x	✓	x	✓	x	x	x	✓	x	✓	x	x	x	x
Peru	x	✓	✓	x	✓	x	x	✓	✓	x	x	x	✓	✓	x
Philippines	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x	x	✓	✓	x
Poland	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Portugal	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Republic of Korea	x	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	✓	x	x
Romania	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Russian Federation	x	x	✓	x	✓	x	x	✓	✓	x	x	✓	✓	x	x
Rwanda	x	✓	✓	x	✓	✓	x	✓	x	x	x	x	x	x	x
San Marino	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Saudi Arabia	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x	✓	x	x
Senegal	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Serbia	x	✓	✓	✓	✓	✓	x	✓	x	✓	x	x	✓	x	x
Seychelles	x	✓	✓	✓	✓	✓	x	✓	x	x	x	x	x	x	x
Slovakia	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Slovenia	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Solomon Islands	✓	✓	✓	✓	✓	x	x	x	x	x	x	x	x	x	x
South Africa	✓	x	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	x	x
Spain	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x
Sri Lanka	x	✓	✓	✓	✓	x	x	✓	x	x	x	x	x	x	x
Sudan	x	x	✓	x	x	x	x	x	✓	x	✓	x	x	x	x
Sweden	✓	✓	✓	✓	✓	✓	x	✓	✓	x	x	x	✓	x	x

x = the provision is not included in national legal measures

Annex 9. Provisions on labelling, among countries that have legal measures in place

Country	Prohibition of nutrition and health claims	Required information for infant formula						Prohibited content for infant formula	Required information for follow-up formula			Prohibited content for follow-up formula			
		The words "Important Notice"	Statement on superiority of breastfeeding	Statement on use only on advice of a health worker	Instructions for appropriate preparation	Warning against the health hazards of inappropriate preparation	Warning that powdered formula may contain pathogens	Pictures that may idealize the use of infant formula	Recommended age for introduction of the product	Importance of continued breastfeeding for 2+ years	Importance of no complementary foods <6 months	Image/text suggesting use at <6 months	Images/text that undermines or discourages breastfeeding or compares to breast milk	Messages that recommend or promote bottle feeding	Professional endorsements
Switzerland	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✗	✓	✗	✗
Syrian Arab Republic	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗	✗
Tajikistan	✗	✗	✓	✓	✓	✓	✗	✗	✓	✗	✓	✗	✗	✗	✗
Thailand	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗
Trinidad and Tobago	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✓	✗	✗
Tunisia	✗	✓	✓	✗	✓	✓	✗	✓	✗	✗	✗	✗	✓	✗	✗
Turkey	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✗	✗	✓	✗	✗
Turkmenistan	✗	✓	✓	✓	✓	✗	✗	✓	✓	✗	✓	✗	✓	✗	✗
Uganda	✗	✗	✓	✗	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
Ukraine	✗	✓	✓	✓	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗
United Arab Emirates	✓	✗	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
United Kingdom	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✗	✓	✗	✗
United Republic of Tanzania	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✓	✓	✗	✗
Uruguay	✗	✗	✓	✓	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗
Uzbekistan	✗	✗	✓	✓	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗
Venezuela (Bolivarian Republic of)	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓
Viet Nam	✗	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗
Yemen	✗	✓	✓	✓	✓	✓	✗	✓	✗	✗	✓	✗	✓	✗	✗
Zambia	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗	✓	✓	✓	✗
Zimbabwe	✗	✓	✓	✓	✓	✓	✗	✓	✓	✓	✗	✗	✓	✗	✗

✗ = the provision is not included in national legal measures

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