

Summary of WHA Resolutions Relevant to the Code – From: Code Essentials 3; Responsibilities of Health Workers under the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. IBFAN;Penang 2009 p 40. (available from www.infactcanada.ca)

Year	Number	Resolutions
1981	WHA34.22	<ul style="list-style-type: none"> • Code overwhelmingly adopted by WHA (118 in favour, 1 no, 3 abstentions) • Stresses that adoption and adherence to the Code is a minimum requirement. Member States are urged to implement the Code into national legislation, regulations and other suitable measures.
1982	WHA35.26	<ul style="list-style-type: none"> • Recognizes that commercial promotion of breastmilk substitutes contributes to an increase in artificial feeding and calls for renewed attention to implement and monitor the Code at national and international levels.
1984	WHA37.30	<ul style="list-style-type: none"> • Requests that the Director General work with Member States to implement and monitor the Code and to examine the promotion and use of foods unsuitable for infant and young child feeding
1986	WHA39.28	<ul style="list-style-type: none"> • Urges Member States to ensure that small amounts of breastmilk substitutes needed for the minority of infants are made available through normal procurement channels and not through free or subsidized supplies • Directs attention of Member States to the following: <ul style="list-style-type: none"> ○ Any food or drink given before complementary feeding in nutritionally required may interfere with breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period. ○ Practice of providing infants with follow up milks is “not necessary”.
1988	WHA41.11	<ul style="list-style-type: none"> • Request the Director General to provide legal and technical assistance t Member States in drafting or implementing the Code into national measures
1990	WHA43.3	<ul style="list-style-type: none"> • Highlights the WHO/UNICED statement on “protection, promoting and supporting breastfeeding: the special role of maternity services” which led to the Baby-Friendly Hospital Initiative in 1992 • Urges Member States to ensure that the principles and aim of the Code are given full expression in national health and nutrition policy and action.
1994	WHA47.5	<ul style="list-style-type: none"> • Reiterates earlier calls in 1986, 1990 and 1992 to end “free or low cost supplies” and extends the ban to all parts of the health care system; effectively superseding the provisions of Art.6.6 of the Code. • Provides guidelines on donation of breastmilk substitutes in emergencies.
1996	WHA49.15	<ul style="list-style-type: none"> • Calls on Member States to ensure that: 1. Complementary foods are not marketed for or used to undermine exclusive and sustained breastfeeding; 2. financial support to health professionals does not create conflicts of interests; 3. Code monitoring is carried out in an independent, transparent manner free from commercial interest.

2001	WHA 54.2	<ul style="list-style-type: none"> • Sets global recommendation of “5 months” exclusive breastfeeding, with safe and appropriate complementary foods and continued breastfeeding for up to two years or beyond.
2002	WHA55.25	<ul style="list-style-type: none"> • Endorses the Global Strategy on Infant and Young Child Feeding which confines the baby food companies’ rolls to 1. Ensure quality of their products and 2. Comply with the Code and subsequent WHA resolutions, as well as national measures. • Recognizes the role of optimal infant feeding to reduce the risk of obesity. • Alerts that micronutrient interventions should not undermine exclusive breastfeeding.
2005	WHA58.32	<ul style="list-style-type: none"> • Asks Member States to; 1. Ensure that nutrition and health claims for breastmilk substitutes are not permitted unless national/.regional legislation allows; 2. Be aware of the risks of intrinsic contamination of powdered infant formulas and to ensure this information be conveyed through label warnings; 3. Ensure that financial support and other incentives for programmers and health professionals working in infant and young child health do not create conflicts of interest.
2006	WHA59.11	<ul style="list-style-type: none"> • Member States to make sure the response to the HIV pandemic does not include non-Code compliant donations of breastmilk substitutes or the promotion thereof.
2006	WHA 59.21	<ul style="list-style-type: none"> • Commemorates the 25th anniversary of the adoption of the Code; welcomes the 2005 Innocenti Declaration and asks WHO to mobilize technical support for Code implementation and monitoring
2008	WHA61.20	<ul style="list-style-type: none"> • Urges Member States to Scale up efforts to monitor and enforce national measures and to avoid conflicts of interest. • Investigate the safe use of donor milk through human milk banks for vulnerable infants, mindful of national laws, cultural and religious beliefs
2010	WHA 63.14 WHA 63.23	<ul style="list-style-type: none"> • Member States to implement recommendations to reduce the impact on children of the marketing of 'junk' foods (foods high in saturated fats, <i>trans</i>-fatty acids, free sugars, or salt) by restricting marketing, including in settings where children gather such as schools and to avoid conflicts of interest. • Member states to strengthen implementation of the International Code of Marketing of Breastmilk Substitutes and relevant WHA Resolutions, The Global Strategy on Infant and Young Child Feeding, the Baby Friendly Hospital Initiative, Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies. • End to all forms of inappropriate promotion of foods for infants and young children and that nutrition and health claims should not be permitted on these foods .(i.e. claims about IQ, eyesight or protection from infection)