



FrieslandCampina 

FrieslandCampina Corporate Standard for the Marketing of Infant Foods

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Introduction

In the FrieslandCampina Corporate Policy for the Marketing of Infants Foods, we commit to adhere to the aim and principles of the WHO International Code of Marketing of Breast-milk Substitutes ('the Code')¹ and subsequent relevant WHA resolutions.

Within that Policy we also lay down our Guiding Principles as regards the marketing and sales of FrieslandCampina branded formulas for infants. How the Guiding Principles relate to each article of the Code is described within this FrieslandCampina Corporate Standard on the Marketing of Infant Foods ('the Standard').

Purpose

The purpose of this Standard is to explain in more detail how the FrieslandCampina Corporate Policy and its Guiding Principles reflect the recommendations of the Code.

The Standard aims to enhance the understanding of our employees, distributors and other partners of FrieslandCampina involved in the marketing and sales of FrieslandCampina branded foods for infants and young children on how to apply and implement our Policy and its Guiding Principles in our marketing and sales activities.

Aim

WHO Code Article 1

The aim and principles of the Code are at the core of FrieslandCampina's Corporate Policy for the Marketing of Infant Foods. FrieslandCampina supports the view that breast feeding is the best way to ensure healthy growth and development of infants during the first months of life. FrieslandCampina therefore supports the recommendation of the WHO of exclusive breast feeding during the first six months of life and the introduction of safe and appropriate complementary feeding thereafter to supplement continued breast feeding up to two years of age or beyond.

However, when mothers cannot or choose not to breastfeed for whatever reason and a safe alternative to breast feeding is required, there is a legitimate role for breast milk substitutes, produced according to strict international compositional and safety standards. In such cases, FrieslandCampina believes that parents have the right to make an informed choice on how to feed their child based on adequate, science based information on the feeding options.

¹ The articles of the Code can be found in Annex 2.

Application and scope

WHO Code Article 2

The FrieslandCampina Corporate Standard for the Marketing of Infant Foods is globally applicable in all countries where covered products are sold. The provisions of national legislation and code must be followed in addition to the provisions of the Corporate Standard.

Covered products are defined per country based on applicable legislation or code. In absence of this, covered products are defined as FrieslandCampina branded formulas for healthy infants and infants with special medical needs from birth to 12 months, i.e. infant formula, follow-on formula and formula for special medical purposes for infants. In addition, certain marketing restrictions and other requirements apply to so-called excluded products in order to avoid indirect marketing and promotion of covered products.

Information and education

WHO Code Article 4

FrieslandCampina believes that parents should have access to reliable and science based information on the feeding options and on the correct and safe use of breast milk substitutes, when mothers cannot or choose not to breastfeed for whatever reason and a safe alternative for breast milk is required.

Informational and educational materials for consumers dealing with formula feeding of infants and instructions for use of covered products may only be disseminated to consumers via health workers. These materials must contain mandatory statements on breast feeding and the use of breast milk substitutes.

The use of text or pictures may not idealize the use of covered products or create the belief that bottle feeding is equivalent or superior to breast feeding. Non-idealizing baby pictures can only be used for educational purposes. The use of brand name or logo of covered products is not allowed, except where necessary in informational and educational materials to avoid confusion.

Such materials should be made available to health care facilities and health workers only in accordance with the FrieslandCampina's Corporate Policy for the Marketing of Infant Foods and any applicable national legislation or code.

General public and mothers

WHO Code Article 5

Advertising and promotion of covered products towards the general public is not allowed. FrieslandCampina employees involved in the marketing and sales of FrieslandCampina's foods for infants and young children do not seek contact of any kind with consumers for the purpose of promoting and advertising covered products.

There should be no point-of-sale advertising or any other promotional activity on retail level for covered products. Gifts, gift packs or other non-educational items that could promote the use of covered products or bottle feeding should not be distributed to consumers. Sampling of covered products is not allowed to any person including own personnel.

When the same brand name/logo is used for both covered and excluded products, the use of the brand name/logo is not allowed in communication to consumers, neither for covered nor for excluded products.

Health care facilities

WHO Code Article 6

Health care facilities play an important role in promoting and protecting breast feeding and in providing adequate nutrition to the infants in their care. FrieslandCampina aims to provide healthy nutrition for infants and young children in need and only provides scientific and factual information about its products to health care facilities.

Promotion of covered products to the general public in health care facilities is not allowed. Our informational and educational materials support our goal of providing safe and appropriate nutrition for infants and young children and do not imply or create the belief that covered products are equivalent or superior to breast feeding. Informational and educational materials aimed at consumers dealing with formula feeding of infants and instructions for use of covered products can only be distributed through the health care system.

FrieslandCampina does not provide or pay for “professional service representatives” or similar personnel for activities carried out in/for health care facilities. Employees of FrieslandCampina do not take part or assist in demonstrations towards consumers on preparation or feeding of covered products.

Sales of FrieslandCampina covered products to health care facilities following a written request may be made under transparent and established procurement procedures for at least the lowest national wholesale price. These products must not be provided as an incentive to health workers or health care facilities to use, prescribe or recommend a particular brand of covered or excluded products.

Donations and low-price sales of covered products must serve social or humanitarian purposes, e.g. relief in emergency and disaster situations, and may only be delivered to institutions or organizations directly and only following a written request. Donated covered products should only be given to those infants and young children who need it, for as long as they need it.

The donation of practice-related equipment and materials intended for professional use by health workers and health care facilities are only allowed when permitted under national legislation or code and may not be used as an inducement to prescribe, recommend or promote covered products. The donated items may carry the company logo but not brand names or logos of covered products.

Health workers

WHO Code Article 7

Interaction between FrieslandCampina employees and health workers is important for the transfer of adequate information, product innovation and evaluation. Information provided by FrieslandCampina to health workers is factual and based on sound science.

FrieslandCampina does not offer any financial or material incentives to health workers or their families as an inducement for the supply, recommendation or sale of covered products or for the purpose of promoting covered products. Items and equipment related to a health workers practice can be provided when they are of minimal value and not considered an inducement in the local context.

If allowed under applicable national legislation or code and in accordance with local practice, inexpensive gifts not related to the health workers practice may be given on an infrequent basis in acknowledgment of significant national, cultural or religious events.

Free supplies of covered products may be provided to health workers and institutions only for professional evaluation, research and clinical validation with a scientific or educational purpose. Covered products supplied for professional evaluation must be limited in regularity and quantity to avoid excessive allocation to a health worker. It is not allowed to sample those products to consumers or use them as an incentive towards a health worker to use, prescribe, recommend or (re)sell a particular type or brand of covered product.

Advisory service arrangements with health workers must be performed in a transparent and documented manner. A reasonable, fair market compensation for those services and the reimbursement of reasonable expenses directly related to those services can be offered.

Educational events for health workers about foods for infants and young children as well as related nutrition subjects can only be organized for professional training or as a forum to exchange scientific information. Events must be held at appropriate venues, conducive to the educational objective. Hospitality is limited to refreshments and/or meals incidental to the main purpose of the event and only provided to the invited health workers. It is not allowed to organize events that could be perceived as incentive to attend the event for reasons other than professional and scientific.

Sponsorship and funding for health workers and institutions can only be made to facilitate continued professional development and to support genuine independent research. This support must not be used as a reward or incentive to prescribe, recommend or promote covered products. All support provided must be documented in a transparent and verifiable manner.

Persons employed by manufacturers and distributors

WHO Code Article 8

FrieslandCampina employees whose job responsibilities include the provision of information about foods for infants and young children to health workers should not perform educational functions towards pregnant women or mothers of infants and young children on covered products. Such personnel may provide education and support to the health care facility at the written request and approval of the facility and as long as this does not constitute promotion of covered products.

Agreements with distributors and other partners include terms and conditions on marketing and sales restrictions for covered products in compliance with the FrieslandCampina Corporate Policy and Standard for the Marketing of Infant Foods and national legislation or code, where applicable. Incentives for the purpose of selling, advertising or promoting covered products are not allowed.

FrieslandCampina's internal performance management system has been set up in a way that aligns key performance indicators with the FrieslandCampina Corporate Policy and Standard for the Marketing of Infant Foods. It stimulates all employees involved in the marketing and sales of covered products to comply. Volume or value targets and sales incentives for covered products are not allowed. Smart key performance indicators are encouraged.

Labelling

WHO Code Article 9

Labels of FrieslandCampina branded formulas for infants provide clear and understandable information on the correct and safe use of the product. Our product labels mention that breast feeding is the best nutrition for healthy growth and development of babies and that professional advice should be sought before using such a product. Labels of covered products do not idealize their use by means of text or pictures or suggest that covered products are equivalent or superior to breast milk. Specific labelling requirements laid down in national legislation or code, including restrictions on the use of nutrition and health claims, must be followed, as applicable.

Quality and safety

WHO Code Article 10

FrieslandCampina's products for infants and young children are produced under strict quality and hygienic standards. FrieslandCampina sells and distributes products that are manufactured in accordance with the FrieslandCampina Foqus Policy on Food Safety & Quality. Manufacturing sites must comply with the Codex Alimentarius recommended International Code of Practice "General Principles of Food Hygiene" and the "Codex Code of Hygienic Practice of Powdered Formulae for Infants and Young Children".

FrieslandCampina's Corporate Food Safety & Quality Standards are leading, also when they are stricter than local requirements. In contrast, national regulations have to be prioritized, if and where they are stricter than the Corporate Standards. If national and Corporate Standards are absent, existing Codex Standards are valid.

Implementation and monitoring

WHO Code Article 11

The Code requests manufacturers and distributors, amongst others, to collaborate with governments to monitor the application of the Code. FrieslandCampina aims to support those activities, where possible. FrieslandCampina seeks alignment with trade associations and industry policy groups in order to carry out activities according to the same standards.

All FrieslandCampina employees involved in the marketing and sales of foods of infants and young children are informed on the aim and principles of the Code and regularly trained on the FrieslandCampina Corporate Policy and Standard for the Marketing of Infant Foods. Testing of knowledge has been implemented in a systematic way within the company. Training of distributors and other FrieslandCampina partners involved in the marketing and sales of FrieslandCampina branded foods for infants and young children is performed as well.

FrieslandCampina self-monitors its marketing and sales practices and assesses compliance with the FrieslandCampina Corporate Policy and Standard for the Marketing of Infant Foods during internal assessments and audits. FrieslandCampina has a process in place to report and handle alleged non-compliances. Where necessary, FrieslandCampina takes measures to (re)assure compliance.

Annex 1: Definitions

Below definitions are applicable in relation to the FrieslandCampina Corporate Policy and Standard for the Marketing of Infant Foods. When a term is defined in this Annex as well as in the Code (see Article 3 of the Code in Annex 2), the definitions of this Annex prevail.

Covered products

Covered products are defined per country based on applicable legislation or code. In absence of this, they are defined as FrieslandCampina branded formulas for healthy infants and infants with special medical needs from birth to 12 months: infant formula, follow-on formula and formula for special medical purposes for infants.

Distributor

A person, corporation or any other legal entity in the public or private sector, external to FrieslandCampina, which is involved in the marketing and sales of covered products to their own customers (retailers, pharmacies, hospitals, etc.). Distributors may provide a range of services including import, sales and distribution of covered and excluded products, medical sales, key account management and participating in tenders on behalf of FrieslandCampina.

Follow-on formula

Formula intended for use as a liquid part of the weaning diet for infants from 6 to 12 months.

Formula for special medical purpose for infants

Formula specially processed or formulated and intended for the dietary management of infants from birth to 12 months, intended for exclusive or partial feeding, to be used under medical supervision.

Health care facility

Any facility where health care is provided to pregnant women, new mothers, infants or young children. This includes facilities where health workers provide health care in private practice and retail pharmacies where a registered pharmacist is present.

Health worker

A person providing health care services, including voluntary unpaid workers. This includes, but is not limited to, doctors, nurses, midwives, pharmacists, dieticians and nutritionists.

Infant

A person from 0 to 12 months.

Informational and educational material

Any written, oral or visual material providing factual information, e.g. brochures, leaflets, booklets, educational posters, CDs, presentations, electronic devices, vaccination/health cards, weight/growth charts.

Partner

Any party acting on behalf of or in collaboration with FrieslandCampina regarding FrieslandCampina branded foods of infants and young children, including, but not limited to, sub-distributors, agencies and health care organizations.

Annex 2: WHO International Code of Marketing of Breast-milk Substitutes

In this annex only the main text of the WHO International Code of Marketing of Breast-milk Substitutes is presented. The complete version of the Code, including the considerations, annexes and the subsequent World Health Assembly resolutions can be found under the following links:

WHO Code: <http://www.who.int/nutrition/publications/infantfeeding/9241541601/en/index.html>

World Health Assembly Resolutions: http://www.who.int/nutrition/topics/wha_nutrition_iycn/en/

International Code of Marketing of Breast-milk Substitutes

Article 1. Aim of the Code

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

Article 2. Scope of the Code

The Code applies to the marketing, and practices related thereto, of the following products: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottled complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use¹.

Article 3. Definitions

For the purposes of this Code:

Breast-milk substitute means any food being marketed or otherwise presented as a partial or total replacement for breast milk, whether or not suitable for that purpose.

Complementary food means any food whether manufactured or locally prepared, suitable as a complement to breast milk or to infant formula, when either become insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called “weaning food” or breast milk supplement”.

Container means any form of packaging of products for sale as a normal retail unit, including wrappers.

Distributor means a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this Code. A “primary distributor” is a manufacturer’s sales agent, representative, national distributor or broker.

Health care system means governmental, nongovernmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets.

¹ NB: in Annex 3 of the Code, this scope is clarified:

During the first four to six months of life, breast milk alone is usually adequate to sustain the normal infant’s nutritional requirements. Breast milk may be replaced (substituted for) during this period by bona fide breast milk substitutes, including infant formula. Any other food, such as cow’s milk, fruit juices, cereals, vegetables, or any other fluid, solid or semisolid food intended for infants and given after this initial period can no longer be considered as a replacement for breast milk (or as its bona fide substitute).

Health worker means a person working in a component of such a health care system, whether professional or non-professional, including voluntary unpaid workers.

Infant formula means a breast-milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as “home-prepared”.

Label means any tag, brand, marks, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any products within the scope of this Code.

Manufacturer means a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code.

Marketing means product promotion, distribution, selling, advertising, product public relations, and information services.

Marketing personnel means any persons whose functions involve the marketing of a product or products coming within the scope of this Code.

Samples means single or small quantities of a product provided without cost.

Supplies means: quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.

Article 4. Information and education

- 4.1 Governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition. This responsibility should cover either the planning, provision, design and dissemination of information, or their control.
- 4.2 Informational and educational materials, whether written, audio, or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on all the following points: (a) the benefits and superiority of breast-feeding; (b) maternal nutrition, and the preparation for and maintenance of breast-feeding; (c) the negative effect on breast-feeding of introducing partial bottle-feeding; (d) the difficulty of reversing the decision not to breast-feed; and (e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared. When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breast-milk substitutes. Such materials should not use any pictures or text which may idealize the use of breast-milk substitutes.
- 4.3 Donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary product that is within the scope of this Code, and should be distributed only through the health care system.

Article 5. The general public and mothers

- 5.1 There should be no advertising or other form of promotion to the general public of products within the scope of this Code.
- 5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.
- 5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.
- 5.4 Manufacturers and distributors should not distribute to pregnant women or mothers or infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle-feeding.
- 5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

Article 6. Health care systems

- 6.1 The health authorities in Member States should take appropriate measures to encourage and protect breast-feeding and promote the principles of this Code, and should give appropriate information and advice to health workers in regard to their responsibilities, including the information specified in Article 4.2.
- 6.2 No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.
- 6.3 Facilities of health care systems should not be used for the display of products within the scope of this Code, for placards or posters concerning

such products, or for the distribution of material provided by a manufacturer or distributor other than that specified in Article 4.3.

- 6.4 The use by the health care system of “professional service representatives”, “mothercraft nurses” or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.
- 6.5 Feeding with infant formula, whether manufactured or home-prepared, should be demonstrated only by health workers, or other community workers if necessary; and only to the mothers or family members who need to use it; and the information given should include a clear explanation of the hazards of improper use.
- 6.6 Donations or low-price sales to institutions or organizations of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used or distributed for infants who have to be fed on breast-milk substitutes. If these supplies are distributed for use outside the institutions, this should be done only by the institutions or organizations concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement.
- 6.7 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution or organization should take steps to ensure that supplies can be continued as long as the infants concerned need them. Donors, as well as institutions or organizations concerned, should bear in mind this responsibility.
- 6.8 Equipment and materials, in addition to those referred to in Article 4.3, donated to a health care system may bear a company’s name or logo, but should not refer to any proprietary product within the scope of this Code.

Article 7. Health workers

- 7.1 Health workers should encourage and protect breast-feeding; and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their

responsibilities under this Code, including the information specified in Article 4.2.

- 7.2 Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle feeding is equivalent or superior to breast-feeding. It should also include the information specified in Article 4.2.
- 7.3. No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.
- 7.4 Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use, should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.
- 7.5. Manufacturers and distributors of products within the scope of this Code should disclose to the institution to which a recipient health worker is affiliated any contribution made to him or on his behalf for fellowships, study tours, research grants, attendance at professional conferences, or the like. Similar disclosures should be made by the recipient.

Article 8. Persons employed by manufacturers and distributors

- 8.1 In systems of sales incentives for marketing personnel, the volume of sales of products within the scope of this Code should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should not be understood to prevent the payment of bonuses based on the overall sales by a company of other products marketed by it.

- 8.2 Personnel employed in marketing products within the scope of this Code should not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. This should not be understood as preventing such personnel from being used for other functions by the health care system at the request and with the written approval of the appropriate authority of the government concerned.

Article 9. Labelling

- 9.1 Labels should be designed to provide the necessary information about the appropriate use of the product, and so as not to discourage breast-feeding.
- 9.2 Manufacturers and distributors of infant formula should ensure that each container as a clear, conspicuous, and easily readable and understandable message printed on it, or on a label which cannot readily become separated from it, in an appropriate language, which includes all the following points: (a) the words "Important Notice" or their equivalent; (b) a statement of the superiority of breast-feeding; (c) a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use; (d) instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation. Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealize the use of infant formula. They may, however, have graphics for easy identification of the product as a breast milk substitute and for illustrating methods of preparation. The terms "humanized", "materialized" or similar terms should not be used. Inserts giving additional information about the product and its proper use, subject to the above conditions, may be included in the package or retail unit. When labels give instructions for modifying a product into infant formula, the above should apply.
- 9.3 Food products within the scope of this Code, marketed for infant feeding, which do not meet

all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant. Since sweetened condensed milk is not suitable for infant feeding, nor for use as a main ingredient of infant formula, its label should not contain purported instructions on how to modify it for that purpose.

- 9.4 The label of food products within the scope of this Code should also state all the following points: (a) the ingredients used; (b) the composition/analysis of the product; (c) the storage conditions required; and (d) the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.

Article 10. Quality

- 10.1 The quality of products is an essential element for the protection of the health of infants and therefore should be of a high recognized standard.
- 10.2 Food products within the scope of this Code should, when sold or otherwise distributed, meet applicable standards recommended by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practice for Foods for Infants and Children.

Article 11. Implementation and monitoring

- 11.1 Governments should take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures. For this purpose, governments should seek, when necessary, the cooperation of WHO, UNICEF and other agencies of the United Nations system. National policies and measures, including laws and regulations, which are adopted to give effect to the principles and aim of this Code should be publicly stated, and should apply on the same basis to all those involved in the manufacture and marketing of products within the scope of this Code.

- 11.2 Monitoring the application of this Code lies with governments acting individually, and collectively through the World Health Organization as provided in paragraphs 6 and 7 of this Article. The manufacturers and distributors of products within the scope of this Code, and appropriate nongovernmental organizations, professional groups, and consumer organizations should collaborate with governments to this end.
- 11.3 Independently of any other measures taken for implementation of this Code, manufacturers and distributors of products within the scope of this Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aim of this Code, and for taking steps to ensure that their conduct at every level conforms to them.
- 11.4 Nongovernmental organizations, professional groups, institutions and individuals concerned should have the responsibility of drawing the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should also be informed.
- 11.5 Manufacturers and primary distributors of products within the scope of this Code should apprise each member of their marketing personnel of the Code and of their responsibilities under it.
- 11.6 In accordance with Article 62 of the Constitution of the World Health Organization, Member States shall communicate annually to the Director-General information on action taken to give effect to the principles and aim of this Code.
- 11.7 The Director-General shall report in even years to the World Health Assembly on the status of implementation of the Code; and shall, on request, provide technical support to Member States preparing national legislation or regulations, or taking other appropriate measures in implementation and furtherance of the principles and aim of this Code.