



**IBLCE
and the
*International
Code of
Marketing of
Breast-milk
Substitutes***

Topics of perennial interest and importance within the lactation and breastfeeding communities are the World Health Organization's (WHO) *International Code of Marketing of Breast-milk Substitutes* (1981) and subsequent World Health Assembly (WHA) resolutions. Due to a variety of recent events, these topics have been the subject of heightened interest and intense discussion within the lactation community.

As you know, the *Code* is a set of recommendations to regulate the marketing of breast-milk substitutes, feeding bottles and

teats. The *Code* seeks to facilitate "the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution." Article 1.

A number of WHA resolutions have urged Member States to ensure that the *Code* is implemented within those States. As recently as 2016, the World Health Assembly called on Member States to continue to implement the *Code*. However, unfortunately, as of 2014, just 39 out of 194 countries had enacted legislation that included most or all of the *Code* and subsequent pertinent WHA resolutions.[1]

How does the *WHO Code* fit within the work of IBLCE and what does IBLCE do vis-à-vis the *WHO Code*?

The *WHO Code* is a subject of ongoing discussion within IBLCE and IBLCE acts in a number of different ways so that its policies and practices conform to principles of the *WHO Code* to the extent feasible. Additionally, during the past year IBLCE has been engaged in a process in which it has examined ways in which it can further align its organisational policies and practices with its important guiding principles.

By way of example, for many years IBLCE has required volunteers to sign a form which indicates active support of the *International Code of Marketing of Breast-milk Substitutes* and WHA resolutions. Also for many years, IBLCE has taken a number of affirmative and concrete steps to minimise the possibility of investment holdings in non-*WHO Code* compliant companies. More recently, as part of its ongoing global

communications, IBLCE Board members, staff and major contractors, whether presenting in an official IBLCE or private capacity, are asked to include remarks in the beginning of each and every presentation reminding all of the importance of the *WHO Code* and subsequent resolutions. During the past year, IBLCE has inserted affirmative clauses into Country Coordinator agreements providing that IBLCE's Country Coordinators also actively support the *Code* and subsequent resolutions (previously this was implied, but not express, language). Additionally, early this past year, IBLCE consulted with legal counsel regarding the most comprehensive policy feasible for IBLCE employees as staff hold a different legal status from either volunteers or contractors. This new comprehensive policy was implemented in early June 2017.

While done informally in the past, IBLCE is reviewing its vendor contracts to include relevant contractual language wherever feasible. Lastly, and perhaps most significantly, in March 2017, IBLCE established a Task Force devoted primarily to *WHO Code* issues. IBLCE is committed to conducting a holistic review of its policies and procedures to identify areas for improvement in this regard. The work of this task force represents an important, yet highly labour-intensive, initiative that will take time. IBLCE will report out further on the Task Force developments in its periodic IBLCE briefing.

One area which IBLCE recently reviewed is that of its exhibition at conferences. IBLCE looked at both sides of this issue and both sides have some validity. One could argue that IBLCE should not have a presence at conferences where non-*WHO Code* compliant companies are also exhibiting. Conversely, one could argue that IBLCE should exhibit at conferences where non-*WHO Code* compliant companies are exhibiting where IBLCE has a strategic interest. This line of reasoning continues that if IBLCE forgoes the opportunity to exhibit at a conference where non-*WHO Code* compliant companies are exhibiting, IBLCE is essentially ceding this visibility and opportunity to non-*WHO Code* compliant companies.

After reviewing and discussing this issue, the IBLCE Board affirmed its commitment to exhibit at conferences where it believes it is strategically important to do so, irrespective of whether or not non-*WHO Code* compliant companies are exhibiting as well. IBLCE acknowledges that there is more than one way to analyse this scenario, but IBLCE has thoughtfully analysed this factual scenario and affirmed its existing practices. IBLCE reasoned the potential benefits outweighed any negative factors.

IBLCE is carefully and thoughtfully analysing other factual scenarios and potential opportunities. At the same time, IBLCE would be remiss in failing to note that given its extremely broad geographic reach and complexity, there will almost certainly be limitations to IBLCE policies and procedures vis-à-vis the *WHO Code*. By way of example, some IBCLCs work in healthcare institutions which do not comply with the tenets of the *WHO Code* and the certificant are not in positions to affect change with respect to institutional policy. To cite another example, given that IBLCE currently operates in 107 countries around the globe, within a host of widely varying legal and regulatory environments, IBLCE does, and will continue to, face some limitations as to how much it, as a certification body with unique considerations, can act in certain circumstances. And, any analysis is not simply limited to which countries recognise the *WHO Code* in whole or in part. Included in the analysis are other considerations such as a country's overall legal and regulatory environment with respect to trade, business and competition. Another important consideration is equity for IBLCE stakeholders around the globe.

There are a host of issues to be considered. IBLCE is committed to conducting its work in this regard with passion and zeal tempered by the constraints of its primary role as a certifying body. IBLCE encourages all those interested in advancing the aims of the *WHO Code* and subsequent resolutions to work both within their respective countries for adoption of these tenets in country specific legislation and/or regulation as well as to work with non-governmental organisations (NGOs) with missions specifically devoted to such advocacy work.

IBLCE will continue to keep you apprised of future developments as they occur.

[1] WHO, UNICEF, IBFAN. Marketing of breast-milk substitutes: national implementation of the International Code, Status Report 2016, Geneva 2016.



The IBCLC® online registry was updated in October 2017 subsequent to the September 30 Recertification by CERPs deadline. Additionally, the online registry is updated in mid-to-late January each year to reflect the IBCLCs that are current beginning January 1 of that year. In order to do this, staff conducts quality assurance (QA) on transitions for the IBCLC certification programme from a technological standpoint within the online system to facilitate data integrity inclusive of dates.

2018 Recertification by CERPs Application Window

January 16 - September 30, 2018

2018 April IBCLC Examination

April 2 - 4, 2018

(Application window now closed)

Offered in English only according to the following schedule:

- US and territories, April 2, 2018
- Canada and other countries of the world, April 2 - 4, 2018



2018 October IBCLC Examination Application Window

March 1 - May 15, 2018

2018 October IBCLC Examination

October 1 - 3, 2018

Administered in all currently offered examination languages, including English.

- US and territories, October 1, 2018
- Canada and other countries of the world, October 1 - 3, 2018

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