

NEW ZEALAND

Code Violations

A survey of the state of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly Resolutions

New Zealand adopted the International Code in 1983, yet in 1997 the New Zealand Infant Formula Marketers' Association (NZIFMA) developed its own interpretation that fell short of the recommended minimum standard set by the International Code. This report is not intended to be comprehensive. It highlights some differences between the International Code, including subsequent relevant World Health Assembly (WHA) Resolutions, and the NZIFMA Code of Practice. Only violations that pertain to the latter are stamped in this report.

The Global Strategy for Infant and Young Child Feeding calls on governments "to ensure that the health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond ..."

The International Code of Marketing of Breastmilk Substitutes and The New Zealand Infant Formula Marketers' Association Code of Practice

HOW DO THEY DIFFER?

The Infant Feeding Association of New Zealand (IFANZ) has compared the NZIFMA *Code of Practice for the Marketing of Infant Formula* to the provisions of the International Code and subsequent World Health Assembly Resolutions, and found many ways in which they differ. Comparative summary:

International Code	NZIFMA Code of Practice
Applies to all countries and companies as a minimum standard.	Applies in New Zealand and only to companies represented on the Association.
Applies to all breastmilk substitutes, including other milk products, foods and beverages marketed to replace breastmilk, feeding bottles and teats.	Applies only to infant formula when it is a substitute for human milk as the sole source of nutrition for an infant, and not to feeding bottles and teats.
No promotion to the public or in the health care system, direct or indirect.	General advertising to the public should be avoided. Allows dissemination of information and educational materials in the health care system.
Government has overall responsibility to ensure dissemination of objective and consistent information. Information materials may only be produced in response to a request by government and must be approved.	Information by companies need only be in conformity with overall policies promoted by the health care system.
No donation of free or subsidised breastmilk substitutes to any part of health care system.	Bulk quantities of free product to the healthcare system should be avoided.
Demonstration of feeding with breastmilk substitutes to mothers or families who need it is to be performed by health workers only.	Company personnel may render assistance to mothers if requested and supervised by authorities.
Health workers may not accept financial or material inducements as these may give rise to conflicts of interest.	Articles of general utility may be distributed to health workers provided they are inexpensive and relevant to the practice of medicine and general health care.
Samples only allowed if necessary for professional evaluation and research.	Allows samples for professional evaluation and research, and for the education of mothers.
Sponsorship contributions to health workers must be disclosed.	No sponsorship contribution disclosure is required.
Labels should not discourage breastfeeding or have pictures or text that idealise the use of breastmilk substitutes.	No restriction applies to labelling regarding pictures or text that idealise the use of breastmilk substitutes.