



**Sri Lanka Code  
For the  
Promotion, Protection and  
Support of Breast Feeding and  
Marketing of Designated Products**

**(Amended Code - 2002)**

**Nutrition Coordination Division  
Ministry of Healthcare, Nutrition and  
Uva Wellassa Development  
Government of Sri Lanka  
2004**



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## Foreword

The Sri Lanka Code for the Promotion and Protection of Breast Feeding and Monitoring of Infant Formulae and Related Products was formulated, following the International Code and the approval was granted by the Cabinet of Ministers in September 1981.

Accordingly, the regulations pertaining to Marketing and Advertising were gazetted under the Consumer Protection Act. Since then it was considered the main legal and ethical instrument to promote breast feeding and to regulate of marketing and advertising of infant foods and related products.

The task of monitoring the implementation of the code regulations was assigned to the Food and Nutrition Policy Planning Division of the then Ministry of Plan Implementation with the assistance of line agencies to which implementation of regulations were applicable. The monitoring process was based on technical committee meetings, which met on quarterly basis.

During the monitoring process, it was felt that there is a necessity to update the Code to suit the current circumstances and needs. Hence, the areas that needed updating were investigated from 1999 and a number of technical committee meetings were held with the participation of infant food producers and relevant professional organizations. The outcome of this strenuous work is the amended Code. This was scrutinized by the Department of Legal Draftsman and subsequently approved by the Cabinet of Ministers on 14th August 2007.

The Department of Internal Trade has gazetted relevant sections of the Code, to give Legal effectiveness. While the Department of Internal Trade is giving legal coverage to the Code, the support of other line agencies such as Health, Food & Marketing, Justice, Labour, Industries, Education and Science & Technology and Non Governmental Organizations are necessary to implement ethical parts of the Code, ensuring whole Code is effective towards achieving the best.

ment of child nutrition of the country. In addition, manufactures and distributors of designated products also shall take appropriate actions to ensure the implementation of the Code. The inter sectoral coordination and monitoring of the Code will be handled by the Ministry of Healthcare, Nutrition and Uva Wellassa Development through the Nutrition Coordination Division.

Keeping in mind the importance of breast feeding as the most essential element towards health well being of infants in this country, I am very happy to be associated with this publication of the revised Sri Lanka Code for Promotion and Protection of Breast Feeding and Monitoring of Infant Formulae and Related Products which is available in Sinhala and Tamil as well, in addition to the English original, thereby ensuring wide circulation within Sri Lanka.

**R. Maligaspe**

Secretary

Ministry of Healthcare, Nutrition and

Uva Wellassa Development

## Acknowledgement

I thankfully acknowledge dedicated services rendered by members of the Technical Committee (refer Annexure - A) of the Sri Lanka Breast Feeding Code, throughout the process of updating the Code and also the comments made by the Professional Organizations and Infant Milk Food Company representatives.

I am extremely grateful to Dr. (Mrs.) S. Manikarajah, former Director of Estate and Urban Health Services in the Ministry of Health, Mrs. M.S. Wickramasinghe, Additional Legal Draftsman and Mr. T.B. Dasanayake, former Assistant Commissioner of the Department of Internal Trade, for their valuable contributions made towards the successful completion of the updated code.

Dr. Aberra Beckle, Dr. (Mrs.) Hiranthi Wijemanne, Mr. D.P. Adikari, Dr. Sapumal Dhanapala of Unicef, helped in many ways is acknowledged with thanks.

I am extremely grateful to Mr. N.D. Wilfred, Assistant Director of this Division, for his continuous support provided in making this publication a reality.

Last but not least Miss. M.R.J.U.R. Silva (Devt. Officer) and Mrs. Subothini Janakan (Devt. Officer) are also acknowledged with thanks for assistance provided in proof reading.

**N. Sumanaratne**

Director

Nutrition Coordination Division

## BACKGROUND

Scientific evidence especially in the last two decades has amply demonstrated that breast feeding as opposed to bottle feeding confers distinct advantages on infant nutrition, offering protection to the infant against infection and allergic disorders. It also provides for natural birth spacing. Breastmilk contains the essential nutrients in the correct proportions, at the right temperature and provides all the nourishment an infant needs up to the age of 4-6 months. Thereafter breastmilk with appropriate supplementation is crucial to the health and well being of infants and young children.

Breastmilk is unique in that it contains anti-infective properties which protects the infant from infection while its own immune system is developing. These anti-infective properties as well as the anti-allergic characteristics of breastmilk cannot be replaced by any artificial infant formula. Furthermore, the psychological benefits of mother-child bonding that breast feeding provides can never be provided through bottle feeding.

Poor infant feeding practices and their consequences constitutes one of the major global problem and it is a serious obstacle to social and economic development.

Being to a great extent a man-made problem it must be considered a reproach to our achievements in science and technology, as well as to our social and economic structures and is a blot on our so called developmental achievements. Its not only a problem of the developing countries like ours but it also affects many parts of the developed world as well.

In the last few decades however there has been a gradual decline in the traditional practices of breast-feeding of infants which has brought in its wake an increased reliance on infant formulae as a substitute for breastmilk. The main reasons for the decline in breast feeding are urbanization, the new role of women in the labour market,



the lack of guidance to the mother by way of adequate information and education about breast-feeding and the deception caused by the advertisement strategies of the milk food industry.

Traditionally women in developing countries like Sri Lanka breast-fed their infants. But in recent times, there has been a gradual erosion in the pattern of breast-feeding especially among urban women. A study, of the duration of exclusive breast-feeding in the non-urban area of the city of Colombo, revealed an early introduction of bottle feeding. This was more pronounced among women in employment. The study also confirmed that apart from employment, lack of confidence in the ability to breast feed was another major constraint.

The economic value of breast-feeding is of paramount importance when viewed against socio-economic setting of countries in the developing world. An international study on the cost of complete formula feeding of a two month old infant in different countries including Sri Lanka, revealed that a high percentage of the family income is spent on infant formulae. The study indicated that in Sri Lanka as much as 43% to 63% of the salaries of certain fixed income earners was spent on procuring breastmilk substitutes to satisfactorily feed infants in the two month age category. In comparison the cost of extra food required by the lactating mother to adequately breastfeed her infant would be minimal.

Poverty coupled with ignorance has resulted in mothers using infant formula of insufficient concentration. In addition unclean sources of water, inadequate fuel for boiling and limited supplies of bottles and teats increase the risk of infection among infants. Thus, bottle-feeding with the risk of infection and malnutrition have grave consequences on the health of infants of low income families. It is estimated that annually about 10 million infants in the developing countries are victims of diseases caused by improper practices during the process of bottle-feeding. Therefore, failure to breastfeed has been recognised as a major cause of infant malnutrition and mortality.

The Code includes the provisions of the International Code of Marketing of Breast Milk Substitute and the relevant resolutions against the backdrop of practices employed to promote and sell breast milk substitutes. The following principles are dealt with :

1. The Code shall apply to designated products, the promotion of which discourages breast feeding or interferes with efforts to protect, promote and support breast feeding.
2. These designated products shall -
  - (a) not be advertised or otherwise promoted to the public at the retail level or through health care facilities or through mass media;
  - (b) be labelled so as to protect, promote and support breast feeding.
3. "Company contact" with health workers shall be limited to the sharing of non-promotional information and health care workers shall not be used as a means of promoting designated products to the public.
4. Information about infant and young child feeding shall not in any way discourage or undermine breast feeding or promote designated products.
5. There is no food that could ever rival breastmilk. Yet even as we unravel more of the wonders of its nutritional complexities, we must constantly battle against competition from formula milks, a poor substitute. It is a tragedy that many babies are denied the unique benefits of breast feeding because our society does so little to promote it.

Commitment by the Government accompanied by public support needs to be forthcoming for the full implementation of the Code. The implementation of the provisions of the Code shall be monitored so as to eliminate harmful marketing strategies and at the same time protect, promote and support breast feeding.

**Message of the Hon. Minister of Healthcare, Nutrition and  
Uva Wellassa Development**

**Sri Lanka Code for the Promotion and Protection of Breast  
Feeding and Monitoring of Infant Formulae and Related  
Products**

The convention of the Rights of the Child recognizes the advantages of breast feeding particularly for children and parents. There is no equivalent to breast feeding in providing nourishment for infants and promoting early childhood development.

The reason for adoption of the International Code of Marketing of Breast Milk Substitutes and subsequently the Sri Lanka Code for same, was the aggressive and inappropriate marketing of breast milk substitutes which caused increase in malnutrition, morbidity and mortality of infants.

The Sri Lanka Code was approved by the Cabinet and its relevant sections pertaining to marketing and advertising of infant foods were undertaken through the Consumer Protection Act by gazette notification of No. 231/6 of 8<sup>th</sup> February 1983.

It has been evident that continued violations of the Code through certain loopholes occur. Therefore, a new initiative was launched in 1999 to review the existing Code thus update it to the current situation, avoiding such loopholes.

The existing Code was updated through series of discussions and clarifications and the final outcome is the revised Code, which has already been approved by the Legal Draftsman. The revised Code provides a fresh basis and is an amended legal frame work for greater control in marketing, promoting and advertising of artificial infant formulae. Strengthening the Code can have an enormous impact on the

well-being of infants. It is in the best interest of children to protect breast feeding which is the right of all children as stated in the Article 23 of the convention on the Rights of the child, to which Sri Lanka is also a signatory.

In view of ensuring the supreme right of the child for breast milk, approval of the Cabinet of Ministers was obtained for this amended Code. The cooperation of all the stakeholders in implementing the provisions of the Code will be greatly appreciated.

**Nimal Siripala De Silva**  
Minister of Healthcare, Nutrition and  
Uva Wellassa Development

# SRI LANKA CODE FOR THE PROMOTION, PROTECTION AND SUPPORT OF BREAST FEEDING AND MARKETING OF DESIGNATED PRODUCTS

The Government of Sri Lanka.

Affirming the right of every child and every pregnant and lactating woman to be adequately nourished as a means of attaining and maintaining health;

Recognizing that infant malnutrition is part of the wider problem of poverty, lack of knowledge in nutrition and social deprivation;

Recognizing that the health of infants and young children cannot be isolated from the health and nutrition of women, their socio-economic status and their roles as mothers;

Conscious that breast feeding is an unequaled way of providing the ideal food for the healthy development of infants and young children; that it is beneficial to health and general well being of both mother and child that the anti-infective properties of breast milk help to protect infants against diseases and that there is an important relationship between breast feeding and child spacing and that breast feeding costs less than artificial feeding :

Recognizing that the encouragement of breast feeding is an important part of the health, nutrition and other social measures required to promote infant and young child growth and development;

Considering that when mothers do not breast feed, or only do so partially there is a legitimate market for infant formulae; that al-

though these should be made accessible to them but they should not be marketed or distributed in ways that may interfere with the protection and promotion of breastfeeding.

Recognizing further that inappropriate feeding practices can lead to infant under nutrition, and mortality and that improper practices in the marketing of designated products can contribute to these major public health problems;

Convinced that it is important for infants to receive appropriate complementary foods, usually when the infant reaches four to six months of age, and that every effort should be made to use locally available foods;

Affirming that health services, health professionals and other health care workers have a crucial role in encouraging and facilitating breast feeding and giving objective and consistent advice to mothers and families about the superior value of breast-feeding and in providing advice on the appropriate use of complementary foods, whether manufactured industrially or homemade, when these are needed.

Accepting that there is a need to facilitate and encourage breast feeding by providing appropriate family and social support;

Recognizing that families, communities, women's organizations, and other non-governmental organizations have a special role to play in the promotion of breastfeeding and in ensuring the support needed by mothers who are breast feeding;

Affirming the need for the Government of Sri Lanka, experts in various related disciplines, consumer groups and industry to collaborate in activities aimed at the improvement of maternal, infant and young child health and nutrition;

Therefore

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

The provision of the Code applies to protect and promote breast feeding and the marketing of designated products. The Code also sets out provisions as regards quality, availability and information relating to the consumption and use of designated products.

The following articles are the basis for action :

## ARTICLE 1 - PROMOTION OF BREAST FEEDING

1.1 All health care workers, and media personnel shall create an awareness as regards the advantages of breast feeding among the general public.

1.2 The health care system shall provide for the following :-

During the pregnancy of a woman every attempt shall be made to ensure the sound nutritional status of such woman; she shall be provided with information regarding the advantages of breast feeding that is in keeping with her respective situations, and such information shall be presented in a practical way to enhance her understanding the acceptance of same.

Care should be taken of mothers who are likely to be at high risk of not breast feeding because of their special social, economic or health conditions and those who have failed to breast feed in any earlier pregnancy.

During delivery, obstetrical procedures shall be consistent with the policy of promoting breastfeeding. Unnecessary sedation and use of lactation suppressants shall be avoided.

Breastfeeding shall be initiated within thirty minutes of birth of the infant. To facilitate breast feeding, mothers shall be encouraged to keep their infants with them and practice "on-demand" feeding up to six months.

The role of the husband, mother, mother-in-law and other members of the extended family in providing support for the mother of the infant shall be emphasized in all health care systems and on the media.

Immediately after delivery, every infant shall receive colostrum. For optimal breast feeding, the use of supplementary bottle feeding, with water, coriander water, glucose water, formulae, "ratha kalke" or any other fluids shall be avoided.

The mothers' nutritional status has to be ensured by access to adequate food intake. The contraceptive effect of exclusive breast feeding shall be well recognized, while promoting additional measures to ensure birth spacing. Preference shall be given to methods which do not interfere with lactation.

1.3 All mothers shall be granted paid maternity leave of not less than twelve weeks for the first two living children, and provided with job security and economic support.

1.4 Creches, breastfeeding breaks without loss of remuneration and other facilities shall be provided by the employers to promote breast feeding.

1.5 Community and Government support :

All modes of communication, religious organizations and other registered voluntary social service organizations shall be actively involved in encouraging breast feeding.

## ARTICLE II - MARKETING AND PROMOTION TO THE PUBLIC

2.1 No person shall advertise or promote any designated product as being a product appropriate for infant feeding.

2.2 No designated product shall be marketed or publicly referred to by any manufacturer or distributor in a way that would imply or create a belief, that such designated product when given to an infant is equivalent to or comparable with or superior to breastfeeding.

2.3 A manufacture or distributor of a designated product shall not offer for sale or sell such a product unless the container or label affixed thereto conforms to the following :-

- (a) contains the words 'Important Notice'
- (b) contains the statement of the superiority of breast feeding; "breastfeeding in addition to its nutritional qualities provides protection against many diseases. Therefore, industrially prepared powdered milk should not be replaced for maternal milk except on sound medical advice."

(c) does not use the terms 'breast milk substitute' 'humanized', 'maternalized', or terms similar thereto.

(d) does not use text that may tend to discourage breast feeding.

(e) include a feeding chart stating the preparation instructions and instructions that left over of the designated product after preparation should be discarded.

(f) the matters referred to in paragraphs (a) (b) (c) and (d) shall be in Sinhala, Tamil and English language. Photographs drawings or other graphic representations or misleading phrases designed to create an incorrect impression that the product would be a substitute for breastmilk and increase salability, should not appear on the container or on the label affixed thereto.

(g) The letter characters in (a) and (b) should not be less than 5 mm in height.

2.4 Information as to the method of use of infant formulae should not be disseminated to the public by any manufacturer, or distributor or any other person acting on their behalf, except subject to the requirements of paragraph 2.3

2.5 Any manufactured infant food, milk or milk product used as a breast milk substitute or as complementary food that does not meet the nutritional standards set for infant food shall contain the words "This product should not be used to feed infants."

2.6 No person shall advertise or promote any complementary food as being food appropriate for any infant under the age of six months.

Provided however complementary food for infants between the ages of six to twelve months may be advertised with the approval of the Monitoring Committee.

### ARTICLE III - MARKETING AND PROMOTION TO FAMILIES

- 3.1 Marketing personnel in their business capacity, shall have no contact with pregnant women, mothers or members of their families.
- 3.2 Free sample or supplies of designated products or complementary food shall not be made available directly or indirectly to the mothers or their family members or to the general public.
- 3.3 A manufacturer, or distributor of designated products or complementary food or any other person acting on their behalf, shall not distribute to pregnant women, members of their families and the general public any gifts or articles or utensils that promote the use of such designated product that are identified as coming from them.
- 3.4 Where feeding with infant formulae is medically recommended to an infant, preparation of such formulae may be demonstrated by a health worker to the mother of such infant.
- 3.5 No person shall have group demonstrations as to the manner in which infant formulae is to be prepared.

### ARTICLE IV - HEALTH CARE SYSTEM

- 4.1 Health care systems shall encourage, protect and support breast feeding and cooperate with government authorities, in giving effect to the provisions of the Code.
- 4.2 Facilities at a health care system, shall not be used for the display of any product, placards or for the distribution of materials

given by any manufacturer or distributor of a designated product. No such facility should be used for the purpose of promoting designated products or complementary food.

- 4.3 The use of a "mother-craft" nurse provided or paid for by any manufacturer or distributor shall not be permitted.
- 4.4 Samples of designated products or complementary food whether free or at reduced prices, shall not be used by a pregnant woman or mother in any circumstance.
- 4.5 No donations, free supplies or supply at a price lower than the wholesale price of designated products or complementary food shall be permitted in health care systems and to their health staff.
- 4.6 Small quantity of breast milk substitutes, needed for infants who require them in maternity wards and hospitals shall be made available through the normal procurement channels and not through free or subsidized supplies.
- 4.7 In emergency relief operations, protection, promotion and support of breast feeding for infants shall be maintained and designated products shall be donated to such infants under the following conditions only:

- (a) infant who have lost the mother due to death or due to separation from the mother because of a specific situation
- (b) the supply is continued for as long as the infant requires it
- (c) the supply is not used as a sales inducement;
- (d) the request for supplementation is made on the recommendation of medical advice.

## ARTICLE V - HEALTH CARE WORKERS

5.1 No information, including scientific and factual information regarding infant or young child feeding, shall be given by any manufacturer or distributor to a health care worker:

Provided however where the manufacturer or distributor discloses all the material in respect of such information to the Monitoring Committee and the Committee approves such information, such approved information may be made available by such manufacturer or distributor to any health care system or to any Professional Health Organization.

5.2 No financial or material inducements to promote any designated product or complementary food shall be offered or given to a health care worker or to a member of his family directly or indirectly by any manufacturer or distributor.

5.3 Samples of any designated product or complementary food or of equipment or utensils for their preparation or use, shall not be provided to any health care worker. Health care workers shall not give samples of any designated product or complementary food to a pregnant woman, to a mother of an infant or young child or members of their families.

5.4 No manufacturer or distributor of designated products or complementary food or any person on his behalf, shall offer or give any gift or benefit to a health care worker including but not limited to fellowships, study grants and funding for attendance at meetings, seminars, continuing education courses or conferences within or outside Sri Lanka. Any manufacturer or distributor may make contributions to a nationally recognized medical associations in accordance with the objectives of code and such

contribution shall be intimated to the committee appointed under item 8.3. A manufacturer or distributor of any designated product or complementary food shall not promote his product at such meeting, seminar, conference or education course.

5.5 A Health Care Worker shall not accept transportation, payment for expenditure incurred to attend a professional meeting, conference, or fellowship etc. from a manufacturer or distributor or any designated products or complementary food.

5.6 No manufacturer or distributor shall fund research by a health care worker or any other researcher on designated product or complementary food unless such research has been approved by the Committee appointed under Article 8.3. Every publication, resulting from such research in no funds granted by such manufacturer or distributor, shall include a statement disclosing the source of funding.

5.7 No information regarding designated products or complementary food or brand names or its logo shall appear on any tag, diagnosis card, immunization card, calendar, prescription form or growth chart (sponsored by manufacturers or distributors) used at Health Care Systems.

## ARTICLE VI - EMPLOYEES OF MANUFACTURERS OR DISTRIBUTORS

6.1 The quantum of sales, of any designated product or complementary food by an employee shall not be the criteria for the determination of his remuneration. Quotas, bonuses or promotions in employment shall not be granted on the basis of the quantum of sales.

6.2 Personnel employed in marketing designated products or complementary food shall not act as health care workers or perform or demonstrate educational functions in relation to pregnant women, mothers or the general public.

## ARTICLE VII - MANUFACTURERS OR DISTRIBUTORS

7.1 The use of short-term or cut-price offers of any designated products or complementary food by any manufacturer to a distributor or by any distributor shall not be encouraged or facilitated.

7.2 Any Manufacturer or distributor of any designated product or complementary food shall not finance, facilitate or otherwise encourage point-of sale advertising or display or the giving of samples at the retail level.

7.3 All Manufacturers of any designated products or complementary food shall apprise the distributors of the provisions of the Code.

7.4 Manufacturers in Sri Lanka of any designated products or complementary food or any person acting on his behalf shall conform to the Quality Control Standards and procedures and the Codes of hygienic practices for foods and other related products for infants and young children laid down by the Sri Lanka Standards Institution or in the absence the Codex Alimentarius Commission.

7.5 Public or private institutions, which are engaged in packing any designated products or complementary food other than teats, feeding bottles and pacifiers shall conform to the same Quality Control Standards and procedures as referred to in 7.4.

7.6 The importation of all designated products shall be approved by the Committee appointed under Article 8.3.

7.7 A Manufacturer or distributor of any designated product or complementary food shall not produce and distribute any educational or information material other than in the manner set out in Article 2.3 relating to infant feeding.

7.8 A Manufacturer, distributor or any person acting on his behalf, of any designated product or complementary food shall take such steps as are necessary to ensure that the provisions of the Code are complied with so as to bring about the desired results.

## ARTICLE VIII - IMPLEMENTATION AND MONITORING

8.1 The Ministries of Health, Trade, Food and Marketing, Justice, Labour, Industries, Education and Science and Technology, non-governmental organizations, and manufacturers and distributors of any designated product or complementary food shall take appropriate action, individually and collectively, to ensure the implementation of the provisions of the Code. The Ministry in charge of the subject shall be principally responsible to monitor the implementation of the Code.

8.2 Non-governmental organizations, professionals and professional groups concerned shall have the obligation to draw the attention of manufacturers, distributors or suppliers of designated products or complementary food or their agents to activities which are inconsistent with the provisions of the Code, so that appropriate action can be taken.



8.3 The Minister in charge of the subject shall appoint a committee to carry out the function of monitoring the implementation of the Code and such committee shall advise the Minister on national policy for the promotion and protection of breast feeding and review reports of violations of the provisions of the Code. The committee shall take appropriate steps in respect of any violations of the Code which have been brought to the notice of the committee.

8.4 The committee appointed under 8.3 shall meet at least once in two months.

#### DEFINITIONS

For the purpose of this Code:

- 'advertising' means to make any representations by any means whatsoever for the purpose of directly or indirectly promoting the sale or use or distribution of a designated product by television, radio, film, video or print materials.
- 'Complementary Food' means any processed or semi-processed food whether imported or locally manufactured, suitable or represented as suitable as a complement to breast milk or to infant formulae when either becomes insufficient to satisfy the nutritional requirements of the infant.
- 'container' means a form of packaging of products for sale as a normal retail unit, including wrappers.

- 'Designated Product'
  - Infant formulae,
  - soya milk,
  - malted milk,
  - condensed milk,
  - full cream milk used for infant feeding,
  - other infant milk substitutes used as breastmilk substitute, any other product marketed or otherwise represented as suitable or used for feeding infants (not being complementary food), feeding bottles, teats, pacifiers, nipple shields.

'distributor' means a person, corporation or any other entity engaged in the business (whether directly or indirectly) of marketing at a wholesale or retail level, a designated product. Primary distributor ' is a manufacturer's sales, agent, representative, national distributor or broker.

'feeding bottle' means any bottle or receptacle marketed for the purpose of feeding an infant or a young child.

'health care system' means governmental, non governmental or private practitioners, private institutions or organizations engaged directly or indirectly in the provision of health care for mothers, infants, pregnant women or lactating mothers, child care institutions and other established sales outlets;

'health care worker' means a person providing or in training to provide health care in a health care system whether professional or non-professional including voluntary workers and dispensing chemists.

'infant' means a child up to age of twelve months;

'infant formulae' means an animal or vegetable based milk product used as a breast-milk substitute formulated industrially in accordance standards prescribed by the Sri Lanka Standards Institution or in the absence the Codex Alimentarius Commission to satisfy the formal nutritional requirements of infants upto the age of one year and adapted to their physiological characteristics. Infants formulae may also be prepared at home, in which case it is described as 'home-prepared.'

'label' means any tag, mark, pictorial or other descriptive matter, written printed stenciled, marked, embossed or impressed on, or attached or otherwise appearing in a container of a designated product.

'manufacturer' means a corporation or other entity 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 designated product.

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

'marketing personnel' means any person whose functions involve marketing of any product within the scope of this code.

'mothercraft nurse' means an employee of the infant food company who is a qualified or a non-qualified nurse but is a uniformed company representative promoting bottle-feeding, infant formulae or any other product within the scope of this code.

'nipple shield' means an appliance with a teat for baby to suck from the breast.

'pacifier' means a teat for babies to suck, also referred to as a 'dummy'.

'promote' means to employ any method of directly or indirectly encouraging a person to purchase or use a designated product;

'sample' means single or small quantity of a designated product provided without cost.

'supply' means quantity of a designated product or complementary food provided for use over an extended period, free or at a low price, for social purpose, including those provided to families in need.

'young child' means a child from the age of twelve months up to the age of two years.

## THE HISTORY OF THE DEVELOPMENT OF THE CODE

The manifold advantages of breast feeding and the harmful effects of bottle-feeding surfaced in the decade of the seventies. Some of the important events that took place during this period in the course of canvassing the issue of breast feeding which culminated in the development of an International Code for the marketing of breastmilk substitutes and infants foods, are enumerated below :

- i. The United Nations Protection Advisory Group (PAG) in 1972 issued a statement highlighting the importance of breast feeding in developing countries where socio-economic conditions were far from satisfactory.
- ii. The report titled "The Baby Killer" published by the British Development Agency War on Wani (1974) drew world-wide attention to the links between infant malnutrition and the promotion of breast milk substitutes in the third world.
- iii. The Twenty-Seventh World Health Assembly Sessions in 1974 spelt out various recommendatory measures in support of breastfeeding.
- iv. A special seminar in 1975 on "Feeding the pre-school child with particular reference to breast-feeding and the weaning period" organised by the International Paediatric Association recommended measures to promote breast feeding.
- v. In 1979, the WHO/UNICEF Joint Meeting was convened in Geneva with the main objective of promoting breast feeding and the improvement of infant and young child nutrition, the most important recommendation arising from this meeting

was the formulation of an International Code to regulate the marketing practices of infant milk foods, complementary foods, feeding bottles and teats. Since then, attention focused on Infant Nutrition gathered momentum.

- vi. The work in connection with the formulation of an International Code commenced in 1979 and continued through 1980. Several consultations took place between WHO, UNICEF, other UN Agencies, national governments, paediatricians, nutritionists, consumer groups and the infant food industry in drafting the final document.
- vii. In May 1981, at the Thirty-Fourth World Health Assembly Sessions, the International Code of Marketing of Breast Milk Substitutes was adopted (118 countries voting in favour to 1 against with 3 abstentions.) The International Code received widespread support and was considered to be a unique landmark achievement in providing better health care for the child. It focused the attention of many governments throughout the world to the urgent need for concerted efforts to promote breast feeding. To-date 75 countries have taken action to implement some or all of the recommendations in the International Code but only 16 countries have made laws giving effect to all provisions of the Code.
- viii. Prior to the WHO/UNICEF Joint Meeting the Sri Lanka Government initiated action to promote breast feeding by publishing a direction under Consumer Protection Act No. 01 in the Gazette Extraordinary No. 22/7 of 7th February 1979 of the Democratic Socialist Republic of Sri Lanka. Further it directed that all advertisements on infant milk foods should also carry a similar message.

- ix. The banning of "Visual advertisements of Infant Milk Foods in any manner whatsoever or advertisements over the radio" was another significant step taken by the Government to curb the trend towards increased bottle-feeding. This was enforced by the Democratic Socialist Republic of Sri Lanka under the direction No. 24 issued by an Extraordinary Gazette Notification on November 10th, 1980 under the Consumer Protection Act, No. 1 of 1979.
- x. On the 17th September, 1981, the Sri Lanka Code for the Promotion of Breastfeeding and Marketing of Breast Milk Substitutes and Related Products formulated by a Technical Committee of experts was submitted to the Cabinet by the then President and the Minister of Plan Implementation. The Sri Lanka Code was accepted in principle and approval was granted to draft legislation by members of the Cabinet in September 1981.
- xi. The Ministry of Shipping and Trade formulated legislation to give effect to certain relevant articles of the Sri Lanka Code under the Consumer Protection Act. The draft legislation was considered and recommended by the Technical Committee of the Ministry of Plan Implementation which is responsible for the overall implementation and monitoring of the Code. The relevant provisions of the Code pertaining to marketing and advertising of infant foods have been gazetted under the Consumer Protection Act by Gazette Notification No. 231/6 of 08th February 1983 (Vide Annexure - C1)
- xii. In 1984 the international milk food company Nestle agreed to implement the Code.

- xiii. In 1986 the World Health Assembly recommended the banning of free and subsidized supplies of infant formulae to maternity homes.
- xiv. In 1989 WHO and UNICEF issued a joint statement recommending that maternity services should protect, promote, support and encourage breastfeeding and ten steps for a Baby Friendly Hospital Initiative (BFHI) was formulated. In 1991 WHO and UNICEF launched the "Baby Friendly Hospital Initiative" designed to rid hospitals both public and private of their dependence on breastmilk substitutes and to encourage maternity services to be supportive of breast feeding.
- xv. The Convention on the Rights of Child, that became an International law in 1990, cast a legal obligation on countries to provide families with knowledge and support required for breast feeding. Sri Lanka accepted and ratified the Convention on the Rights of the Child on 12th July 1991.
- xvi. The Innocenti Declaration of 1990 calls for the creation of an environment that will enable all women to breastfeed exclusively for 4-6 months and for all countries to adopt measures to implement the International Code by 1995.
- xvii. In 1991 the World Health Assembly adopted a resolution endorsing the Innocenti goal calling on manufacturers or distributors of breast milk substitutes to restrain from supplying free breast milk substitutes to hospitals and maternity wards by December 1993.

xviii. In March 1992 the paid maternity leave of six weeks for working mothers was extended to 12 weeks to promote breastfeeding in Sri Lanka.

xix. A task force was set up in July 1992 to support promotion of breast feeding in Sri Lanka. This culminated in the signing of an agreement on 27th January 1993 between the Ministry of Health and Manufacturers or Distributors of infant formulae, breast milk substitutes and other relevant parties, ending the distribution of free and low-cost supplies of infant formulae and other breast milk substitutes, feeding bottles or teats to maternity hospitals, hospitals, other health care facilities and their health staff. (see annex -D). A Committee to monitor this agreement was set up under the chairmanship of the Director General of Health Services which monitored the implementation of the agreement. The provision of the agreement is now included in the revision.

xx. Baby Friendly Hospital Initiative was started in 1993 in Sri Lanka by declaring the premier maternity hospital in the Island, the De Soysa Hospital for Women as a "Baby Friendly Hospital" by the late Mr. James Grant, Executive Director of UNICEF. To date 75 institutions have been declared "Baby Friendly." The process of declaring maternity units as "Baby Friendly" is being extended at present.

### List of Members of the Technical Committee

(Amended Code - 2002)

1. Mr. C. Maliyadde - Secretary, Ministry of Plan Implementation (Chairman)
2. Dr. P. Ramanaujam - Director General, Ministry of Plan Implementation
3. Prof. Priyani Soysa - Emeritus Prof. of Paediatrics
4. Prof. T.W. Wikramanayake - Nutrition Consultant, Ministry of Plan Implementation
5. Prof. S.P. Lamabadusuriya - Prof. of Paediatrics, University Colombo
6. Prof. D.G. Harendra de Silva - Prof. of Paediatrics, University of Ruhuna, Galle.
7. Prof. Narada Warnasuriya - Prof. of Paediatrics, University of Sri Jayawardenepura
8. Mrs. M.S. Wickramasinghe - Deputy Legal Draftsman, Dept. of Legal Draftsman
9. Dr. H.M.S.S.D. Herath - Deputy Director General (PHS) Ministry of Health, Nutrition & Welfare
10. Dr. (Mrs.) Dula de Silva - Deputy Director General (PHS) Ministry of Health, Nutrition & Welfare
11. Director - Family Health Bureau
12. Dr. (Mrs.) S. Manikarajah - Medical Officer, Family Health Bureau
13. Dr. (Mrs.) Manourie Senanayake - Senior Lecturer, Faculty of Medicine, University of Colombo

14. Dr. (Mrs.) C.D. Gunaratne - Director, Nutrition Division,  
Ministry of Health, Nutrition &  
Welfare
15. Mr. T.B. Dasanayake - Asst. Commissioner, Dept. of  
Internal Trade
16. Mr. C.D.R.A. Jayawardene - Director General, Sri Lanka  
Standards Institute, Colombo
17. Dr. (Mrs.) H. Wijemanne - Programme Officer, UNICEF
18. President - Sri Lanka Medical Association,  
Colombo
19. President - Sri Lanka College of  
Paediatricians, Colombo
20. Mr. N. Sumanaratne - Director, Nutrition Coordination  
Division, Ministry of Health,  
Nutrition and Welfare
21. Mr. N.D. Wilfred - Asst. Director, Nutrition  
Co-ordination Division Ministry  
of Health, Nutrition and Welfare

## Annexure - B

### List of Documents Referred by the Technical Committee

1. Draft International Code of Marketing of Breast Milk  
Substitutes. WHO Document No. A.33/6, Additional - 24th April  
1980
2. Foods for Infants and Young Children - A Survey of Relevant  
National Legislation by Dr. J. de Moerloose, WHO
3. Report of follow-up of WHO/UNICEF Meeting on Infants &  
Young Child Feeding by Director General WHO, 3rd April, 1980.
4. Code of Ethics on Infant Formula Products - Malaysia, Ministry  
of Health - 1st July 1980.
5. Memorandum on "Continued Promotion of Infant Formula Milk  
despite the WHO and Malaysian Code of Ethics" by President,  
Consumers Association of Penang, Malaysia.
6. Draft Sri Lanka Standard Specification of Infant Milk Foods by  
Bureau of Ceylon Standards.
7. The Laws of governing Infant Milk Foods :  
Foods & Drugs (No. 2) Act 1949  
Foods & Drugs (No. 2) Act 1951  
Foods & Drugs (No. 2) Act 1955  
Foods & Drugs (No. 2) Act 1961
8. The Consumer Protection Act No. 1 of 1979. General Direction  
under Section 6 (1) (c) Sale of Milk Food (Powdered)
9. Gazette Extraordinary - February 7th, 1979. Direction 3 & 4 on  
the Consumer Protection Act No. 1 of 1979 - under section 6 (1)  
(c) Specification of advice on wrapper of Infant Milk Food
10. Gazette Extraordinary - 10th November, 1980, No. 114/2, Direc-  
tion No. 24 on the Consumer Protection Act, No. 1 of 1979,  
banning the Advertisement of Infant Milk Food.

11. Gazeete Extraordinary - 3rd March, 1981, No. 130/4 Direction No. 28 the Consumer Protection Act. No. 1 of 1979. General Direction Under Section (1) (c) on sale of Milk Food (Powdered)
12. Supervision of the Quality of Infant Milk Foods during production in the country by Dr. A.C.A. Shuaib, C.W.E. Technical Report No. 3, November, 1980.
13. "Dietary Management of Young Infants who are not Adequately Breast Fed" A report of the UN Administrative Committee on Coordination - Sub - Committee in Nutrition adopted at its meeting in Rome 5-7 November, 1979 Food and Nutrition Bulletin, Vol. 2, 3 PP.41-50
14. The Code handbook - A guide to implementation the International Code of Marketing of Breast Milk Substitutes
15. SARRC Code for the protection of Breast Feeding and Young Child Nutrition.
16. The Act of India on the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) 1992.

Direction No. 44

CONSUMER PROTECTION ACT, NO. 1 OF 1979  
GENERAL DIRECTION UNDER SECTION 6 (1) (C)

Code for the Marketing of Infant Milk Foods, Infant Foods,  
Feeding Bottles & Teats and Valves for Feeding Bottles

Further to Direction No. 3, 24 and 31 published in Gazettes Extraordinary of the Democratic Socialist Republic of Sri Lanka No. 22/7 of 07.02.1979, No. 114/2 of 10.11.1980 and No. 158/5 of 16.09.1981 respectively, action under Section 6 (1) (c) of the Consumer Protection Act, No. 1 of 1979, I Dudley Christofelsz Rennie Wickremasinghe, Commissioner of Internal Trade, do hereby direct that all manufacturers of and / or traders in Infant Milk Foods, Infant Foods, Feeding Bottles and Teats and Valves for feeding bottles shall comply with the following "Code for the Marketing of Infant Milk Foods, Infant Foods, Feeding Bottles and Teats and Valves for feeding bottles"

D.C.R. Wickremasinghe  
Commissioner of Internal Trade

Department of Internal Trade  
Flat 27, Galle Face Court 2,  
Colombo 3, 3rd February, 1983

Direction No. 107

**CONSUMER PROTECTION ACT, NO. 1 OF 1979  
GENERAL DIRECTION UNDER SECTION 6 (1) (C)**

I, Pankara Hewa Janaka Bandula Sugathadasa, Acting Commissioner of Internal Trade, acting under Section 18 of the Interpretation Ordinance, do hereby revoke with immediate effect the Direction No. 44 published in the Gazette Extraordinary of the Democratic Socialist Republic of Sri Lanka, No. 231/6 of 08.02.1983 and acting under Section 6 (1) (c) of the Consumer Protection Act, No. 1 of 1979, as amended by Consumer Protection (Amendment) Act, No. 37 of 1980, Act. No. 34 of 1992 and Act. No. 17 of 1995, do hereby direct that all manufacturers of and traders in Infant Milk Foods, shall comply with below mentioned "Sri Lanka Code for the promotion, protection and support of breast feeding and marketing of designated products."

**P.H.J.B. Sugathadasa**  
Acting Commissioner of Internal Trade

Department of Internal Trade  
Flat No. 27, Galle Face Court 02,  
Colombo 03.  
10th March 2003

The Code is appeared in pages 6-26

**AGREEMENT BETWEEN  
THE MINISTRY OF HEALTH AND MANUFACTURERS  
AND DISTRIBUTORS OF INFANT FORMULA,  
BREASTMILK SUBSTITUTES AND OTHER  
RELEVANT PARTIES  
ENDING THE DISTRIBUTION OF FREE AND  
LOW - COST SUPPLIES OF  
INFANT FORMULA AND OTHER BREAST MILK  
SUBSTITUTES, FEEDING BOTTLES OR TEATS TO  
MATERNITY HOSPITALS, HOSPITALS, OTHER  
HEALTH  
CARE FACILITIES AND THEIR HEALTH STAFF**

Colombo, Sri Lanka  
27 January 1993



**Agreement ending the distribution of free and low-cost supplies of infant formula and other breast milk substitutes, feeding bottles or teats to maternity hospitals, hospitals, other health care facilities and their health staff**

The undersigned agree as follows :

1. The Ministry of Health henceforth permanently ends the practice of accepting, using and distributing free supplies of infant formula and breast milk substitutes, feeding bottles, and teats in maternity hospitals, hospitals and other health facilities and their staff. Nor will these items be accepted at prices lower than the wholesale price.
2. The Ministry of Health will circulate this Agreement, as well as the Policy on Breast feeding and Directive for implementation to all relevant health administrators, health officials, health professionals and health workers in order to ensure their knowledge and compliance with this Agreement.
3. The Ministry of Health will establish a monitoring and enforcement mechanism for all health care facilities to which this Agreement is applied. Such mechanism will include annual reporting. The Monitoring Committee will be chaired by the Director General of Health Services and comprise of a representative from each of the five infant food formula companies functioning in Sri Lanka at present, Deputy Director General, Public Health Services, Director, Nutrition Coordination Division of the Ministry of Policy Planning and Implementation, Director, Family Health Bureau, one representative from the Independent Medical Practitioners Association, one from Regional Medical Practitioners Association, one representative each from the Sri Lanka Paediatric Association, Sri Lanka College of Obstetricians and Gynecologists, College of General Practitioners, Sri Lanka Association of Community Medicine, Observers WHO/ UNICEF.

4. The Manufacturers, distributors and suppliers of infant formula and breast milk substitutes agree to permanently end the distribution of free supplies of breast milk substitutes, feeding bottles or teats to maternity hospitals, hospitals, other health facilities and their health staff, as well as the distribution of these at a price lower than the wholesale price, and will so direct all relevant personnel.
5. Manufacturers, distributors and suppliers of infant formula and breast milk substitutes will establish a monitoring system for ensuring strict compliance to this agreement.
6. Manufacturers, distributors and suppliers of infant formula and breast milk substitutes will take such steps as necessary to ensure that all companies, whether national or international, active in the manufacture and/ or marketing of breast milk substitutes, bottles and teats in Sri Lanka, now and in the future, are equally obliged by this Agreement and will comply its terms.
7. The Nutrition Coordination Division of the Ministry of Policy Planning will revise and amend the Sri Lanka Code for the Promotion of Breast feeding and Marketing of Breast milk Substitutes and related Products to include the terms of this Agreement such that it will give effect to the principles and aim of all articles of the International Code of Marketing of Breast Milk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety, the adoption of which were supported by Sri Lanka in 1981 and 1986 respectively.

IN WITNESS whereof the undersigned, being duly authorized, have signed this Agreement.

Joe Fernando	Joe Fernando
.....	Secretary
For the Ministry of Health & Women's Affairs	Ministry of Health & Women's Affairs
	Name and Title
R.M.K. Ratnayake	R.M.K. Ratnayake
.....	Director (Nutrition)
For the Ministry of Policy Planning & Implementation	
	Name and Title
S.D.R. Arudpragasam	S.D.R. Arudpragasam
.....	Managing Director
For Darley Butler & Co. Ltd.	
	Name and Title
G. Goonawardena	G. Goonawardena
.....	Sales Administration and Manager
For Lanka Milk Food (Pvt) Ltd.	
	Name and Title
Gamunu Wijesundara	Gamunu Wijesundara F.C.M.A
.....	Group Accountant
For J.L. Morrisons Ltd.	
	Name and Title
Cubby Wijetunge	Cubby Wijetunge
.....	Director
For Nestle Lanka Ltd.	
	Name and Title

Maurice G. Wambeck	Maurice G. Wambeck
.....	Country - Manager
For Wyeth - Ayerst	Name and Title
G.M. Heenilame	Dr. G.M. Heenilame
.....	President
For the College of General Practitioners	College of General Practitioners
	Name of Title
Lakshman L. Weerasena	Dr. Lakshman L. Weerasena
.....	President
For the Independent Medical Practitioners Association	Independent Medical Practitioners Association
	Name and Title
H.M.S.S.D. Herath	Dr. H.M.S.S.D Herath
.....	Vice President
For the Sri Lanka Association of Community Medicine	Sri Lanka Association of Community Medicine
	Name and Title
Marlene Abeywardene	Dr. Marlene Abeywardene
.....	Treasurer
For the Sri Lanka College of Obstetricians & Gynaecologists	Sri Lanka College of Obstetricians & Gynaecologists
	Name and Title
Sanath P. Lamabadusuriya	Prof. Sanath P. Lamabadusuriya
.....	President
For the Sri Lanka Paediatric Association	Sri Lanka Paediatric Association
	Name and Title