You cannot advocate for what you do not know: regulatory review and monitoring evidence on the International Code of Marketing of Breast-milk Substitutes in Argentina

No se puede defender lo que no se conoce: revisión normativa y evidencia de monitoreo del Código Internacional de Comercialización de Sucedáneos de la Leche Materna en Argentina

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ABSTRACT The International Code of Marketing of Breast-milk Substitutes is the primary international regulatory framework for protecting breastfeeding from the marketing practices of infant formula and other related products. This study aimed to characterize the extent to which the Code has been incorporated into Argentina's regulatory framework and to synthesize the available evidence on its monitoring and implementation. To this end, between May 2024 and May 2026, a narrative review was conducted of legal documents, international reports, grey literature, and scientific publications related to the Code in Argentina, followed by a content analysis. The review identified 20 World Health Assembly resolutions related to the Code, seven global reports on the status of the Code in national legislation, one regional report covering Latin America and the Caribbean, eight Argentine regulations related to the Code, and 27 publications on monitoring and implementation. The analysis showed that Argentina has incorporated most of the Code's provisions and is currently classified as substantially aligned with the international standard. However, regulatory gaps remain, particularly regarding the extension of its scope to 36 months of age, the comprehensive prohibition of conflicts of interest within the health system, and industry involvement in educational materials. Published monitoring studies documented violations involving digital marketing, labeling, cross-promotion, points of sale, and healthcare facilities.
KEYWORDS International Code of Marketing of Breastmilk Substitutes; Jurisprudence; Breast Feeding; Marketing; Infant Formulas; Argentina.

RESUMEN El Código Internacional de Comercialización de Sucedáneos de la Leche Materna constituye el principal marco normativo internacional para proteger la lactancia humana frente a las prácticas de comercialización de fórmulas infantiles y otros productos relacionados. El objetivo de este trabajo es caracterizar el estado de incorporación del Código en el marco normativo argentino y sistematizar la evidencia disponible sobre su monitoreo e implementación. Para ello, entre mayo de 2024 y mayo de 2026, se realizó una revisión narrativa de documentos legales, reportes internacionales, literatura gris y publicaciones científicas vinculadas al Código en Argentina, seguida de un análisis de contenido. Se identificaron 20 resoluciones de la Asamblea Mundial de Salud referidas al Código, siete reportes globales del estatus del Código en las legislaciones nacionales, un reporte regional (de América Latina y el Caribe), ocho normativas argentinas relacionadas con el Código y 27 publicaciones sobre monitoreo e implementación. El análisis evidenció que Argentina ha incorporado la mayoría de las disposiciones del Código y actualmente es clasificada como un país sustancialmente alineado con el estándar internacional. Sin embargo, persisten brechas regulatorias, particularmente en la definición del alcance hasta los 36 meses de edad, la prohibición integral de conflictos de interés en el sistema de salud y la participación de la industria en materiales educativos. Los monitoreos publicados documentaron incumplimientos en publicidad digital, etiquetado, promoción cruzada, puntos de venta e instituciones de salud.
PALABRAS CLAVES Código Internacional de Comercialización de Sucedáneos de la Leche Materna; Jurisprudencia; Lactancia Materna; Marketing; Fórmulas Infantiles; Argentina.

Introduction

The International Code of Marketing of Breast-milk Substitutes constitutes the first regulation governing the advertising, promotion, sponsorship, labeling, and other aspects of food products intended for infants and young children, established by the World Health Organization (WHO) more than four decades ago. It is a key public health instrument for protecting infant and young child feeding, as well as the health of children, women, pregnant people, and postpartum individuals from commercial pressures, while safeguarding the right of families and caregivers to adequate information. The Code was adopted by the World Health Assembly (WHA) in 1981 and has been subsequently updated through a series of WHA resolutions which, taken together, constitute a unified normative corpus (hereinafter, the Code). Its provisions must be incorporated into countries' national regulatory frameworks to be legally enforceable within their territories.

This study presents the provisions established by the Code and their incorporation into Argentine legislation, with the aim of characterizing the status of this normative reception, understood as the degree of alignment between national regulations and the international standard.[1,2] At the same time, it systematizes the monitoring activities conducted in the country that provide evidence of the implementation "on the ground"[3] of these regulations and the consequent identification of violations.

The aim is to contribute to the dissemination of the Code and, particularly, its status of knowledge in Argentina, given that several studies conducted in the country have documented limited awareness of the Code, both among the general population and among healthcare professionals. In a study conducted by the United Nations Children's Fund (UNICEF) and the Center for Studies on Infant Nutrition (CESNI),[4] which surveyed a representative sample of 1,002 mothers and fathers of children under two years of age, 78.2% reported having no knowledge of regulations governing the marketing of infant formulas or foods for babies. In a survey conducted by the Nutritional Program of the Ministry of Health of the Autonomous City of Buenos Aires[5] among 545 members of interdisciplinary primary healthcare teams (including pediatrics, general medicine, nutrition, obstetrics, nursing, and other disciplines), only 32.5% reported being familiar with the Code.

In this context, the purpose is to provide an updated synthesis that serves as a tool for strengthening healthcare team training, promoting advocacy efforts on the public agenda, supporting demands for the implementation and enforcement of current legislation, and advocating for regulatory improvements.

Brief historical context

During the 1960s and 1970s, breastfeeding rates had declined to unprecedented levels, while infant mortality rates had increased in developing countries, which had been the primary targets of aggressive marketing of infant milk formulas.[6]

Reports and denunciations of this situation, led by professionals committed to child health, such as Cicely Williams and Derrick Jelliffe; a series of legal actions in Europe and the United States; the mobilization of activist groups; and the emergence of consumer boycotts brought the issue of artificial infant feeding onto the public agenda. This social mobilization exerted pressure that contributed to the adoption of the Code by the World Health Assembly in 1981.[7]

Under international law, a code has a lower legal status than a treaty or convention. In the latter cases, once countries approve and ratify these instruments, they become legally binding. In the case of a code, countries must incorporate its provisions into their domestic legislation for them to become legally enforceable.

Subsequently, within the United Nations framework, the *Convention on the Elimination of All Forms of Discrimination against Women* (September 1981) and the *Convention on the Rights of the Child* (November 1989) were adopted, both of which have a higher legal status. Through subsequent general comments or recommendations, these conventions have incorporated the Code as a set of measures necessary to ensure the protection of the right to health of women and children. Consequently, countries that have signed and ratified these conventions assume a legal obligation to implement the Code.[2] This is the case in Argentina, where these conventions were granted constitutional status through Article 75, paragraph 22, of the National Constitution in 1994, which incorporates them "under the conditions of their validity." This provision encompasses not only the original text of the conventions but also the general comments, that is, the interpretations issued by the Human Rights Committees that guide and monitor the implementation of the conventions.[1]

Nearly half a century after the Code was adopted, breastfeeding rates have improved internationally, and an association has been established between the existence of stronger legislation and a higher prevalence of exclusive breastfeeding at six months of age among infants and young children,[8,9] as well as lower consumption of commercial milk formula.[10]

However, the marketing practices of the commercial milk formula (CMF) industry persist, albeit in renewed and increasingly sophisticated forms, violating and/or circumventing existing regulations by investing substantial resources to influence public perceptions of their products and, in particular, to co-opt scientific

institutions, healthcare facilities, and professional associations.[11] As stated in the latest *The Lancet* series on breastfeeding,

> "...the Code comprises the strongest international public health policy framework to protect women, infants, families, and health systems from the misleading and abusive marketing of commercial milk formula."[12]

For this reason, it is important to contribute to knowledge about the incorporation of the Code into the Argentine legal framework, as this makes it possible to identify progress, gaps, and opportunities to strengthen the protection of breastfeeding.

Methods

To characterize the status of the Code in Argentina, understood as the degree of its incorporation into the national regulatory framework, a narrative review[13] of legal documents, reports, and published articles was conducted, followed by a content analysis[14] of the material collected. The review was conducted over three periods: from May to December 2024, the focus was on the collection of regulations; from August to December 2025, on the systematization of published scientific evidence on monitoring activities; and in April and May 2026, an update of recently published references was carried out.

The narrative review included relevant WHA resolutions published over the four decades since the adoption of the Code, Argentine regulations, and periodic reports by UNICEF, the World Health Organization (WHO), and the International Baby Food Action Network (IBFAN) on the status of the Code in different countries. Publications in scientific journals and grey literature addressing the implementation of the Code in Argentina were also systematized, including working papers and technical reports produced by academic and civil society organizations and United Nations agencies.

The documentary search was conducted in specialized digital repositories, including the Resource Center of the Argentine Observatory for the Marketing of Breast-milk Substitutes (ObservaMaS), the Code Resource Center of the Corporate Accountability Tool & Communications Hub (CATCH), as well as the websites of WHO, the Pan American Health Organization (PAHO), and UNICEF.

Regarding scientific publications, the search covered articles published from the adoption of the Code in 1981 to the present in the electronic databases PubMed, SciELO, and the Virtual Health Library (VHL). The search terms used were "comercialización de sucedáneos de la leche materna" and "*marketing of breast-milk substitutes*," combined with the term "Argentina." Articles published in Spanish and English were included.

The inclusion criterion for the selection of grey literature and published scientific articles was that they specifically addressed some aspect of the status of the Code in Argentina, whether at the legislative level, in terms of the degree of regulatory compliance, and/or regarding the impact of violations on breastfeeding and infant feeding practices. The exclusion criterion was the presence of conflicts of interest, based on disclosures made by the authors and/or explicit statements that the study had been funded by industry, including manufacturers and distributors of products within the scope of the Code.[15] This exclusion criterion was adopted because one of the provisions of the Code itself is that monitoring activities should be independent and free from commercial influence.

The corpus of collected materials was analyzed using content analysis to correlate Argentine regulations with the text of the Code, identify areas of convergence and/or divergence, as well as progress and challenges in implementation and enforcement. For the normative analysis, the following categories, as defined in WHO, UNICEF, and IBFAN reports on the national implementation of the Code,[2,9] were used:

1. Scope of application

- Breast-milk substitutes (BMS) are regulated for at least:
  - up to 6 months of age;
  - up to 12 months of age;
  - up to 36 months of age.
- Complementary foods are regulated.
- Bottles and teats are regulated.

2. Monitoring and enforcement of regulations

- Sanctions for violations are established.
- The entity responsible for monitoring compliance is identified.
- Monitoring and enforcement are required to be independent, transparent, and free from commercial influence.

3. Information and educational materials on infant and young child feeding

- Information and educational materials produced by industry are prohibited.
- The following information is required in such materials: the benefits and superiority of breastfeeding; maternal nutrition, as well as the preparation for and maintenance of breastfeeding; the negative effect of introducing partial bottle-feeding on breastfeeding; the difficulty of reversing the decision not to breastfeed; and the appropriate use of infant formula.

- Materials addressing the use of infant formula must include information on the social and financial implications of its use, the health risks associated with inadequate feeding and improper use, and the risk of intrinsic contamination of powdered infant formula.
- References to trademarked products are prohibited.
- Images or text that idealize breast-milk substitutes are prohibited.

4. Promotion to the general public

- Advertising.
- Promotional devices at points of sale.
- Samples provided to the public.
- Gifts to pregnant women and mothers.
- Contact with mothers.

5. Promotion in healthcare facilities

- General prohibition on the use of healthcare facilities for promotional purposes. If no general prohibition exists, each of the following five specific types of promotion within healthcare facilities is assessed: 1) display of products subject to regulation; 2) display of posters or notices related to products subject to regulation; 3) distribution of any materials provided by a manufacturer or distributor; 4) use of healthcare facilities to conduct events, contests, or campaigns; and 5) use of personnel provided or funded by manufacturers and distributors.

6. Interaction with healthcare workers and health systems

- General prohibition on all gifts or incentives to healthcare personnel and health systems. If no general prohibition exists, each of the following specific types of prohibited gifts or incentives is assessed: financial or material inducements to promote products within the scope of the Code; scholarships, study trips, research grants, and attendance at professional conferences.
- Provision of free or low-cost supplies anywhere within the health system.
- Donations of equipment or services, including breastfeeding rooms.
- Product samples.
- Product information limited to scientific and factual matters.
- Sponsorship of meetings for healthcare professionals or scientific meetings.

7. Labeling

- Prohibition of nutrition and health claims.
- Mandatory information on infant formula products: the words "Important Notice"; a statement on the superiority of breastfeeding; a statement that the product should be used only on the recommendation of a healthcare professional; instructions for proper preparation; a warning about the health risks of improper preparation; and a warning that powdered infant formula may contain pathogens.
- Prohibition of images on product labels that may idealize the use of infant formula.
- Mandatory information for follow-on formula, growing-up milks, and other foods for infants and young children up to three years of age: the recommended age for introducing the product; the importance of continuing breastfeeding until two years of age; and the importance of not introducing complementary foods before six months of age.
- Prohibited content for follow-on formula, growing-up milks, and other foods for infants and young children up to three years of age: any representation suggesting use before six months of age; images or text that discourage breastfeeding or compare these products with breast milk; messages recommending or promoting bottle-feeding; and professional endorsements.

Based on the incorporation of these categories into national regulatory frameworks, WHO, UNICEF, and IBFAN reports classify countries into four categories: 1) substantially aligned; 2) moderately aligned; 3) with some provisions of the Code incorporated; and 4) with no provisions incorporated.

The analysis of monitoring studies published in scientific articles and grey literature was structured around predefined analytical categories, namely the practices examined (information and education on infant feeding, advertising, interactions with healthcare professionals, and labeling) and the settings monitored (traditional media, digital media, physical and online points of sale, and healthcare facilities) in which violations were identified. For illustrative purposes, selected images from the publications included in the review are reproduced.

Results

A total of 20 WHA resolutions related to the Code, published between 1981 and 2025, and eight Argentine regulations concerning the Code—three laws, one decree, one ministerial resolution, and three provisions issued by the National Administration of Drugs, Food and Medical Technology (ANMAT)—were compiled, along with seven global reports on the status of the Code in national legislation and one regional report covering Latin America and the Caribbean. Regarding grey literature on the implementation and monitoring of the Code in Argentina, 16 documents produced by academic and civil society organizations and United Nations agencies were identified and systematized, together with 11

publications in peer-reviewed scientific journals. These 27 documents met the inclusion criterion, and none presented conflicts of interest, as defined by the exclusion criterion.

- World Health Assembly (WHA) resolutions: WHA 34.22;[16] WHA 35.26;[17] WHA 37.30;[18] WHA 39.28;[19] WHA 41.11;[20] WHA 43.3;[21] WHA 45.34;[22] WHA 46.7;[23] WHA 47.5;[24] WHA 49.15;[25] WHA 54.2;[26] WHA 55.25;[27] WHA 58.32;[28] WHA 59.21;[29] WHA 61.20;[30] WHA 63.23;[31] WHA 65.6;[32] WHA 69.9;[33] WHA 71.9;[34] and WHA 78.18.[35]
- Argentine regulations: MSyAS Resolution 54;[36] ANMAT Provision 4980;[37] Law 18284: Article 1359 bis[38] and Article 1353 bis;[39] Law 26873;[40] Regulatory Decree 22;[41] Law 27642;[42] ANMAT Provision 8095;[43] ANMAT Provision 4059.[44]
- Global and regional reports: WHO;[45] WHO-UNICEF-IBFAN;[9,46,47,48,49,50] UNICEF.[2]
- Grey literature: IBFAN Argentina;[51] Pan American Health Organization;[52] Sánchez;[53] Network for the Code Law (Red por la Ley del Código);[54] Piaggio *et al.*;[55,60,62] UNICEF and CESNI;[4,56,57] Fundación Sanar and UNICEF;[58] López Ifrán *et al.*;[59] Banegas *et al.*;[61] Fons *et al.*;[1]UNICEF and the Network for the Code Law;[63] Romero.[64]
- Publications in scientific journals: Vallone;[65] Becker *et al.*;[66] Mangialavori *et al.*;[67] Gitz;[68] Naumann *et al.*;[69] Piaggio *et al.*;[70] Demonte *et al.*;[71] Gómez *et al.*;[72] Nessier *et al.*;[73] Zapata *et al.*;[74] Scarensi *et al.*[75]

The following section summarizes the provisions of the Code, the history of its incorporation into Argentina's regulatory framework, and its characterization in global reports[9,45,46,47,48,49,50] and the regional report.[2] A comparative analysis of the international standard and national legislation is then presented. Finally, the published monitoring studies and the violations identified are systematized.

What products and practices does the Code regulate?

The Code regulates not only products but also the practices of companies that manufacture, distribute, and/or market them. In addition, it establishes guidelines for the practices of other key sectors: healthcare institutions, healthcare workers, their scientific and professional associations, and national health authorities[76]. It is organized into eleven articles, and its objective is to:

> "...to contribute to provide infants with safe and adequate nutrition by protecting and promoting breastfeeding and ensuring the proper use of breast-milk substitutes (BMS), when necessary, on the basis of adequate information and through appropriate marketing and distribution methods."[77]

The products covered include BMS (defined as products designed or marketed to replace human milk, either partially or entirely); feeding utensils used to administer them (bottles and teats); and commercially produced complementary foods. Given that continued breastfeeding is recommended until two years of age or beyond, and that one strategy adopted by companies has been to develop new products beyond infant formula, which was the only type of formula available when the Code was adopted in 1981, Resolution WHA 69.9[33] clarified in 2016 that all products that compete with breastfeeding up to 36 months of age are considered BMS.

As a result, the following products are included in the definition of BMS:

- Infant formula (0–6 months) and follow-on formula (6–12 months), either milk-based or plant protein-based;
- Modified milks for children from 12 to 36 months of age, known in many countries as growing-up formulas or growing-up milks;
- Formulas with specific nutritional characteristics, also known as "specialized or medicinal formulas";
- Complementary foods marketed for infants under 6 months of age or that require the use of a feeding bottle.

In addition to BMS, bottles, and teats, since 2016[33], the scope of the Code has also included commercially produced complementary foods marketed for children aged 6 to 36 months, such as infant cereals, vegetable or fruit purées, yogurts, dairy desserts, and other similar products.

The practices regulated by the Code include:

- Monitoring, enforcement, and the imposition of sanctions;
- Information and education on the feeding of pregnant women, breastfeeding women, infants, and young children;
- Promotion to the general public;
- Promotion in healthcare facilities;
- Interaction with healthcare workers and scientific and professional associations;
- Information (written and visual) on product packaging, that is, labeling.

The government is responsible for monitoring and enforcing compliance with the Code, and must ensure that these activities are carried out transparently, independently, and without commercial influence.[25,76]

Regarding information and education, companies are prohibited from developing, funding, or sponsoring informational and educational materials, including digital platforms on parenting and infant feeding. The Code also specifies mandatory information that must be

included in materials developed by healthcare institutions, academic institutions, or civil society organizations.[33,35,76]

Promotion to the general public, through both traditional and digital media (including advertising, free samples, discounts, etc.), as well as promotion in healthcare facilities (through posters, informational materials, equipment, product donations, etc.), is prohibited.[24,28,31,33,35,76]

Companies are also prohibited from providing material or financial incentives to healthcare workers, healthcare institutions, or scientific and professional associations, all of which must avoid conflicts of interest.[33,76]

Regarding labeling, the use of images of infants and words or images that idealize artificial feeding is prohibited. Labels must state the superiority of breastfeeding, warn of the risk of intrinsic contamination, provide instructions for proper preparation, and avoid cross-promotion between products. In terms of quality, products must meet high standards and comply with the quality standards and hygienic production practices established in the Codex Alimentarius.[28,30,31,33,76]

The Code in Argentina: A historical overview of its incorporation

In 1997, sixteen years after the Code was adopted by the World Health Assembly (WHA), Argentina incorporated it into its regulatory framework through a resolution issued by the Ministry of Health and Social Action,[36] endorsing it in its entirety together with Resolution WHA 47.5.[24] The latter resolution amended Article 6 of the Code,[77] establishing a complete ban on donations of products covered by the Code throughout the healthcare system. The original text of the Code permitted such donations under certain circumstances, and companies had taken advantage of this loophole to continue promoting their products within healthcare facilities. The comprehensive ban on donations is also linked to WHA Resolution 39.28,[19] which had established that products must be procured through official channels (direct purchase or public tender).

In 2005, the National Administration of Drugs, Food and Medical Technology (ANMAT) issued Provision 4980,[37] establishing the criteria that advertising for products subject to health surveillance (medicines, food products, cosmetics, household sanitation products, and medical devices) must meet. The annex on food products included the requirement to comply with the Code.

Two years later, the Code was incorporated into the Argentine Food Code under Law 18284,[38] as Article 1359 bis. Nine of the eleven Code's articles were incorporated, excluding Articles 6 and 7, which address the healthcare system and healthcare workers, respectively, and fall outside the scope of food legislation. The provisions incorporated covered consumer information, labeling, advertising, product composition, and monitoring. However, Articles 6 and 7 of the Code, together with WHA Resolution 47.5, had already been incorporated into the Ministry of Health Resolution 54/97.[36] As the leading authority of the national health system, the Ministry issues resolutions that are binding on authorized healthcare institutions, whether publicly operated, privately managed, or part of the social security system.

Another milestone was Law 26873 on the Promotion and Public Awareness of Breastfeeding,[40] which includes dissemination of the Code among its objectives. Its implementing Decree 22/2015[41] established a scope extending to children up to 24 months of age; accordingly, products intended for this age group are considered breast-milk substitutes (BMS).

At that time, Argentina was aligned with international standards, but it soon fell behind when, the following year, the WHA adopted Resolution 69.9,[33] establishing that the Code applies to BMS for children up to 36 months of age. This definition was introduced in response to the business practice of expanding product lines to circumvent national legislation and thereby advertise products through cross-promotion. WHO and UNICEF[78] have defined cross-promotion as the strategy of

> "...promoting breast-milk substitutes for infant consumption through the labeling and advertising of products intended for young children, using similar color schemes, designs, names, slogans, and mascots."[78]

In 2018, the new Article 1353 bis[39] was incorporated into the Argentine Food Code, specifying the compositional requirements that infant formula, follow-on formula, and formulas with specific nutritional characteristics must meet. It also establishes the mandatory information to be included on labels and explicitly prohibits nutrition claims and health claims. This article reaffirms that the Code covers products intended for children up to 24 months of age and that:

> "...all information included on labels and in advertising must comply with the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions."[39]

In 2021, Law 27642 on the Promotion of Healthy Eating[42] was enacted, establishing front-of-package warning labels, prohibiting professional endorsements, and regulating advertising for products bearing warning labels and statements. Commercial complementary foods are also covered by this legislation.

Finally, in recent years, two ANMAT provisions have reaffirmed previously established regulatory requirements:

- Provision 8095/2023[43] establishes guidelines for the use of health claims on food labels and in advertising, explicitly stating that products covered by the Code may not use such claims. Other products, including modified milks for children aged two years and older (marketed as stages 3+ and 4) and commercially produced complementary foods, may use health claims only after obtaining administrative authorization.
- Provision 4059[44] replaces Provision 4980,[37] updating the general regulations governing the advertising of products subject to health surveillance, including those regulated under Law 18284, the Argentine Food Code[38,39]—namely, breast-milk substitutes (BMS), feeding bottles, teats, and commercially produced complementary foods. The new provision explicitly addresses the digital environment and broadens the definition of advertising to include advertisements and other forms of communication.

Figure 1 presents a concise visual overview of the sequence of national regulations incorporating the provisions of the Code.

Global and regional reports

Thirty years after the Code came into force, WHO published the first global report on the extent to which its provisions had been incorporated into countries' legal frameworks.[45] Argentina was classified as having "many provisions included." The sources considered for this classification were Ministry of Health and Social Action Resolution 54/97[36] and the incorporation of Article 1359 bis into the Argentine Food Code,[38] although ANMAT Provision 4980/2005[37] was not mentioned.

The subsequent report, published in 2016 by WHO, UNICEF, and IBFAN,[46] maintained the same classification for Argentina. In later reports, however, and without specifying the sources used, the country's classification shifted from "few provisions included"[47] to "no provisions included" in its legal framework.[48]

In the 2022 and 2024 reports, Argentina was classified as a country in which "some provisions of the Code have been incorporated," with Article 1353 bis of Law 18284, the Argentine Food Code,[39] cited as the sole source.

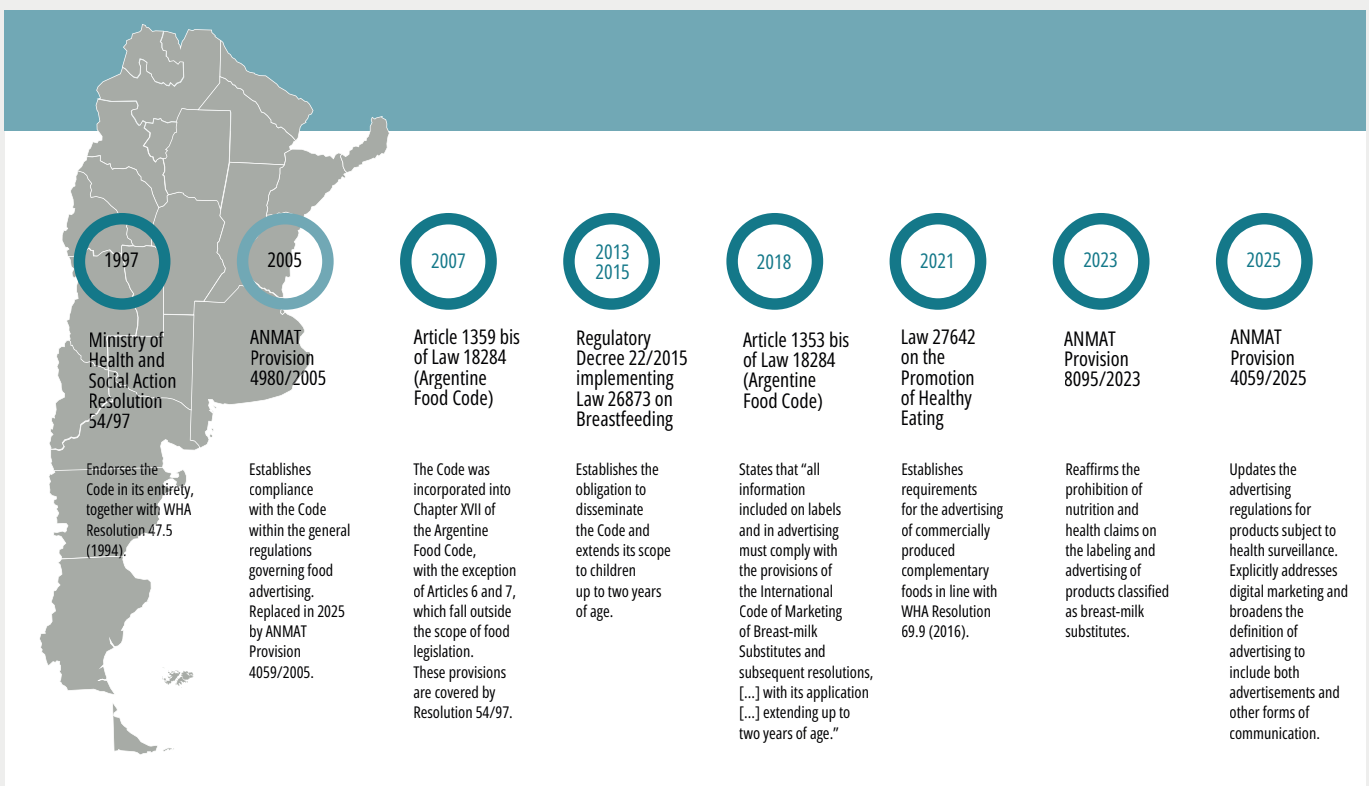


Figure 1. Regulations incorporating the International Code of Marketing of Breast-milk Substitutes. Argentina, 1997–2025.

Source: Piaggio *et al.*[62]

MSyAS=Ministry of Health and Social Action; WHA= World Health Assembly; ANMAT= National Administration of Drugs, Food and Medical Devices; CAA= Argentine Food Code; CICSLM= International Code of Marketing of Breast-milk Substitutes.

A recently published technical report[62] in Argentina has detailed the regulations that were omitted from previous assessments. The regional report,[2] published by UNICEF in 2025, takes several of these regulations into account, particularly Ministry of Health and Social Action Resolution 54/1997,[36] the 2018 update to the Argentine Food Code,[39] and the recent ANMAT provisions.[43,44] It assesses Argentina's regulatory incorporation positively in areas such as promotion to the general public and promotion in healthcare facilities.

The latest global report, published in 2026,[9] also takes these regulations into account, resulting in Argentina being classified as "substantially aligned with the Code." This recognition of the standards of protection achieved in the country is essential to providing clarity for the local community of healthcare professionals, legal practitioners, and advocates.

Regulatory alignment and gaps

This section compares the international standard with Argentine legislation across the seven analytical categories used in the global reports,[9,22,24] with the aim of identifying gaps in the incorporation of the Code into the national regulatory framework.

Scope of application

In Argentina, products covered by the Code include breast-milk substitutes (BMS), feeding bottles, teats, and commercially produced complementary foods. The definition of BMS encompasses products that replace human milk, either partially or entirely (infant formula and modified milks for children), up to 24 months of age.[41] Therefore, of the five subcomponents in this category, only one remains unmet: the regulation of BMS for children up to 36 months of age.

Consequently, modified milks for children aged two years and older (marketed as stages 3+ or 4) are not considered BMS. However, they are also not covered by Law 27642,[42] known as the Front-of-Package Warning Labeling Law, which, based on the PAHO Nutrient Profile Model,[79] defines "formulas up to 36 months" as products excluded from its scope. This category of products therefore falls into a legal loophole: these products are neither classified as breast-milk substitutes nor covered by front-of-package warning labeling regulations.[54]

Monitoring and enforcement of regulations

In this category, the unmet subcomponent is the explicit requirement that monitoring must be independent, transparent, and free from commercial influence, since Ministry of Health and Social Action Resolution 54/97[36] incorporates the original text of the Code[77] and has not been updated to reflect WHA Resolution 49.15.[25] The other two subcomponents are met: the establishment of sanctions for violations and the identification of the responsible authority.

Since the Code has been incorporated into the Argentine Food Code,[38,39] breast-milk substitutes (BMS), feeding bottles, teats, and commercially produced complementary foods are subject to health surveillance.

Consequently, violations involving labeling are subject to the sanctions established in Article 9 of Law 18284:[80] monetary fines; confiscation of goods; temporary or permanent closure of the manufacturing facility; suspension or cancellation of authorization to manufacture, market, and sell the products in violation; and publication of the sanction. The authority to impose these sanctions is shared by national and jurisdictional health authorities.

For violations involving advertising in traditional and digital media, sanctions are established under ANMAT Provision 1710/2008.[81] These consist of monetary fines graded according to the severity of the violation, classified as minor, moderate, serious, or very serious. ANMAT is the competent authority.

Since 2016, ANMAT's Program for Monitoring and Enforcement of Advertising for Products Subject to Health Surveillance has contracted an automated system for real-time advertising capture, covering both traditional and digital media, under ANMAT Provision 9660.[82] Within the framework of a cooperation agreement with Meta, the program requests the removal of digital advertisements identified as violating regulations. In response to complaints from members of the public, it has also initiated administrative health proceedings against the three companies that market BMS in the country.[83,84,85,86] An administrative health proceeding is a procedure used to investigate and penalize violations of health regulations. The process involves: 1) investigating the reported facts; 2) notifying the company responsible for the product and requesting that it submit evidence and arguments in its defense; 3) evaluating the evidence and arguments submitted to determine whether a violation has occurred; and, if a violation is established, 4) imposing a sanction.

As Argentina is a federal country, certain responsibilities are decentralized or delegated to subnational authorities, including the supervision and oversight of healthcare institutions, points of sale (pharmacies and supermarkets), and outdoor advertising. Accordingly, monitoring and enforcement in these settings fall under the responsibility of the health ministries, food safety authorities, and public-space departments of the respective jurisdictions (the 23 provinces and the Autonomous City of Buenos Aires).

Some jurisdictions have local laws incorporating the Code, including Law 2524/2007 of the Autonomous City of Buenos Aires,[87] Law 15526/2025 of the Province of Buenos Aires,[88] Law 6001/2010 of Corrientes,[89]

Law 2603/2010 of La Pampa,[90] Law 8554/2009 of La Rioja,[91] and Law 7354/2005 of Salta.[92]

It could be argued that enforcement responsibilities are fragmented across different government agencies and levels of public administration.[2] However, this is not unique to regulations concerning the Code; rather, it reflects the country's political and administrative structure.

Information and educational materials on infant and young child feeding

In this category, the unmet subcomponent concerns the complete prohibition of industry involvement in the development of such materials, since Ministry of Health and Social Action Resolution 54/97[36] and Article 1359 bis of the Argentine Food Code[38] contain the original text of the Code,[77] which makes the development of these materials conditional upon a prior request to and authorization by the health authority. However, the other subcomponents are included: the requirement to provide mandatory information (the benefits of breastfeeding, the risks associated with the use of breast-milk substitutes, etc.) and the prohibition of images or text that idealize the use of products covered by the Code.

Promotion to the general public

All five subcomponents in this category are met. The complete prohibition of advertising and promotion to the general public is incorporated into both Ministry of Health and Social Action Resolution 54/97,[36] and Article 1359 bis of Law 18284,[38] which comprehensively adopt the principles established in Article 5 of the Code.[77] In turn, Article 1353 bis[39] of the same law stipulates that all information included on labels and in advertising activities must "comply with the provisions of the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions."[39]

Among these resolutions, WHA Resolution 69.9[33] is particularly noteworthy because it explicitly prohibits cross-promotion. This means that, although advertising modified milks for children over two years of age is currently permitted in Argentina—since these products are not considered to fall within the scope of the Code—their labeling and advertising must not involve cross-promotion.[78] Therefore, logos, illustrations, and/or text identical or similar to those used on products classified as breast-milk substitutes (BMS) in Argentina should not appear on packaging, in advertisements, or in other promotional materials.[39,41]

Furthermore, Article 1353 bis[39] also prohibits the use of nutrition and health claims. This prohibition is reinforced by ANMAT Provision 8095/2023,[43] which regulates health claims on food products and explicitly establishes that products covered by the Code may not use such claims in advertising.

In addition, ANMAT Provision 4059/2025[44] updated the regulatory framework governing the advertising of products subject to health surveillance, replacing Provision 4980/2005.[37] Among its main innovations, the provision explicitly incorporates digital advertising formats, including advertisements and other forms of communication disseminated through online environments. This update is particularly relevant to monitoring widespread digital marketing strategies, such as posts on brands' own social media accounts, influencer posts, and product placement, since previously only paid advertisements were considered "advertising."

Promotion in healthcare facilities

The various promotional practices covered in this category are addressed in Ministry of Health and Social Action Resolution 54/97,[36] which fully incorporates the provisions of Article 6 of the Code.[77]

In Argentina, the acceptance of donations at any level of the healthcare system is illegal, as are the distribution of free samples of products covered by the Code, the display of posters and informational materials, the use of equipment bearing product logos, and the acceptance of material or financial incentives by healthcare teams. The organization of promotional activities and the presence of company representatives in healthcare facilities are also prohibited.[36]

The incorporation of regulations in this category is assessed positively in UNICEF's regional report,[2] which states that it "represents one of the most detailed regulatory frameworks in the region and a benchmark for good regulatory practice."[2]

Interaction with healthcare workers and health systems

In this category, the comprehensive prohibitions on all types of incentives for healthcare professionals and donations of equipment to institutions are not met. Ministry of Health and Social Action Resolution 54/97,[36] which contains the original text of Article 7 of the Code[77] and WHA Resolution 47.5 of 1994,[24] without any subsequent updates, is limited to specific provisions: the prohibition of financial or material incentives to promote products covered by the Code; the requirement to inform healthcare institutions about the provision of scholarships, study tours, and similar benefits; the prohibition of free or low-cost supplies anywhere within the healthcare system; the prohibition of donations of equipment or services bearing product logos; the prohibition of distributing samples; and the restriction of information provided to healthcare professionals about these products to scientific and factual matters.

A major regulatory gap concerns the comprehensive prohibition of conflicts of interest established in WHA Resolution 69.9,[33] particularly with regard to the

sponsorship of training activities, scientific events, and professional associations.

Labeling

This category is met for almost all subcomponents. Articles 1359 bis[38] and 1353 bis[39] of the Argentine Food Code incorporate provisions prohibiting nutrition and health claims, images or text that idealize the use of these products and/or compare them with breastfeeding, as well as requirements for mandatory information on infant and follow-on formula. The only missing items are the explicit inclusion of mandatory statements and prohibitions applicable to commercially produced complementary foods.

Figure 2 graphically illustrates the proportion of subcomponents in each analytical category that have been incorporated into Argentina's regulatory framework.

Systematization of monitoring studies: documented violations

Over nearly three decades since the Code came into force in Argentina, no official monitoring study has been conducted to objectively quantify the prevalence of violations and measure changes over time. The only published monitoring studies have been partial and conducted by civil society organizations and academic institutions, in some cases with support from UNICEF:

- Information and/or educational materials in digital media: Banegas *et al.*[61]
- Promotion to the general public through digital media: Banegas *et al.*,[61] Demonte *et al.*,[71] Gómez *et al.*,[72] Nessier *et al.*,[73] Piaggio *et al.*,[55,60,70] Romero, [64] UNICEF and CESNI,[4,56,57] and Zapata *et al.*[74]
- Promotion to the general public at points of sale: López Ifrán *et al.*,[59] Mangialavori *et al.*,[67] and Scarensi *et al.*[75]
- Promotion to the general public in public spaces: Romero[64]
- Promotion through posters and the distribution of samples in healthcare facilities: Romero[64]
- Interaction with healthcare workers and health systems through advertisements in scientific journals: Piaggio *et al.*;[60] and at sponsored conferences: Romero[64] and Vallone[65]
- Labeling of infant and follow-on formula, modified milks for children, and commercially produced complementary foods: Gitz,[68] Naumann *et al.*,[69] Piaggio *et al.*,[55,70] and Sánchez[53]

The largest number of monitoring publications focuses on promotion to the general public through digital media, followed by labeling, promotion to the general public at points of sale, and interactions with healthcare workers and health systems. Some studies examine more than one practice and setting.

Digital advertising has gained increasing prominence among marketing strategies,[11] and WHO has urged countries to advance the monitoring and specific regulation of this practice.[35] Argentina is one of the few countries worldwide to have implemented a digital platform, known as the Breast-milk Substitute Marketing Observatory (Observatorio del Marketing de Sucedáneos, ObservaMaS), to monitor digital advertising of products covered by the Code. The platform was developed in 2023 by civil society organizations and UNICEF Argentina. It incorporates an artificial intelligence tool to detect and classify violations under human

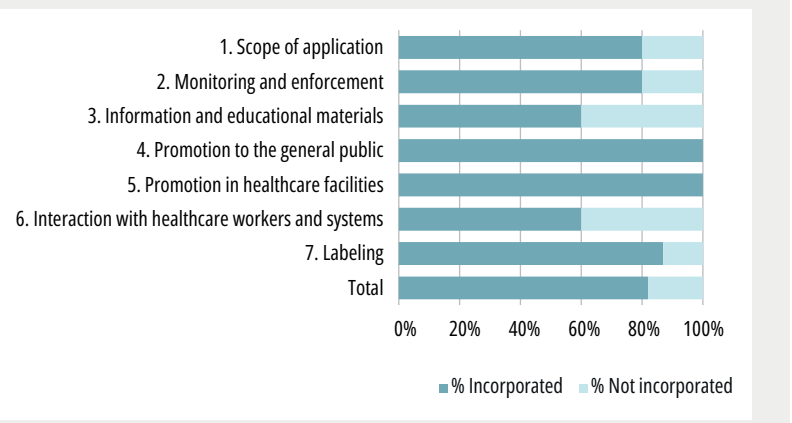


Figure 2. Incorporation of the International Code of Marketing of Breast-milk Substitutes into Argentina's regulatory framework, by analytical category. Argentina, 2026.

Source: Prepared by the authors based on data from the 2026 report[9].

Note: Under "Scope of Application," the score for feeding bottles and teats was added, as it had been inadvertently omitted from the cited report, based on personal communication dated June 1, 2026, with Laurence Grummer-Strawn, Head of the Nutrition Actions in Health Systems Unit at the World Health Organization.

supervision. It also receives and classifies reports from the public concerning violations in digital and other settings, including public spaces, healthcare facilities, points of sale, and product labeling. Both databases—automated detections and reports from the public—are part of a publicly accessible platform.

Reports published using ObservaMaS data,[61,64] together with other published studies on digital marketing in Argentina,[55,56,57,61,64,70,71,72,73,74] show that most advertising activity takes advantage of the age-related gap in the scope of the Code in Argentina, particularly through the marketing of modified milks for children aged two years and older, as illustrated in Figure 3.

Another key area examined is labeling. One hundred percent of product labels violate the Argentine Food Code itself, despite having been approved by the health authorities of the provinces (subnational level) where the manufacturing facilities are located (Buenos Aires, Córdoba, Entre Ríos, and Santa Fe). These labels feature text and images that idealize the products, nutrition and health claims, and misleading statements. These practices are subsequently amplified through advertising for modified milks for children aged two years and older, resulting in cross-promotion across the entire product line.[55,68,69,70] (Figure 4).

Furthermore, promotional strategies have been documented at points of sale, such as supermarkets and pharmacies.[59,67,75] Reports submitted by members of the public through ObservaMaS[93] have also revealed violations in healthcare facilities, at scientific conferences (including materials bearing product logos and the distribution of samples and gifts),[64] (Figure 5) and in public spaces. Monitoring and enforcement in these three settings—points of sale, healthcare facilities, and public spaces—fall under the responsibility of subnational authorities.

Regarding interactions with the health system, the importance of sponsorship of professional associations and scientific events is highlighted, as these:

> "...provide a platform for reaching a substantial number of healthcare professionals, disseminating sponsored studies and promotional materials for their products, and influ-



Text below the image: Nutrilon 4 contains vitamins A, C, and D, which strengthen your children's immune system, and GOS and FOS prebiotics, which contribute to a healthy microbiota.

Figure 3. Example of violations in a digital advertisement. Argentina, 2025.

Source: Banegas *et al*.[61]

CAA= Argentine Food Code; ANMAT= National Administration of Drugs, Food and Medical Technology; GOS (galacto-oligosaccharides); FOS (fructooligosaccharides).

Note: The images are included for illustrative purposes to demonstrate the advertising strategy. They do not constitute the promotion of any products or brands, nor a formal complaint against the companies



Figure 4. Example of cross-promotion through product labeling. Argentina, 2022.

Source: Piaggio *et al.*[70]

Note: The images are included for illustrative purposes to demonstrate the advertising strategy. They do not constitute the promotion of any products or brands, nor a formal complaint against the companies.



Figure 5. Examples of violations in healthcare facilities and points of sale (pharmacy). Argentina, 2025.

Source: Prepared by the authors based on ObservaMaS[93] y Romero[64].

Note: The left side of the image shows a display stand for infant formula in a medical office, while the right side shows a pharmacy window display. The images are included for illustrative purposes to demonstrate the advertising strategy. They do not constitute the promotion of any products or brands, nor a formal complaint against the companies.

encing the narratives and framing of scientific discussions."[60]

The published monitoring studies collectively conclude that regulatory improvements are needed and, particularly, that implementation "on the ground" must be strengthened.[3] They call for the proper enforcement of existing regulations and effective oversight by government agencies with the authority to document violations and impose sanctions.

Discussion

Consistent with the results presented, systematic reviews of the international literature have demonstrated the persistence of violations of the Code by companies that manufacture and market products within its scope.[66,94]

At the regional level, violations have been documented in Mexico,[95] including advertising directed at the general public (80% of respondents reported having been exposed to advertisements) and labeling featuring nutrition and health claims (100% of BMS labels), as well as text and images that idealize the products (30%). The findings also showed that 15% of healthcare workers had been in contact with company representatives during the previous six months and that 41% were unaware of the Code.

A recent monitoring study conducted in Brazil[96] documented an increase in violations involving digital advertising compared with previous assessments, highlighting cross-promotion as a key strategy. As in Argentina, milks marketed for older children are advertised, and because their packaging is nearly identical to that of infant and follow-on formulas, the entire product line is promoted. Regarding labeling, violations were particularly notable on feeding bottles and teats, whose packaging featured health claims and comparisons with human breasts. This type of violation was also found to be highly prevalent in monitoring studies conducted in Uruguay.[97,98]

A monitoring study conducted in Chile in 2022[99] documented advertising on social media for milks marketed for children from one year of age onward, as well as images idealizing the product on 72% of product packages. In Ecuador, the same type of violation was also identified on more than half of infant formula packages.[100]

Despite this documented persistence of violations that contravene or circumvent national legislation, a recent comparative study conducted in the region[101] found that stronger alignment of regulations with the Code was associated with fewer violations. The study monitored the digital marketing of commercial infant foods and complementary feeding products in three Central American and Caribbean countries (Panama, Guatemala, and the Dominican Republic) and analyzed their regulatory frameworks. In Panama, which had the regulatory framework most closely aligned with the Code, exposure to digital advertising and the number of violations were significantly lower than in the other countries, whose regulatory frameworks were weaker.

In summary, international,[66,94] regional,[95,96,97,98,99,100,101] and national[65,66,67,68,69,70,71,72,73,74,75] evidence shows that violations of the Code remain widespread. Documented violations across countries exhibit recurring patterns, particularly advertising directed at the general public, the growth of digital marketing and cross-promotion strategies, the use of nutrition and health claims, and the idealization of products through packaging. However, cross-country comparisons also suggest that the extent of these practices is influenced by regulatory frameworks.

Furthermore, the latest global report shows a clear association between stronger national regulations—those substantially aligned with the Code—and higher rates of exclusive breastfeeding.[9] It is therefore essential to advance comprehensive regulatory measures, their effective implementation, systematic monitoring, and enforcement mechanisms, as key conditions for protecting breastfeeding from the commercial strategies of the industry.

Concluding remarks

Argentina has legally binding regulations that incorporate the provisions of the Code and are substantially aligned with it.[9] Nevertheless, gaps have been identified across several categories. The scope of application is a key area of concern, as the discrepancy between 24 and 36 months of age in defining the scope of protection has consequences even in areas where the Code has been adequately incorporated into national regulations, such as advertising to the general public. Monitoring studies show that the largest volume of advertising, particularly in digital media, takes advantage of this gap by promoting modified milks for children over two years of age.

The absence of a comprehensive prohibition on industry involvement in the development of educational and informational materials, as well as on conflicts of interest within the health system arising from sponsorship of professional associations and scientific events, is also a significant concern. This gap allows companies to continue implementing promotional activities targeting healthcare professionals, which contribute to creating a health halo around their products[60] and normalizing artificial feeding among healthcare teams.[11] Sponsorship of training activities and scientific and professional events does not constitute a violation of current national regulations, but it does violate the Code, which establishes an ethical imperative for healthcare teams to comply with all its provisions.[102,103]

Furthermore, the monitoring studies reviewed have documented serious shortcomings in the implementation of current regulations by jurisdictional health authorities. These include the approval of labels that violate the provisions of the Argentine Food Code incorporating the Code, thereby allowing labels to display health claims and images and text that idealize the products.

These implementation failures should not be confused with an absence of regulations. While regulatory gaps exist and comprehensive , updated legislation is needed,[54] it is crucial to recognize the standards of protection already achieved, defend them against attempts at deregulation, and demand compliance.

It is essential to foster collective critical reflection on abusive corporate practices, inaction by government agencies responsible for implementation and enforcement, violations in healthcare facilities, and conflicts of interest involving healthcare professionals and scientific associations.[103,104]

Foster dialogues is needed to challenge corporate narratives that present their products as equivalent to human milk, surround them with the "health halo" created by claims on their packaging, portray them as "solutions" to common infant behaviors and conditions (crying, different sleep patterns, etc.), and promote them as a means of addressing the challenges of parenting.[11,71]

It is necessary to confront the co-optation of public discourse,[11] make illegal practices visible, report violations, and demand action and sanctions.[12] This requires understanding and recognizing the level of protection achieved through the country's regulatory framework, demanding its implementation and enforcement, and advocating for legislative improvements to close existing gaps. Throughout this process, healthcare teams, civil society organizations, and academic institutions free from conflicts of interest have a key and non-delegable role to play.

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AUTHOR CONTRIBUTIONS

Laura Raquel Piaggio: Conceptualization; Formal analysis; Investigation; Methodology; Writing – original draft; Writing – review and editing. **Mercedes Banegas:** Writing – review and editing. Both authors approved the final version for publication.

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