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FORTY-NINTH WORLD HEALTH ASSEMBLY

COMMITTEE A

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PROVISIONAL SUMMARY RECORD OF THE EIGHTH MEETING

Palais des Nations, Geneva
Friday, 24 May 1996, at 14:30

Chairman: Professor B. SANGSTER (Netherlands)

CONTENTS

EIGHTH MEETING

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IMPLEMENTATION OF RESOLUTIONS (PROGRESS REPORTS BY THE DIRECTOR-GENERAL): Item 17 of the Agenda (Document A49/4) (continued)

Prevention and control of iodine deficiency disorders (Resolutions WHA43.2 and EB97.R9) (continued)

Mrs GASENNELWE (Botswana) said that in Botswana most salt, whether imported or home-produced, was iodized, although non-iodized salt was still in use in some areas, especially near salt pans. A study was planned to ascertain the extent of iodine deficiency disorders remaining, with a view to launching an intensive information and education campaign promoting the use of iodized salt as part of the country's primary health care programme. Legislation on the subject was also planned.

She fully endorsed the draft resolution recommended by the Executive Board in its resolution EB97.R9.

Ms SURENCHIMEG (Mongolia) said Mongolia had been implementing a project to eliminate iodine deficiency disorders since 1992. Since 1994, iodine supplements in capsule form had been supplied to pregnant women, young mothers and children in areas with a high prevalence of goitre. In 1995, a national programme for the control of iodine deficiency disorders had been launched, which had set a target of 70% iodization of salt for domestic consumption by the year 1997, and 95% by the year 2000. She thanked the Government of Japan for its offer to supply iodine preparations for that purpose. Mongolia also congratulated WHO and UNICEF for all they had done to help eliminate the disorders and supported the draft resolution.

Dr YU Zonghe (China) also supported the resolution. Following the eradication of smallpox, the elimination of iodine deficiency disorders by the year 2000 would mark a further milestone in mankind's struggle against disease. The disorders principally affected children in developing countries: to achieve the world target, the international community needed to mobilize all its forces in order to give those countries the technical and financial support they needed.

China was one of the countries most seriously affected by iodine deficiency disorders, and the Government was making intensive efforts at control. It had launched a programme to eliminate iodine deficiency by the year 2000, and had also introduced regulations governing salt iodization. By the end of 1995, the inhabitants of 80% of China's provinces were consuming iodized salt. He was confident that with the active support of WHO and the combined efforts of other Member States, China would achieve its elimination target.

Dr EL-SHAFEI (Egypt), endorsing the draft resolution, said that Egypt had introduced a national programme for the iodization of household salt in areas where deficiency disorders were prevalent. She suggested that the draft resolution should include a request to salt suppliers and producers to supplement their product with iodine, and also a recommendation that education in the need for salt iodization should be included in primary health care programmes.

Ms MIDDELHOFF (Netherlands) commended WHO on its efforts to prevent and control iodine deficiency disorders, in collaboration with UNICEF and the International Council for the Control of Iodine Deficiency Disorders (ICCIDD), as well as on its cooperation with the Sub-Committee on Nutrition, which a was valuable follow-up to the International Conference on Nutrition. She urged WHO to continue that collaboration.

She proposed that in paragraphs 3 and 4(2) of the draft resolution the words "and UNICEF" should be added after "nongovernmental organizations".

Dr MAHJOUR (Morocco) also welcomed the progress achieved over the past 10 years. Since 1990, Morocco had been implementing a programme for the control of iodine deficiency disorders based on salt iodization, epidemiological surveillance, and social mobilization. Legislation making the iodization of household salt compulsory had been passed in December 1995. He thanked WHO, UNICEF and ICCIDD for the support they had given to that programme. He endorsed the draft resolution.

Ms GIBB (United States of America), endorsing the draft resolution, said important progress had been made in controlling iodine deficiency, and her country was pleased to be working with UNICEF and ICCIDD in that effort. Her country was particularly concerned about the sustainability and quality assurance of the salt iodization programme. She would strongly recommend that country programmes include regular monitoring of affected populations, with a view to determining the impact of intervention and assessing the progress made.

Dr ÁVILA DÍAZ (Cuba) said one of the priorities of Cuba's national action plan for achieving the goals of the World Summit for Children was remedying micronutrient deficiencies in the population, and in particular iodine deficiencies in children and women of child-bearing age. UNICEF was cooperating in that effort, first by helping to develop iodized salt production, and secondly by assisting in research into iodine deficiency. He supported the draft resolution.

Dr NAKAMURA (Japan) said iodine deficiency disorders, which caused mental retardation and goitre, constituted a major public health problem. However, effective preventive measures existed, and Japan had been working with the Government of Mongolia on an iodine deficiency prevention programme with the collaboration of WHO and UNICEF. Technical support by WHO was vital to such programmes, and Japan, for its part, would continue to strengthen its contribution to international efforts to solve the problem.

He strongly supported the draft resolution.

Dr WASISTO (Indonesia) was pleased to note the progress made by Member States and WHO in controlling iodine deficiency. Hitherto iodized salt had been consumed by only 50% of Indonesia's population, but since 1995 efforts had been made to increase the production of iodized salt and to distribute it at a lower price. Legislation on the subject was currently under consideration. He, too, supported the draft resolution.

Dr MABOTE (Lesotho) said that iodine deficiency disorders were an endemic problem in Lesotho, especially in the mountain areas. With the assistance of WHO and UNICEF, iodine capsules and iodized salt were being distributed, and he wished to commend both agencies for their efforts.

He supported the draft resolution, together with the amendment to paragraph 3 proposed by Spain.

Dr AL-BARMAWI (Jordan) said a study carried out in Jordan with the help of WHO and UNICEF of a sample group of 8-10-year-old children had shown that 37% suffered from iodine deficiency disorders. Regulations had been adopted requiring household salt to be iodized, which were enforced by health inspectors. Information campaigns had also been launched to sensitize public opinion, and further research into the problem, particularly as it affected young children, was planned. Jordan hoped to learn from the experience of developing countries in the matter, particularly regarding the effect of adding salt to certain foods.

He supported the draft resolution.

Dr BIHARI (India) said that more than 167 million people in India were at risk of iodine deficiency disorders, and more than 63 million were actually affected. The country was committed to the goal of eliminating the disorders as a major public health problem by the year 2000. Production of iodized salt was

being increased through a policy of liberalizing private manufacture, and now stood at 6 million tonnes annually. Under the Prevention of Food Adulteration Act, the sale of non-iodized salt was now banned in most states. A national reference laboratory had been set up in Delhi for training medical and paramedical personnel in monitoring the iodine content of salt in urine. Finally, an intensive mass information campaign had been launched, focusing particularly on schoolchildren.

He supported the draft resolution.

Dr BENMILOUD (International Council for Control of Iodine Deficiency Disorders - ICCIDD), speaking at the invitation of the CHAIRMAN, said that the Council fully supported the draft resolution as a necessary step towards the virtual elimination of iodine deficiency disorders by the year 2000. In his report to the ninety-seventh session of the Executive Board, the Director-General, re-emphasizing the magnitude of the problem and the fact that iodine deficiency was the main worldwide cause of potentially preventable mental retardation, had described how the global alliance between the national committees, WHO, UNICEF, nongovernmental organizations (essentially ICCIDD) and bilateral agencies had achieved major progress during the past five years.

The draft resolution recognized the need for accelerated action in several regions and emphasized the need for continued monitoring to ensure sustainability of the elimination of iodine deficiency disorders well beyond the year 2000. Real progress in establishing legislation and implementing procedures for salt iodization had already been achieved but the efficiency, safety and benefit of the programmes still had to be ensured by the end of the decade. Examples could still be found of failure to achieve optimal efficiency of iodine supplementation as a result of poor or non-existent evaluation and monitoring.

The ICCIDD, as the recognized international expert body in its field, offered a comprehensive consultancy service to countries and agencies. In view of the current emphasis on monitoring and evaluation, a comprehensive methodology and a directory of ICCIDD experts had been drawn up to respond to requests from governments and agencies. Independent evaluation of programmes had been carried out or was under way in at least 25 countries in Africa, Asia, Europe and South America.

The ultimate goal of virtual elimination of iodine deficiency disorders was attainable at low cost by the year 2000 and could also usefully serve as a model for other micronutrient deficiency control programmes. Endorsement by the Health Assembly would strengthen collaboration between national health authorities and the competent professional bodies, and would accelerate action and guarantee achievement of the goal.

Dr ANTEZANA (Assistant Director-General), welcoming the enthusiasm for the subject displayed in the course of the debate, said that the world was on the threshold of an historic public health triumph - the elimination by the year 2000 of iodine deficiency disorders with all their burden of brain damage and learning impairment. WHO would continue vigorously to pursue its work in the field, with particular emphasis on monitoring, standard-setting, research and provision of assistance to Member States, in association with UNICEF, ICCIDD and other international organizations. A comprehensive progress report would be submitted to the Health Assembly in 1999.

Dr THYLEFORS (Secretary) drew the attention of the Committee to the revised text of the draft resolution recommended by the Executive Board in resolution EB97.R9, which incorporated the amendments proposed by Algeria, Greece, Netherlands and Spain, which read as follows:

> The Forty-ninth World Health Assembly,
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> Having considered the report of the Director-General regarding the progress achieved in preventing and controlling iodine deficiency disorders;
>
> Recalling resolutions WHA39.31 and WHA43.2 on the prevention and control of iodine deficiency disorders,
>
> 1. COMMENDS governments, international organizations, bilateral agencies, and nongovernmental organizations, in particular the International Council for Control of Iodine Deficiency Disorders:

(1) on their efforts to prevent and control iodine deficiency disorders and to support related national, regional and global initiatives;
(2) on the progress achieved since 1990, through joint activities in many countries, towards the elimination of iodine deficiency disorders as a major public health problem throughout the world;

2. REAFFIRMS the goal of eliminating iodine deficiency disorders as a major public health problem in all countries by the year 2000;

3. URGES Member States:
(1) to give high priority to the prevention and control of iodine deficiency disorders wherever they exist through appropriate nutritional programmes as part of primary health care;
(2) to increase efforts for the sustainability of the elimination of iodine deficiency disorders by continued monitoring, training and technical support, including advice on appropriate health legislation, and social communication in cooperation with the International Council for Control of Iodine Deficiency Disorders, other nongovernmental organizations and UNICEF, as required;

4. REQUESTS the Director-General:
(1) to continue to monitor the incidence and prevalence of iodine deficiency disorders;
(2) to reinforce the technical support provided to Member States, on request, for monitoring progress towards the elimination of iodine deficiency disorders with the help of the International Council for Control of Iodine Deficiency Disorders, other nongovernmental organizations and UNICEF, as required;
(3) to mobilize additional technical and financial resources to permit those Member States in which iodine deficiency disorders are still a significant problem, for training health and development workers in the early identification and treatment of iodine deficiency disorders and develop or expand their appropriate public health preventive programmes for the elimination of these disorders;
(4) to establish a mechanism for verifying the elimination of iodine deficiency disorders in the world;
(5) to report to the Health Assembly by 1999 on progress achieved in the elimination of iodine deficiency disorders.

The draft resolution was approved.

Revised drug strategy (Resolution EB79.R14) (continued)

Dr MILLER (Barbados), speaking as chairman of the drafting group that had been set up at the fifth meeting to collate the amendments proposed to the draft resolution recommended by the Executive Board in resolution EB97.R14, introduced the following amended text:

The Forty-ninth World Health Assembly,
Recalling resolutions WHA39.27, WHA41.16, WHA43.20, WHA45.27, WHA47.12, WHA47.13, WHA47.16 and WHA47.17;
Having considered the report of the Director-General on the revised drug strategy;[1]
Noting the activities of WHO to further the implementation of the revised drug strategy, in particular, the high priority given to direct country support and collaboration in drug policy formulation and implementation, provision and dissemination of independent drug information, improved training of health personnel, promotion of collaborative research, and strengthening of drug regulatory mechanisms;

[1] Document A49/4, part III.

Recognizing with satisfaction the increasing awareness of all parties concerned of their responsibilities, in the implementation of the revised drug strategy;

Aware that WHO's strong leadership in promoting the essential drugs concept and its efforts to coordinate the growing number of those concerned in the pharmaceutical sector have been vital in promoting rational drug use;

Concerned that access to drugs is still inequitable, that promotion of commercially produced drugs still outweighs independent, comparative, scientifically validated and up-to-date information on drugs, and that problems persist in ensuring the quality of medicines both on the open market and for donation as international aid;

Aware that effective drug regulation takes time;

Aware also that economic conditions, including the changing share of the public and private sectors in health care, demand a wise use of available resources to meet drug needs for primary health care,

1. URGES Member States:

(1) to reaffirm their commitment to develop and implement national drug policies to ensure equitable access to essential drugs;

(2) to increase efforts to promote the rational use of drugs, through the intensification of training and education of health workers and the public;

(3) to enhance drug regulatory mechanisms for the monitoring and control of efficacy, quality and safety;

(4) to establish and strengthen, as appropriate, programmes for the monitoring of safety and efficacy of marketed drugs;

(5) to control unethical marketing of drugs;

(6) to eliminate inappropriate donation of drugs, as recommended by the interagency Guidelines for Drug Donations issued by WHO in May 1996;

(7) to involve health workers, consumers, academic institutions or individuals, industry, and others concerned in open intersectoral negotiation to develop, implement and monitor these activities in order to improve access to and use of drugs;

(8) to evaluate progress regularly, making use of indicators developed by WHO or other suitable mechanisms;

2. REQUESTS the Director-General:

(1) to support Member States in their efforts to articulate the various elements of a national drug policy, improve access to essential drugs, and ensure the rational use of drugs;

(2) to encourage Member States, as far as possible, to establish a system for the coordination and harmonization of their national strategies;

(3) to develop a clear strategy for review and assessment of the effectiveness and review of the WHO Ethical Criteria on Medicinal Drug Promotion;

(4) to promote vigorously the use of the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce;

(5) to disseminate the interagency Guidelines for Drug Donations issued by WHO in May 1996 and to encourage, in collaboration with all interested parties, its use and review after one year;

(6) to strengthen market intelligence, review in collaboration with interested parties information on prices and sources of information on prices of essential drugs and raw materials of good quality, which meet requirements of internationally recognized pharmacopoeias or equivalent regulatory standards, and provide this information to Member States;

(7) to continue the development, harmonization and promotion of standards to enhance drug regulatory and quality control mechanisms;

(8) to continue the development and dissemination of information on pharmaceutical products thereby assuring the safe, effective and rational use of drugs;

(9) to encourage the promotion of research and the development of drugs for rare and tropical diseases;
(10) to report on the impact of the work of the World Trade Organization with respect to national drug policies and essential drugs and make recommendations for collaboration between the World Trade Organization and WHO, as appropriate.
(11) to report to the Fifty-first World Health Assembly on progress achieved and problems encountered in the implementation of WHO's revised drug strategy, with recommendations for action.

The draft resolution was approved.

Infant and young child nutrition (Resolution EB97.R13)

Mrs HERZOG (representative of the Executive Board) said that at its ninety-seventh session the Board had reviewed a report by the Director-General which had drawn attention to the continuing high levels of malnutrition among infants and young children worldwide - particularly protein-energy malnutrition, famine deaths, anaemia, iodine deficiency disorders, and blindness caused by vitamin A deficiency. However, there were some encouraging developments: although only an estimated 34% of infants under four months of age in the world were exclusively breast-fed, more than 8000 hospitals in 171 countries had been selected to achieve "baby-friendly" status, and 15 years after the adoption of the International Code of Marketing of Breast-milk Substitutes, 149 Member States, or nearly 80% of the total, had formally reported to the Director-General on the steps they had taken to give effect to the Code in their countries. The Executive Board had adopted resolution EB97.R13, which did not propose a text for adoption by the World Health Assembly.

The CHAIRMAN directed the Committee's attention to the following draft resolution proposed by the delegations of Botswana, Colombia, Congo, Cuba, Czech Republic, El Salvador, Eritrea, Honduras, Iran (Islamic Republic of), Malawi, Malaysia, Mauritania, Mozambique, Nicaragua, Norway, Philippines, South Africa, Swaziland, Sweden, United Republic of Tanzania, Venezuela, Zaire, Zambia, and Zimbabwe:

The Forty-ninth World Health Assembly,

Having considered the summary report by the Director-General on infant feeding and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22, WHA39.28, and WHA45.34 among others concerning infant and young child nutrition, appropriate feeding practices and other related questions;

Recalling and reaffirming the provisions of resolution WHA47.5 concerning the fostering of appropriate complementary feeding practices;

Concerned that health institutions and ministries are under subtle pressure to accept inappropriate financial support for professional training in infant and child health;

Noting the increasing interest in the monitoring of the industry's compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions,

1. THANKS the Director-General for his report;[1]

2. STRESSES the continued need to implement fully the International Code of Marketing of Breast-milk Substitutes, subsequent relevant resolutions of the Health Assembly, the Innocenti Declaration, and the World Declaration and Plan of Action for Nutrition;

3. URGES Member States to take the following measures:

[1] Document A49/4.

(1) to ensure that complementary foods are marketed in ways that do not undermine exclusive and sustained breast-feeding;
(2) to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby Friendly Hospital Initiative;
(3) to ensure that monitoring of compliance with the International Code and subsequent relevant resolutions is carried out in a transparent, independent manner, free from commercial influence.

He added that after informal consultations, the following amended version of the draft resolution had also been submitted:

The Forty-ninth World Health Assembly,
Having considered the summary report by the Director-General on infant feeding and young child nutrition;
Recalling resolutions WHA33.32, WHA34.22, WHA39.28, and WHA45.34, among others, concerning infant and young child nutrition, appropriate feeding practices and other related questions;
Recalling and reaffirming the provisions of resolution WHA47.5 concerning infant and young child nutrition, including the emphasis on fostering appropriate complementary feeding practices;
Concerned that health institutions and ministries may be subject to subtle pressure to accept, inappropriately, financial or other support for professional training in infant and child health;
Noting the increasing interest in monitoring the application of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions,

1. THANKS the Director-General for his report,

2. STRESSES the continued need to implement the International Code of Marketing of Breast-Milk Substitutes, subsequent relevant resolutions of the Health Assembly, the Innocenti Declaration, and the World Declaration and Plan of Action for Nutrition;

3. URGES Member States to take the following measures:
(1) to ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breast-feeding;
(2) to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby Friendly Hospital Initiative;
(3) to ensure that monitoring the application of the International Code and subsequent relevant resolutions is carried out in a transparent, independent manner, free from inappropriate influence.

The SECRETARY provided clarification concerning the amendments, which had been circulated in English only owing to lack of time: they reflected an attempt to eliminate ambiguities and to clarify certain legal aspects of the text. The Committee might wish to consider the original draft resolution along with the proposed amendments.

The CHAIRMAN requested delegates to indicate clearly to which version they were referring.

Mr MSWANE (Swaziland) considered that it would be preferable if the Committee took the original version as the basis for its discussion.

Dr YACOUB (Bahrain) said that his country was proud to be among those which had taken measures to implement the International Code of Marketing of Breast-milk Substitutes and had adopted legislation to protect mothers and children from commercial promotion which competed with traditional breast-feeding.

His country was also pleased to have hosted and cosponsored the recent international training seminar on implementation of the Code. His delegation supported the amended version of the draft resolution.

Dr OTTO (Palau) said that his was a small, young nation which attached great importance to the development of human resources. The improvement of infant and young child nutrition was a major strategy in his country's plans for health for all. Unfortunately, in the process of Western acculturation, people had been led to feel that breast-feeding was primitive and restricted women's employment and career prospects. He expressed concern over the exploitation of developing countries by powerful companies using intensive and attractive marketing techniques. His delegation supported the spirit of the original draft resolution with all the proposals for amendment in the second version, the approval of which would be of great help to Palau in combating the factors that negatively affected child nutrition.

Mr CHAUDRY (Pakistan) said that breast-feeding, particularly exclusive breast-feeding, had received considerable impetus in his country through intensive health education programmes. Pakistan strongly supported the amended version of the draft resolution.

Dr STAMPS (Zimbabwe) said that in his country breast-feeding was almost universally practised, but exclusive breast-feeding was not common, as supplementation of breast milk started early, often as a result of the promotion and marketing of breast-milk substitutes. A number of violations of the International Code by food manufacturers and retail outlets had occurred following trade liberalization. Examples of such practice included the distribution of free gifts to health workers and of educational materials to training institutions; the tendentious use of labelling; the sale of expired products; and advertising of products on television and in foreign magazines. A further disadvantage of the use of breast-milk substitutes was their high cost in relation to the minimum wage. In view of such negative factors, the public health regulations were currently being reviewed by a technical committee which included representatives of the food manufacturing industry.

A number of difficulties had been encountered in implementing the provisions of the International Code. Future challenges included broad information campaigns to educate health workers, retailers, food manufacturers and the public; measures to enable women in formal employment to practise exclusive breast-feeding; the distribution of a breast-feeding shield produced by the Government rather than private companies; the preparation of a joint regional law for sub-Saharan Africa on marketing of breast-milk substitutes, including monitoring guidelines; regulations to protect the increasing number of orphans of AIDS victims; regular Code monitoring activities integrated in the national structure; and closer consultation between the Government and the food industry concerning nutrition issues. Zimbabwe supported the original version of the draft resolution.

Mr MSWANE (Swaziland) said that 15 years after the adoption of the International Code, children were still dying of "bottle-baby syndrome", and it had been estimated that 1.5 million babies died each year because they were not breast-fed.

Regarding complementary feeding, he stressed the importance of avoiding the word "weaning", which implied taking the baby off the breast, which was not the intention regarding appropriate complementary feeding practices. Furthermore, when complementary foods were introduced too early, there was a high risk of contamination by pathogens. It was therefore important that mothers should not be tempted to use complementary foods too early; that, however, required manufacturers to take a responsible attitude. Despite the fact that the health sector always lacked adequate resources, inappropriate financing for health workers and health institutions should be avoided, as it created confusion, with consequent detrimental effects on the prevalence of breast-feeding.

Referring to the major success of the Baby-friendly Hospital Initiative, he hoped that Member States would share UNICEF's concern that it should not be funded by the infant-formula industry. Monitoring was of prime importance in ensuring implementation of the International Code but it was equally essential that monitoring should be carried out in an objective manner, avoiding financing by supposedly "independent" sources.

His delegation appealed to Member States not to allow financial interests and the desire for gain to override WHO's commitment to improving the health of all people, especially women and children. His delegation supported the original draft resolution in its entirety.

Dr MARGUES DE LIMA (Sao Tome and Principe) fully supported the amended version of the draft resolution. He proposed the inclusion of a new paragraph 3(4) to read as follows: "to ensure that the appropriate measures are taken, including health information and education, in the context of primary health care, to encourage breast-feeding".

Ms VOGEL (United States of America) said that her country agreed with the terms of resolution WHA47.5 in connection with fostering appropriate feeding practices and favoured in general the content of the amended version of the draft resolution, although some of the wording caused concern.

The period of transition, at four to six months of age, from exclusive breast-feeding to a mixture of breast-feeding and complementary foods was a crucial one, and it was important to consolidate the substantial progress that had been made in knowledge and practice in that area, in both the public and private sectors. Many factors, including established cultural practices, time and financial pressures on working mothers, commercial interests and advice from health workers, influenced the timing and the type of complementary food given to a young child. Any effective strategy to improve nutrition and health must be directed at those factors by creating effective partnerships between all concerned - governments, health professionals, industry and the public - in an inclusive rather than an exclusive strategy. The fourth preambular paragraph of the amended version of the draft resolution was so vaguely worded that it might be taken to mean that any financial support for professional training in infant and child health was inappropriate. Surely, that was not the Committee's intention?

In paragraph 3(1) the multiplicity of factors affecting the use of complementary foods to which she had referred was inadequately covered by the word "marketed". She therefore proposed that paragraph 3(1) be amended to read: "to ensure that complementary foods are not promoted or used in ways that undermine exclusive breast-feeding up to four to six months and sustained breast-feeding thereafter".

Dr MTSHALI (South Africa) said that South African infants and young children bore a disproportionate burden of malnutrition and undernutrition. Although South Africa had instituted an integrated nutrition programme with the cooperation and technical assistance of UNICEF, including introduction of the mother-and-baby package, there was significant pressure from commercial enterprises using persuasive marketing techniques to influence breast-feeding practices. Application of the International Code should be monitored without commercial influence. South Africa would support the amended version of the draft resolution provided that in paragraph 3(3) the word "inappropriate" was replaced by "commercial", as in the original version.

Dr VIOLAKI-PARASKEVA (Greece) drew attention to paragraph 7 in section VIII of the Director-General's report (document A49/4), which referred to the preparation of guiding principles to ensure optimal feeding of infants and young children during emergencies. She proposed the addition of a new paragraph 4 to the amended version of the draft resolution, reading: "REQUESTS the Director-General to disseminate, as soon as possible, to Member States document WHO/NUT/96.4 (currently in preparation) on guiding principles for feeding infants and young children during emergencies".

She also proposed the addition of a new paragraph 3(5) reading:

> to ensure that the practices and procedures of their health care systems are consistent with the principles and aims of the International Code of Marketing of Breast-milk Substitutes;

and a new paragraph 3(6) reading:

> to provide the Director-General with complete and detailed information on the implementation of the Code.

Mrs BANDA (Malawi) said she favoured retaining the original draft resolution. She would, however, accept inclusion of the second preambular paragraph as worded in the amended version.

Dr HERNÁNDEZ (Venezuela) said that the success of breast-feeding promotion and the Baby-friendly Hospital Initiative had resulted in commercial interests attempting to impose themselves in the health field. There was often confrontation on that matter at important national, regional and international public health meetings, where companies blatantly tried to promote their products. More usually, however, they operated in a more subtle manner. She advocated speedy adoption of the resolution in its original, more direct form.

Dr LEGNAIN (Libyan Arab Jamahiriya) said that the 55 countries mentioned in the report as having 34% of infants under four months old breast-fed were all developed countries. The WHO campaign had not been successful throughout the world. A further problem was the question of complementary food after the age of four months; its inadequacy was the main cause of malnutrition. She wished that the Organization would accord the matter priority, concentrating scientific research projects in the poorest countries on identifying food that was cost-effective and commensurate with natural resources. She endorsed the amended version of the draft resolution.

Dr PRATAPA (Malaysia) said Malaysia shared the Organization's concern at the high prevalence of protein-energy malnutrition among children under five years of age in developing countries. It was also concerned over the slow progress some countries were making towards the nutritional goals of the World Summit for Children. The solution lay in the ability to alleviate poverty and ensure household food security; there should also be a stronger focus on promotion and protection of women's health through proper nutrition since that would provide an important input to child nutrition and health.

Malaysia fully supported the WHO training programmes aimed at assisting implementation of the Baby-friendly Hospital Initiative, including short courses for hospital administrators and policy-makers. It was hoped that similar courses could be provided for nongovernmental organizations and for communities, in view of their important role in advocacy and community support. It was important that efforts should be made to implement the initiative in private hospitals, nursing homes and private clinics. Malaysia was making efforts to encourage more mothers to breast-feed by setting up breast-feeding facilities at workplaces, arranging flexible working hours for mothers to enable them to breast-feed during working hours and ensuring strict implementation of the national Code of Ethics for Infant Formula Products.

Monitoring and evaluation of implementation of the International Code of Marketing of Breast-milk Substitutes also required consultation by countries with WHO and the infant formula industry. He therefore welcomed the move by WHO to formulate a common review and evaluation framework for the Code.

He endorsed the draft resolution in its original version.

Dr ÁVILA DÍAZ (Cuba) said that his country paid considerable attention to nutrition, particularly in relation to maternal and child health care issues; hospitals covering 85% of the country were already cooperating in the Baby-friendly Hospital Initiative. He proposed an addition reading "this Initiative should be supported and extended as much as possible to attain the objectives of primary health care" to the end of paragraph 3(2) of the draft resolution, which was the same in both versions.

Nutritional status in Cuba had been adversely affected by its present economic situation.

Dr SAARINEN (Finland) said that in her country the promotion of breast-feeding was considered extremely important. She had taken part in the discussion that had led to the submission of the amended version of the draft resolution and agreed with most of the proposed changes. However, she felt that the original formulation of paragraph 3(3) was the clearer of the two versions and therefore concurred with the South Africa proposal to retain that paragraph as set out in the original version.

Dr SILVA (Brazil) endorsed the position of Malawi and Venezuela and fully supported the original version of the resolution, which was in line with the objectives of the breast-feeding programme.

Dr CICOGNA (Italy), speaking on behalf of the European Union, expressed his support for the amended version of the draft resolution, with particular emphasis on deletion of the word "fully" from

paragraph 2 of the original version. Retention of that word might cause problems for European Union Member States in the application of European Union directives.

Dr EMIROGLU (Turkey) said that in view of the heavy burden of child mortality and morbidity due to malnutrition in many countries, child nutrition merited a high priority. Her country had participated in preparing the Innocenti Declaration and had successfully initiated a programme to encourage a Baby-friendly Hospital Initiative in Turkey shortly thereafter. Implementation of such programmes required intersectoral collaboration at the national and international levels and she emphasized the value of the assistance provided by UNICEF and WHO in those initiatives. Furthermore, the agreement made with industry on distribution of free infant formula in maternity hospitals and primary health care facilities had been very effective.

She expressed her support for the amended version of the draft resolution.

Dr BELLAMY (United Kingdom of Great Britain and Northern Ireland) attached high priority to the promotion of breast-feeding and supported the amended version of the draft resolution. He noted that in paragraph 3(3) it allowed for industry participation in monitoring the application of the International Code of Marketing of Breast-milk Substitutes. He shared the concern of other delegations on potential conflicts of interest caused by the provision of financial and other support. Such conflicts were an ethical matter, and in some Member States ethical standards were determined by independent bodies. He therefore suggested amending paragraph 3(2) to read "to encourage the preparation and distribution by the appropriate body of ethical guidelines for professionals working in infant and young child health on avoiding the possible conflicts of interest created by acceptance of financial or other support".

Dr WIUM (Norway) supported the proposal of South Africa and Finland, to adopt the amended version of the draft resolution, but with the original wording of paragraph 3(3).

Mr DEBRUS (Germany) said that the Federal Government and the authorities of the federal *Länder* strongly supported breast-feeding. He endorsed to the statement made by Italy on behalf of the European Union, and said that Germany supported the amended version of the draft resolution.

Ms STEGEMAN (Netherlands) drew attention to a discrepancy between the wording in paragraph 3, relating to child growth, in section VIII of the Director-General's report (document A49/4) and that of resolution WHA47.5. The report suggested that WHO recommended exclusive breast-feeding from birth to four to six months of age, whereas in the resolution the Health Assembly had urged Member States to foster appropriate complementary feeding practices "from the age of about six months". In future WHO reports the agreed terms should be used. She supported the amended version of the draft resolution, as further amended by South Africa.

Mrs DHAR (India) said that her country had taken a number of steps to combat malnutrition, including the adoption of a national nutrition policy and the institution of an interministerial coordination committee to effect synergy between the various sectors. Success in combating malnutrition, though modest, had been sustained and the percentage of severely malnourished children had dropped to a very low figure while overall improvement in nutritional status was reflected in rapidly declining infant and child mortality rates. India was committed to improving the nutritional status of its people and supported the original version of the draft resolution, with the omission of the word "fully" from paragraph 2, on which the Italian delegate had placed emphasis.

Professor GRANGAUD (Algeria) considered that in the difficult economic conditions of transition to a market economy, it was important to reaffirm strongly the need to promote breast-feeding. He therefore supported the original version of the resolution.

Dr MARANDI (Islamic Republic of Iran) endorsed the amended version of the draft resolution. The importance of the International Code of Marketing of Breast-milk Substitutes in protecting the health of

infants and young children could not be overemphasized, and he urged all Member States to implement it fully.

Dr BRONNER (International Special Dietary Foods Industries), speaking at the invitation of the CHAIRMAN, said that industry, which had always recognized the superiority of breast-feeding, played a vital role in the development, production and marketing of infant formula when a substitute or complement to breast-feeding was necessary and had an important part in providing a stable outlet for agricultural production, as well as employment and training opportunities. Mutual confidence had to exist between industry, the authorities, the health professions and consumers to allow industry to play its partnership role to the full.

The International Association of Infant Food Manufacturers - a member association of International Special Dietary Foods Industries - agreed that all efforts should be made to ensure that breast-feeding was not discouraged during the first four to six months of life and that monitoring application of the International Code of Marketing of Breast-milk Substitutes must be based on clear definitions understood by all parties concerned. Her association had frequently shown its support for the Code in word and in deed but real progress could be made only if the industry was accepted as a partner by the international health community and by governments.

Dr BECHETOILLE (La Leche League International), speaking at the invitation of the CHAIRMAN, said that the League was committed to involvement in international efforts to promote, protect and support breast-feeding. The most important contribution it could make to the programmes of WHO was through its capacity to work directly with women, so that they were able to make the best nutritional choices for themselves and their babies, taking into account their personal circumstances. Support and fellow-feeling characterized the structure of the League, where mother-to-mother assistance, specialized training equipment and widely distributed publications were used to help mothers to begin and to continue breast-feeding.

The LLLI recommended that women experienced in the practice of breast-feeding should be invited to participate with WHO on mother and child nutrition programmes as persons working at community level were best qualified to give their opinion on the usefulness of such programmes.

Although public opinion was currently generally favourable to breast-feeding, there was still a need to strengthen links between the breast-feeding mother and her environment. Partnerships between WHO, the private and public sectors, and nongovernmental organizations were to be encouraged; the League could offer expertise in nutrition, childbirth, the art of parenting, the environment and ecology, and education. She invited all Member States to participate in the Fifth World Breast-feeding Week, to be held from 1 to 7 August 1996, under the heading "Breast-feeding: a community responsibility".

From October 1996 LLLI would be celebrating its fortieth anniversary for a period of one year, during which 8000 breast-feeding advisers working in 60 countries would be reaffirming their firm attachment to the promotion of breast-feeding as a vital factor in the nutrition of infants and young children. It was hoped that during the ensuing 40 years, a growing number of women would experience successful breast-feeding and would be able to share their skills and their enthusiasm with other women.

Dr ANAND (International Organization of Consumers Unions - Consumers International), speaking at the invitation of the CHAIRMAN, said that Consumers International, through its partner, the International Baby Food Action Network, had been involved in the work of WHO in protecting, promoting and supporting breast-feeding and in implementing the International Code of Marketing of Breast-milk Substitutes.

As a paediatrician and an advocate for the rights of children he had witnessed the suffering that resulted from artificial feeding, particularly in the developing countries. To curb the culture of bottle-feeding, India had introduced strong legislation to restrict the promotion of baby foods and feeding bottles. Similar laws had been enacted in other countries, including Brazil, Nigeria and the Philippines.

The baby food industry claimed that it had given unconditional support to the International Code of Marketing of Breast-milk Substitutes and that the issue could now be dropped from the agenda of WHO. He believed such a claim to be untrue. In India, for example, companies ignored the law and labelled their baby milks and complementary foods in ways that induced parents to use them in place of breast-feeding. They also offered financial assistance to doctors. Some of those companies had gone too far and were facing

criminal charges. Indian law had given authority to four nongovernmental organizations to take companies directly to court if they violated the law. In many countries, doctors were starting to take a very strong stand against accepting aid from the baby food industry. They were convinced that commercial sponsorship was not in the best interest of the children whose rights they were meant to protect. He suggested that all Member States should pass legislation to restrain the marketing of baby foods and should monitor the activities of companies without interference from the manufacturers.

He hoped that WHO would continue to assist Member States to implement the International Code, support the Baby-friendly Hospital Initiative, and help attain the targets of the Innocenti Declaration. Consumers International would continue its collaboration in the best interests of the child consumer.

Miss ASHTON (International Confederation of Midwives), speaking at the invitation of the CHAIRMAN, said that the International Confederation welcomed the report of the Director-General on the promotion of breast-feeding, the improvement of infant and child feeding and the status of implementation of the International Code of Marketing of Breast-milk Substitutes. Since 1983, the Confederation had taken an increasingly strong stand on the issue of the promotion of breast-feeding and the marketing of infant formulas. In 1986, it had taken the decision not to accept sponsorship from infant formula manufacturers at any of its meetings and it had encouraged its constituent organizations to take a similar stand. The Confederation had played a major part in the development and promotion of the Baby-friendly Hospital Initiative, encouraging midwives to play a central role in its furtherance in their own countries.

The Confederation supported the amended version of the draft resolution and, in particular, paragraph 3(2) which urged Member States to ensure that financial support for professionals did not create conflicts of interest, especially with regard to the Baby-friendly Hospital Initiative. The essential needs of mothers for the professional support of midwives in achieving successful breast-feeding could be undermined because of pressures associated with both the offer and acceptance of financial and other support from manufacturers involved in the infant formula industry, including the manufacturers of bottles and teats.

The CHAIRMAN invited the Committee to note the report of the Director-General in section VIII of document A49/4 and resolution EB97.R13.

It was so decided.

The CHAIRMAN said that, in accordance with Rules 67 and 68 of the Rules of Procedure, the Committee should first consider the amendments proposed to the amended version of the draft resolution, then that amended version as a whole, and finally - if it were not approved - the original version.

The SECRETARY read out the proposed amendments to the amended version of the draft resolution.

The CHAIRMAN invited the Committee to vote by show of hands on the amendments.

The proposal by the delegation of the United States of America to amend paragraph 3(1) was rejected by 19 votes to 19, with nine abstentions.

The proposal by the delegation of the United Kingdom of Great Britain and Northern Ireland to amend paragraph 3(2) was rejected by 28 votes to 18, with nine abstentions.

The proposal by the delegation of South Africa to amend paragraph 3(3) was adopted by 35 votes to eight, with 12 abstentions.

The proposal by the delegation of Sao Tome and Principe to add a new paragraph 3(4) was adopted by 50 votes to none, with four abstentions.

The proposal by the delegation of Greece to add a new paragraph 3(5) was adopted by 44 votes to none, with 10 abstentions.

The proposal by the delegation of Greece to add a new paragraph 3(6) was adopted by 17 votes to four, with 29 abstentions.

The proposal by the delegation of Greece to add a new paragraph 4 was adopted by 38 votes to none, with seven abstentions.

The amended version of the draft resolution, as thus further amended, was approved by 53 votes to none, with no abstentions.

The meeting rose at 18:40.

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