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INDEXED

FOLLOW-UP OF WHO/UNICEF MEETING ON INFANT AND YOUNG CHILD FEEDING

Report by the Director-General

A joint WHO/UNICEF Meeting on Infant and Young Child Feeding was held in Geneva from 9 to 12 October 1979 as part of the two Organizations' programmes aimed at promoting child health and nutrition, which form important elements in primary health care (PHC) and in the activities for the International Year of the Child (IYC).

Attending this Meeting as full participants were representatives of governments, the United Nations specialized agencies, nongovernmental organizations and the infant food industry, and scientists. A total of some 150 participants were present.

As a result of the discussions a statement on infant and young child feeding, together with a series of recommendations, were prepared and adopted by consensus. The statement and the recommendations are attached as an annex to this document. They were previously sent by the Director-General to all governments under cover of circular letter reference C.L.32.1979 of 30 November 1979.

The advice and guidance of the World Health Assembly are being sought in relation to the implementation of the recommendations of the Meeting. In particular WHO and UNICEF were requested to arrange for the preparation of an international code of marketing of infant formula and other products used as breastmilk substitutes, with the participation of all concerned parties. The first draft of the code has been prepared and sent to all governments with a circular letter under the reference C.L.2.1980 of 20 February 1980, requesting the comments and observations of governments by 31 March 1980. Based on the comments of governments and of all other concerned parties, as received at five consultations held in February and March 1980, a further draft of the code is being prepared and will be submitted as an addendum to this report during the Thirty-third World Health Assembly.

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I. Introduction

1. The joint WHO/UNICEF Meeting on Infant and Young Child Feeding, which was held from 9 to 12 October 1979, had as its objective to discuss and summarize the current state of knowledge concerning appropriate infant and young child nutrition, the social, health and environmental factors affecting it, contemporary trends in feeding practices, the factors contributing to them and their implications for future action.
2. The work of the Meeting was conducted in plenary session and in five working groups. There was one background document prepared by WHO and UNICEF (document FHE/ICF/79.3), which reviewed current information, including certain of the results of the first phase of the WHO collaborative study on breastfeeding carried out in nine countries. The working groups examined the following themes, which formed the basis for the Meeting's recommendations; they also form the headings of the sections of part II of this document: encouraging and supporting breastfeeding; promotion and support of appropriate weaning practices; information, education, communication and training; health and social status of women in relation to infant and young child feeding; appropriate marketing and distribution of breastmilk substitutes.
3. The statement and recommendations of the Meeting were attached to the report of the Programme Committee of the Executive Board, "Formulating strategies for health for all by the year 2000: progress report",¹ as an example of activities being undertaken by the Organization that are directed towards the goal of health for all by the year 2000.
4. The importance of the subjects considered at the Meeting and of its recommendations are such that they should be given high priority in the formulation of national programmes and in national strategies for health for all by the year 2000. It is an important part of WHO's programme of family health, including as it does activities in maternal and child health, nutrition and health education as recommended by recent World Health Assembly resolutions, particularly resolutions WHA31.55 on maternal and child health, WHA32.42 on long-term programme for maternal and child health, and WHA31.47 on nutrition (the role of the health sector in the development of national and international food and nutrition policies and plans).
5. In the follow-up of the recommendations it may be appropriate for governments to undertake studies and define the situation in their own countries so as to formulate better policies and programmes concerning infant and young child feeding and to develop national legislation and machinery for the regulation and monitoring of the marketing of breastmilk substitutes; the draft international code of marketing practices could be used as a basis for this purpose.

II. Follow-up activities already undertaken or planned

6. The statement and recommendations adopted by the Meeting have been made available in Arabic, English, French, Russian and Spanish and have been widely distributed by WHO to all Member States, governmental bilateral agencies, WHO regional offices, WHO programme coordinators and field staff; and by UNICEF to all staff at country level; copies were also sent to a large number of nongovernmental organizations, to participants in the Meeting, medical schools, schools of public health, professional journals and associations and WHO expert panel members and collaborating centres.
7. For ease of reference, follow-up activities have been grouped in this report under the themes treated by the working group, which are also the subjects of the recommendations as they appear in the Annex.

¹ Document EB65/4, Annex 4.

The encouragement and support of breastfeeding

8. In the African Region, as part of the follow-up to the WHO collaborative study on breastfeeding, an intersectoral workshop on breastfeeding was held in Nigeria in November 1979 in collaboration with the Nigerian Commission for the International Year of the Child (IYC) and representatives of the IYC commissions of Ghana, the Gambia and Liberia. Similar workshops were held in Zaire, also in November, with representatives of different government sectors and international agencies. Also, a regional programme was developed for collaboration in the development of national projects for the improvement of infant and young child feeding, with the aim of safeguarding breastfeeding and ensuring the better use of local foods during the weaning period. Projects are already in operation in Angola, Ethiopia, Madagascar, Nigeria, Senegal and Sierra Leone.

9. In the Americas the Regional Office has assisted greatly in giving the statement and recommendations wide distribution amongst national authorities; and a subregional workshop has been arranged for Central American countries in Honduras in March 1980. Educational workshops are to take place in Chile and Colombia.

10. In the Eastern Mediterranean Region prevalence studies of breastfeeding are being undertaken. A travelling seminar on oral rehydration and breastfeeding was held in December 1979 and a regional scientific working group on breastfeeding is being established in 1980.

11. In the European Region, a meeting on infant and young child feeding was organized in December 1979 in collaboration with the Swedish Board of Health. The meeting, which was a follow-up to the WHO collaborative study, involved the Ministry of Trade, professional experts, nongovernmental organizations in Sweden, and the Swedish infant food industry. As a result of the meeting, the Director-General of the Swedish Board of Health agreed to form a task force in Sweden to examine the question of guidelines for the export of infant foods and on infant food technology.

12. In the South-East Asia Region consultations have been arranged with countries for the collection of data on breastfeeding. On the basis of the findings a simplified version of the protocol of the WHO collaborative study will be tested for its wider application in the Region.

13. Information from studies in some countries in the Western Pacific Region is being collected in order to identify areas that require further study. A national workshop has been arranged in Hong Kong for June 1980.

14. WHO and the International Paediatric Association will hold a workshop in Barcelona, Spain on 7-8 September 1980, on "Nutrition during pregnancy and the health of the offspring". There will be about 50 participants with representation from all WHO regions.

15. The WHO/UNICEF Meeting highlighted the problems of infants who cannot - for whatever reason - be breastfed; a statement on the dietary management of young infants who are not adequately breastfed is being prepared within the framework of the United Nations system by the Consultative Group on Maternal and Child Nutrition of the ACC Sub-Committee on Nutrition.

Promotion and support of appropriate and timely complementary feeding (weaning) practices with the use of local food resources

16. The WHO/UNICEF Meeting recognized that "food complementary to breastmilk will need to be introduced by four to six months; when the nutrition of the mother is poor and/or environmental conditions are unfavourable it may often need to be introduced earlier". It was requested that further research and scientific meetings be held on this matter, and therefore the above-mentioned consultative group of the ACC Sub-Committee on Nutrition is organizing a scientific meeting at WHO headquarters in early September 1980. A review of the literature is being prepared as background information, and persons with specialized knowledge and data will be invited to participate. It is expected that recommendations on the most appropriate time for and ways of complementing breastfeeding under different circumstances will be produced.

17. As part of the development of the Action-Oriented Research Development and Research Training Programme on Nutrition,¹ emphasis is given to the promotion of adequate weaning practices. Research has been initiated into local customs and beliefs as well as means for the better utilization of foods that are normally available to communities and which do not involve high expense or dependence upon external resources. Based on the knowledge gained from this, studies will be undertaken of how best to apply this technology in activities forming part of primary health care.

18. The data from these studies, as well as others, will help to provide more insight into the question of the biological needs of mothers for adequate breastfeeding, and will provide, together with the data on volume and composition of breastmilk (which forms the second phase of the WHO collaborative study on breastfeeding), the basis for a scientific review of this important issue.

19. WHO and the International Children's Centre will organize a symposium in Paris from 15 to 17 September 1980 to be entitled "The Nathalie Masse international symposium on human growth and development in the postnatal period", which will include discussions on infant and young child feeding. There will be about 50 participants, with representation of all WHO regions.

Strengthening of education, training and information on infant and young child feeding

20. Workshops on infant and young child feeding have been organized for policy-makers from different sectors in Nigeria, Sweden and Zaire. Each of these countries had participated in the WHO collaborative study and, in addition to the recommendations of the WHO/UNICEF Meeting, data from the study were used as a basis for the workshop discussions. Similar activities are planned for 1980 in Chile, Colombia, Ethiopia, Hong Kong, Hungary, Philippines and, for the Central American region as a whole, in Honduras. National workshops are also planned for the Caribbean countries that participated in the WHO/Caribbean Food and Nutrition Institute technical group meeting on breastfeeding in 1979 in Barbados - those in Antigua and St Lucia have already taken place.

21. In order to facilitate the organization of further, similar educational activities, various materials are being developed. They will provide information on the nutritional, immunological, and psychological and emotional functions of breastfeeding and those related to reproductive function, as well as suggestions for action to promote and facilitate sound feeding practices, and are intended to provide a consistent message on infant and young child feeding. The materials include slides with sound-recording, and will give details of the social and physiological needs of mothers and the ways in which these needs can be met. This will be complemented by a brochure on breastfeeding which has been produced for primary health workers, and educational posters on breastfeeding now being prepared for use in health and training institutions. The educational materials are to be provided at low cost and given wide distribution.

22. Because the training of health workers has not always included comprehensive and up-to-date information on the different aspects of breastfeeding, a teaching module is also being prepared for use by the trainers of health workers. The module is designed in such a way as to permit local adaptation to the needs of different levels of health workers and for use by instructors with a broad range of students.

23. In order to allow national policy-makers and organizers of educational programmes to base them on national data, the protocol of the WHO collaborative study is being simplified to allow for easier implementation and permit a rapid feedback of data on prevalence and duration. The protocol will include suggestions for sampling methods, data analysis, interviewer selection and training.

¹ The Programme has been developed in accordance with the provisions of resolution WHA31.47, and has been endorsed by the global and regional advisory committees on medical research.

24. Institutions in Guatemala, Hungary, the Philippines, Sweden and Zaire are continuing the second phase of the WHO collaborative study, on volume and composition of breastmilk. In all the studies the milk sample collection phase has been completed, except in Nigeria, where the study is of a longitudinal nature, and where sample collection will continue for 18 months. A workshop is planned for the second half of 1980, to review results. This is complementary to the Action-Oriented Programme mentioned above.

Development of support for improved health and social status of women in relation to infant and young child feeding

25. With regard to the status of women and young child feeding, steps have been taken to incorporate this information into the background materials for the World Conference of the United Nations Decade for Women, to be held in Copenhagen in July 1980. The WHO background paper in particular emphasizes the need for measures to support women as part of measures to encourage breastfeeding. The report of the October 1979 meeting is to be distributed at the Conference, and the recommendations are to be given consideration in the formulation of the programme of action for the second half of the Decade from 1980 to 1985.

Appropriate marketing and distribution of infant formula and weaning foods

26. The WHO/UNICEF Meeting recommended "that there should be an international code of marketing of infant formula and other products used as breastmilk substitutes". The statement continued: "This should be supported by both exporting and importing countries and observed by all manufacturers. WHO/UNICEF were requested to organize the process for its preparation, with the involvement of all concerned parties, in order to reach a conclusion as soon as possible".

27. A preliminary draft of an international code of marketing of infant formula and other products used as breastmilk substitutes has been prepared as requested. This first draft has been sent to all governments under cover of a circular letter, reference C.L.2.1980 dated 20 February 1980, with a request that comments and observations on the document should be received by the Director-General by 31 March 1980.

28. A series of five consultations have also been held with all interested parties including the specialized agencies in the United Nations system, nongovernmental organizations and professional associations, experts, and the industry, on the format and content of the draft code.

29. As a result of the comments and suggestions received, a further draft of the code is being prepared and will be available to the Thirty-third World Health Assembly as an Addendum to this document.

30. The work of the Codex Alimentarius related to infant foods is being taken into consideration in the preparation of this international code of marketing for breastmilk substitutes, and there is close coordination with the Codex Commission to ensure complementarity of action and prevent duplication.

31. The advice of the Thirty-third World Health Assembly is sought specifically in relation to the implementation of the recommendations of the WHO/UNICEF Meeting and the further development of follow-up activities, particularly the further development of the draft international code of marketing practices and its implementation.

STATEMENT AND RECOMMENDATIONS OF THE
JOINT WHO/UNICEF MEETING ON INFANT AND YOUNG CHILD FEEDING
GENEVA, 9-12 OCTOBER 1979

STATEMENT ON INFANT AND YOUNG CHILD FEEDING

The joint WHO/UNICEF Meeting on Infant and Young Child Feeding, which was held at WHO in Geneva from 9 to 12 October 1979, in expressing the need for urgent action by governments, international agencies, nongovernmental organizations and the infant-food industry and health and development workers to promote the health and nutrition of infants and young children, made the following statement:

1. Poor infant-feeding practices and their consequences are one of the world's major problems and a serious obstacle to social and economic development. Being to a great extent a man-made problem it must be considered a reproach to our science and technology and our social and economic structures, and a blot on our so-called development achievements. It is not only a problem of the developing world: it occurs in many parts of the developed world as well.
2. The question of adequate nutrition for mankind has been exercising international and national bodies for the last three decades, but the problem of malnutrition is not becoming less. It is taking a heavy toll in deaths and in long-term mental and physical disability. Women, with infants and young children, are its chief sufferers. This is socially, economically and politically unacceptable.
3. In this International Year of the Child, national governments and the international community are being called upon to focus on this complex problem and to take steps to ensure that children everywhere get a proper start in life on the basis of, inter alia, adequate nutrition. Governments and local communities have a major role to play in supporting action aimed at mothers and children to ensure sound infant and young child feeding practices.
4. Malnutrition in infants and young children cannot be separated from malnutrition and poor health in women. The mother and her infant form a biological unit; they share also the problems of malnutrition and ill-health, and whatever is done to solve these problems must concern them both together.
5. The problem is part of the wider issues of poverty, lack of resources, social injustice and ecological degradation; it cannot be considered apart from social and economic development and the need for a new international economic order. It is also a basic issue for health care systems and its solution must be seen in the context of Health for All by the Year 2000.
6. The WHO/UNICEF Meeting on Infant and Young Child Feeding affirms the right of every child and every pregnant and lactating mother to be adequately nourished as a means of attaining and maintaining physical and psychological health. It stresses the responsibility of every society to ensure the effective enjoyment of this right so that children may develop to their full potential.
7. Breastfeeding is an integral part of the reproductive process, the natural and ideal way of feeding the infant and a unique biological and emotional basis for child development. This, together with its other important effects, on the prevention of infections, on the health and well-being of the mother, on child spacing, on family health, on family and national economics, and on food production, makes it a key aspect of self-reliance, primary health care and current development approaches. It is therefore a responsibility of society to promote breastfeeding and to protect pregnant and lactating mothers from any influences that could disrupt it.

8. The period of weaning from the breast is a critical stage which often results in malnutrition and disease if the child does not have a diet that is adequate in quantity and quality, hygienically prepared and culturally, socially and economically acceptable.
9. The health of infants and young children cannot be isolated from the status of women and their roles as mothers and as partners in social and economic development. In poor urban and rural communities where the health and socioeconomic status of women is deteriorating, a corresponding deterioration is taking place in the health of infants and young children.
10. Health for all cannot be attained unless there is a substantial improvement in the socioeconomic condition of women, the particular needs of mothers and their infants and young children are recognized and met, and conditions are provided that promote and sustain the well-being of the family. These conditions include the right of women to information and education that will enable them to improve their own health and that of their families and to take an active part in decision-making on matters that affect their own and their children's health. They include also attention to the role of fathers in providing for the needs of their family.
11. The production, preservation, processing and distribution of food are essential components of any approach to ensuring the proper feeding of families and children. Emphasis should be placed on fresh local foods and traditional practices, complemented only when necessary, and under the guidance of government, by industrially processed products.
12. The WHO/UNICEF Meeting on Infant and Young Child Feeding affirms the need for sustained national and international action, and for the active participation of families, and especially mothers, in the elimination of malnutrition and the promotion of health. This is a challenge to all social and economic development strategies and to the world community as a whole. In the International Year of the Child it is fitting that national and international efforts be intensified, and that the enthusiasm it has generated in the cause of child health be sustained, to respond to this challenge.

RECOMMENDATIONS

THE ENCOURAGEMENT AND SUPPORT OF BREASTFEEDING

Health care system

Because of the fundamental importance of the health of the mother for breastfeeding, which in turn is essential for the health and development of the infant, and because health services through the primary health care approach, especially where they relate to the health of mothers and children, have an important preventive role to play it is recommended:

During pregnancy

Every attempt should be made to ensure the sound nutritional status of women and that their nutritional and health needs are met, especially during pregnancy. The health care system in collaboration with other sectors, should help in identifying and utilizing existing local resources so as to ensure that the nutritional needs of the mothers are met.

The health care system in general should ensure that all mothers, particularly during the period of pregnancy, are systematically provided with the type of breastfeeding education that is in keeping with their life situations and presented in practical ways that are likely to enhance their understanding and acceptance of it.

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Emphasis should be given to the fact that lactation is a natural biological process but that to some extent breastfeeding is an act which must be anticipated and reinforced. With adequate teaching and support almost all mothers are capable of breastfeeding and solving any problems which may arise. The best teachers will be breastfeeding mothers.

During pregnancy information and guidance should be provided to all mothers concerning preparation for breastfeeding and ways in which they can establish and maintain breastfeeding. The full cooperation of women's groups and other bodies working for the promotion of breastfeeding should be sought and supported by the health care system.

Attention should be given to ensuring that, wherever possible, all health workers in a position to provide adequate information to the mother on breastfeeding should be committed to the promotion of breastfeeding and have a thorough knowledge of its management.

Care should be given during the pregnancy period to identifying those mothers who are likely to be, because of their special social, economic or health condition, at high risk of not breastfeeding and special care should be given to them so as to enhance improvement of their situation and the establishment of breastfeeding.

Delivery

Obstetrical procedures and practices should be consistent with the policy of promoting and supporting breastfeeding. In this respect, unnecessary sedation, routine use of episiotomy, and routine use of lactation suppressants should be avoided.

Breastfeeding should be initiated as soon after birth as possible. Normally during the first half hour and, in order to facilitate breastfeeding, mothers should be encouraged and permitted to keep their infants with them in the same room or close to them and to practise on-demand feeding; maternity routines and structures should be conducive to this practice.

Health related staff, including traditional birth attendants, should seek to provide mothers not only with educational information but also with practical help and should be provided with appropriate information on the preparation for and management of breastfeeding.

The role of the father and other members of the extended family in providing support for the mother should be emphasized in all prenatal, maternity and postnatal care and fathers should be invited to participate actively with the health team in encouraging the mother to breastfeed.

After delivery

All postnatal health care should be oriented towards ensuring the maintenance of breastfeeding for as long as possible. All babies should receive colostrum. For optimal breastfeeding, the use of supplementary bottlefeeding - water and formula - should be avoided. A healthy well-nourished mother who is fully breastfeeding her infant should not need to introduce any complements during the first four to six months of life, according to the needs of the infant.

Mothers' nutritional status should be reviewed and, whenever possible, steps taken to ensure that the mother has access to adequate food intake.

The contraceptive effect of breastfeeding should be well recognized, although additional family planning methods should be promoted to ensure birth spacing. Preference should be given to contraceptive methods which do not interfere with the normal process of lactation.

All attempts should be made to ensure that in cases where infants need to be hospitalized facilities should be provided so that the mother can be with the infant and continue breastfeeding or that the baby can continue to receive breastmilk.

Where it is not possible for the biological mother to breastfeed, the first alternative, if available, should be the use of human breastmilk from other sources. Human milk banks should be made available in appropriate situations.

The terms "humanized" and "maternalized" milk for infant formula should be avoided.

Support through the health services

Health service staff must play a critical role in the initiation, establishment and maintenance of breastfeeding and should ensure that the mother has a source of sustained support for as long as breastfeeding continues, and thus health workers should be well informed and provide consistent information.

A baby who is not breastfed should receive special attention from the health care system. Adequate instructions for the use of infant foods as well as warnings about its problems should be the responsibility of the health care system. Supplies of infant formula would thus be required for distribution only where necessary and not as a routine.

Employed mothers

Paid maternity leave of not less than three months postnatal, job security and economic support should be provided to all mothers whenever possible, and wherever possible, and the responsibility for economic support during maternity leave should be carried by government, the industry in which the woman is working, and other relevant international and national institutions.

Crèches, paid breastfeeding breaks and other facilities should be provided, wherever appropriate, in industry, and in other relevant institutions, or close to the place of work to permit mothers to continue breastfeeding and have close contact with their babies. Financing of crèches and other mechanisms that allow for this continued contact of breastfeeding should be carried by government and/or the industry in which the mother is working.

Community and government support

All channels of communication, including religious leaders, school-teachers and other community opinion leaders and voluntary associations, particularly women's organizations, should be actively involved, together with health services and other sectors, in encouraging and supporting breastfeeding and sensitizing the community to the value of breastfeeding and the needs of the mother and baby through home visits, if necessary.

Messages concerning infant and young child feeding should be consistent from one sector to another and from one population group to another and, therefore, the promotion of breastfeeding and appropriate infant and young child feeding practices in general should be set within the context of overall maternal and child health practices, national nutrition policies and primary health care.

Governments should be encouraged to set up national expert groups to advise them on policies about breastfeeding and to establish coordinating offices that can ensure consistency and continuation of supportive activities and implementation of ongoing evaluation and monitoring as well as systematic epidemiological research including social factors.

WHO/UNICEF and other organizations should be responsible for encouraging regional and national workshops for the promotion of appropriate infant and young child feeding.

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PROMOTION AND SUPPORT OF APPROPRIATE AND TIMELY COMPLEMENTARY FEEDING (WEANING) PRACTICES WITH THE USE OF LOCAL FOOD RESOURCES

Food complementary to breastmilk will need to be introduced by four to six months; when the nutrition of the mother is poor and/or environmental conditions are unfavourable it may often need to be introduced earlier. However, too early introduction of supplements may have a negative effect on breastfeeding and may also increase the risk of infection.

The diet of the young child after cessation of breastfeeding needs special attention because inadequate feeding at this time often leads to clinical forms of malnutrition, particularly when the child is denied the breast as a consequence of a new pregnancy.

In order to guide the mother as to the adequacy of her child's nutrition and the appropriate time to introduce weaning foods, programmes to support her in keeping a graph of her infant's weight and to understand its significance should be extended as widely as possible. The WHO publication on "A Growth Chart for International Use in Maternal and Child Health Care" provides valuable guidance for doing so.

Foods that are locally available in the home can be made suitable for weaning and their use should be strongly emphasized in health, education and agricultural extension programmes. Foods traditionally given to infants and young children in some populations are often deficient in nutritional value and hygiene, and need to be improved in various ways. Mothers need guidance to improve these traditional foods through combinations with other foods available to them locally. Countries should determine the need for subsidizing weaning foods or otherwise helping to ensure their availability to low-income groups.

Governments and relevant private or public organizations should support practical and appropriate initiatives and policies for improving the nutritional value and hygienic standards of traditional and other locally used weaning foods, of achieving a balanced diet for infants, of educating mothers in the proper feeding of children, and of facilitating the exchange of weaning and child-feeding experiences among countries.

To avoid infection and interference with continued breastfeeding, infants during weaning should not be fed by bottle but rather by cup and spoon or other suitable traditional vessels and utensils. When mothers do not initiate breastfeeding or terminate it prematurely so that animal milk or perhaps vegetable milk mixtures or products may need to be fed by bottle, competent guidance should be available to the individual mothers to ensure that the mixture or product fed is nutritionally adequate, both in quantity and quality, and that all possible measures are taken to see that it does not become a vehicle for infection.

Psychological, social and economic factors that constrain breastfeeding should be minimized.

These questions should be the subject of further research and subsequent scientific meetings.

STRENGTHENING OF EDUCATION, TRAINING AND INFORMATION ON INFANT AND YOUNG CHILD FEEDING

Every citizen has the right to have access to correct, consistent information and education, therefore, countries must ensure that information and education be provided to all levels and that the messages reach those for whom they are intended at community, intermediate and central levels.

In all educational (formal and non-formal), vocational and professional training programmes, the interrelationship of all knowledge relating to health protection, breastfeeding and adequate nutrition of the mother, infant, and child should be featured.

To ensure maximal effectiveness, educational, and informational activities about nutrition must:

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- be adapted to local conditions and culture;
- be directed to the target population, viz., school children, youth, pregnant and breastfeeding mothers, men, community leaders, decision makers and planners;
- be supported by necessary resources from those sectors responsible for periurban and rural economic development;
- be undertaken with the active participation of men, husbands, other family members, and community leaders;
- be linked to measures for income-generation at family and community level;
- utilize local cultural methods of communication, such as folk-arts, drama, and music.

To support women and mothers in their efforts to improve their health and nutritional status and that of their infants and children, it is important that nutrition education and information be provided to various other individuals who are influential with the family such as fathers, grandparents, mother-surrogates, community teachers and others who have an impact on the social behaviour and nutritional habits of vulnerable groups, and the education and information should be carried out with their participation.

The meeting strongly recommends that the governments should provide adequate nutrition training in medical and nursing schools, adequate training to primary health care workers, including midwives particularly in prenatal and perinatal services, school-teachers, rural extension workers and others operating at the community level to enable them to undertake functional health and nutrition education in the community based on the priority needs of the people and with their active participation. The outcome of these endeavours should be increased self-reliance at the community and family level.

It is essential that all personnel who will provide nutrition education be appropriately trained not only in techniques of communication and education but also in child development and in delivering consistent and coherent nutrition and health concepts and practices based on the local sociocultural conditions.

Training

Basic and continuing education and upgrading of information on all aspects of breastfeeding is necessary for health service staff at all levels, including administrators, professional leaders at medical and nursing schools, physicians (especially obstetricians and paediatricians), nurses and midwives at all levels, medical assistants, auxiliaries, social and extension workers, and particularly primary health care workers. Training should place particular emphasis on management of breastfeeding and be related to the economic, cultural and social background of the mother and family. Training should consist of the appropriate knowledge on available culturally acceptable, locally grown foodstuffs which are suitable for use as weaning foods for the young infant and supplementary foods for the pregnant and lactating woman. They should also be enlightened about the dangers and hazards of advertising infant foods in clinics.

The use of mass media, which in many countries includes radio, TV, newspapers, advertisements for formula and other infant food products in government and professional journals should be effectively screened by appropriate government ministries to ensure that they do not detract from official nutrition policies designed to protect breastfeeding nor to the health and nutritional status of mothers and children.

There is not enough information about the present state of education/training in the field of maternal, infant and young child nutrition throughout the world. The meeting strongly recommends that this be reviewed as soon as possible and followed up every five years

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in order to evaluate the activities in this field and to use it for updating the programmes. International organizations, especially UNICEF, WHO, FAO, UNESCO and UNIDO should collaborate in this activity. This also implies collaboration in the preparation of guidelines aimed at identifying problems related to health and nutrition status of mothers and children, particularly regarding conditions of breastfeeding and weaning practices, and on methods of surveillance.

DEVELOPMENT OF SUPPORT FOR IMPROVED HEALTH AND SOCIAL STATUS OF WOMEN IN RELATION TO INFANT AND YOUNG CHILD HEALTH AND FEEDING

Status of women

Participation of women

Women's role and experience in infant feeding is unique and the importance of women gaining greater control of actions affecting this aspect of their lives must be emphasized. It is recommended, therefore, that women's participation in all related actions be significantly increased through:

- (i) increased representation of women in all follow-up meetings and actions as recommended by this meeting, including increased involvement of women in the activities of United Nations agencies, nongovernmental organizations, and other groups, including industry and trade unions;
- (ii) the increased recognition and involvement of women's organizations in community, national and international efforts, for the promotion of improved infant and young child feeding and related primary health care efforts;
- (iii) the increased involvement of women in policy formulation and decision-making at all stages of planning and implementation of related national programmes.

Health and nutritional status of women

Improved infant and young child feeding is closely linked with women's enjoying a high status of health throughout all stages of life, especially in the reproductive cycle. It is recommended that measures be taken to ensure good nutrition and health for all women through:

- (i) measures directed towards health care, socially and economically available, particularly according to primary health care, including the provision of balanced and sufficient nutritional intake, especially during pregnancy and lactation, and family planning information and services; special attention should be given to reproductive health and education of adolescent girls with specific action for pregnant adolescents;
- (ii) the implementation of activities aiming to reduce women's workload, both in the home and outside the home, including actions to promote the sharing of tasks within the family and including development programmes related in particular to the provision of plentiful and clean water and the use of appropriate technologies.

Measures to support women to breastfeed

The woman is pivotal for all action related to breastfeeding. Breastfeeding is best for the health of the young baby, but also for the health of the mother including the physical, emotional, and psychological aspects of her health.

The majority of women living in rural areas and in the urban periphery are not covered by protective or legislative measures; they are either not wage-earners or are workers without adequate security. Very little has been done for these women. It is recommended therefore that government action and community development activities including the help of

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breastfeeding mothers be taken to support these mothers to breastfeed. Programmes to develop appropriate technologies (especially regarding food production and handling) to reduce these women's workload and to organize community-based day care of children should be emphasized.

Governments should ratify and apply the ILO conventions through national legislation concerning maternity protection which are to be developed (and which extend existing protective measures to increase the period of time of maternity leave) for facilitating breastfeeding, including facilities for breastfeeding, paid nursing breaks, flexible schedules, day care centres and other measures to ensure the physical closeness of mother and child; these measures should ensure that women's earnings are not substantially reduced or that complementary measures are introduced to provide subsidies; and that any discrimination of nursing mothers in employment should be prohibited. Women's groups and trade unions should pressure governments to ensure the ratification and implementation of appropriate legislation. The ILO, together with WHO and UNICEF and other United Nations agencies, should continue its activities in the application of legislation and protection of breastfeeding mothers.

Specific educational and nutritional programmes within primary health care should be directed towards pregnant women to prepare them psychologically and physically to breastfeed their baby.

Weaning

Women play important roles in the production, preparation and serving of food within the family. The home preparation of appropriate weaning foods will depend on their knowledge, time, human energy and resources.

- (i) in all cases where there is access to local food products, it is necessary to teach women and other family members to use these as weaning foods as part of the family diet;
- (ii) in cases where women do not have easy access to locally available foods, action should be taken for the organization of community efforts, such as cooperatives, to make such local foods available to women;
- (iii) educational and other community development programmes related to health and nutrition should be linked with income-generating activities and policies;
- (iv) all food aid programmes in this area should take cognizance of the local food content and habits, and not create a situation of dependency and should be careful not to compete with breastfeeding and local food production.

Information, education and training

The importance of an adequate basis on which women can have a true and objective choice emphasizes the need for education and information about infant and young child feeding and for the establishment of measures at government levels to protect women against misinformation. Information and education about infant and young child feeding should be directed to men as well as women in order to enable them to assume their supportive responsibilities.

Educational materials to be directed to the general public, to schoolchildren, and to the training of health and other development workers, should project a positive image of women not only in their roles as mothers but also as workers and citizens of the community. This would refer to the images as seen in books and other written material as well as the mass media.

Women's nongovernmental organizations should organize extensive consciousness-raising campaigns for generating policy actions by governments and launching extensive information dissemination campaigns in support of breastfeeding and good weaning habits. At the local

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level nongovernmental organizations are urged to organize and carry out women-to-women programmes to promote breastfeeding and adequate weaning. In these activities nongovernmental organizations should collaborate with WHO and UNICEF, with the necessary support from national and international agencies.

As in most instances the health care providers to mothers and children are women, special efforts should be directed to strengthen training programmes for these groups of workers to include a comprehensive component of family planning, infant and young child feeding, and other aspects of family health within primary health care.

For all, education of the public - especially of the young generations - should aim at a better acceptance of breastfeeding as the natural and healthiest practice, taking into account cultural specificities, endogenous practices and using all channels of education as well as the media.

In collaboration with all relevant sectors, particularly health, education, agriculture, industry, governments need to ensure that up-to-date, scientific and empirical information on infant and young child feeding be widely disseminated and applied. A government mechanism must be established to ensure that through continuous screening and monitoring information and publicity relative to maternal, infant and young child feeding are correct and appropriate and that undesirable and inappropriate messages and publicity are eliminated.

A national strategy for communication and education should be formulated to mobilize available resources, this strategy to include training of manpower at all levels to plan, implement, evaluate and conduct research with respect to communication programmes.

The marketing of infant formula

Women have the right to correct and full information; even objective information, however, can be misleading and harmful if it is given in inappropriate settings or times. Women's organizations should be involved in national councils or government agencies in the monitoring and enforcement of marketing codes dealing with the regulation of information and publicity. Women in all parts of the world - in developed and developing countries - should express their solidarity in deciding what is best in this unique and important part of their lives.

APPROPRIATE MARKETING AND DISTRIBUTION OF INFANT FORMULA AND WEANING FOODS

The government of each country has the responsibility to promote coherent food and nutrition policies which should give special attention to mothers, infants and children. These policies should emphasize the preservation of breastfeeding and the implementation of appropriate nutritional guidance (calendrier nutritionnel). Governments have a duty to ensure the supply and availability of adequate infant food products to those who need them in ways that will not discourage breastfeeding. Informed advice should be given at the appropriate time and place to mothers and families about best infant and young child feeding practices.

Breastfeeding is the only natural method of feeding babies and it should be actively protected and encouraged in all countries. Therefore, marketing of breastmilk substitutes and weaning foods should be designed not to discourage breastfeeding.

There should be no sales promotion, including promotional advertising¹ to the public of products to be used as breastmilk substitutes or bottle-fed supplements and feeding bottles. Promotion to health personnel should be restricted to factual and ethical information.

¹ This includes the use of mass media and other forms of advertising directly to the mother or general public, designed to increase sales of breastmilk substitutes, to the detriment of breastfeeding.

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There should be an international code of marketing of infant formula and other products used as breastmilk substitutes. This should be supported by both exporting and importing countries and observed by all manufacturers. WHO/UNICEF are requested to organize the process for its preparation, with the involvement of all concerned parties, in order to reach a conclusion as soon as possible.

Monitoring of marketing practices is recommended. Usually this will be done under government auspices. Advertising councils and industry, consumer and professional groups can make an important contribution.

There should be no marketing or availability of infant formula or weaning foods in a country unless marketing practices are in accord with the national code or legislation if these exist, or, in their absence, with the spirit of the meeting and the recommendations contained in this report or with any agreed international code.

Facilities of the health care system should never be used for the promotion of artificial feeding. Therefore, advertising or promotional distribution of samples of breastmilk substitutes through health service channels should not be allowed. Artificial feeding should not be openly demonstrated in health facilities.

No personnel paid by companies producing or selling breastmilk substitutes should be allowed to work in the health care system, even if they are assigned more general responsibilities that do not directly include the promotion of formulas, in order to avoid the risk of conflict of interest.

Production and distribution of foods for infants and young children should be governed by strict legal standards. They should be labelled to indicate proper and safe home preparation. Governments should adopt the recommended international standards covering foods for infants and young children developed by the Codex Alimentarius Committee on Foods for Special Dietary Uses and should support the elaboration of standards by this Committee to ensure nutritional value and safety. Governments that have not yet adopted such codes or regulations are urged to do so.

Products that are not suitable alone as weaning foods, such as sweetened condensed milk, cornstarch, cassava flour and cereal flours, should be required by proper regulations not to be packaged, labelled, advertised or otherwise promoted in ways that suggest they should be used as a complement or substitute for breastmilk. Vigorous educational efforts should be made against their misuse for the purpose by mothers.

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THIRTY-THIRD WORLD HEALTH ASSEMBLY

INDEXED

Provisional agenda item 23

FOLLOW-UP OF WHO/UNICEF MEETING ON INFANT AND YOUNG CHILD FEEDING, *Geneva*

DRAFT INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES *9-12 Oct 1979,*

Report by the Director-General

Infant nutrition

Attached is a draft of the International Code of Marketing of Breastmilk Substitutes referred to in document A33/6 (Follow-up of the WHO/UNICEF Meeting on Infant and Young Child Feeding). This draft Code is based on a preliminary version prepared by WHO and UNICEF that was circulated to all governments under cover of circular letter reference C.L.2.1980, and was discussed at five separate consultations of all interested parties in February and March this year. The attached revised draft has been prepared in the light of all comments and suggestions received from these various sources. It consists of a series of principles which governments could use to formulate national policies in this field, including the development of appropriate legislation and mechanisms for monitoring implementation.

The Director-General intends to continue with further consultations with all parties concerned before a more definitive draft is prepared for the sixty-seventh session of the Executive Board in January 1981 and subsequently for the Thirty-fourth World Health Assembly in May 1981. The guidance of the Health Assembly is requested on the most appropriate ways of proceeding with the preparation of this further draft Code for submission to the above-mentioned session of the Board.



DRAFT INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES¹

PREAMBLE

The Member States of the World Health Organization, being conscious of the fundamental importance of breastfeeding, and recognizing that it makes a unique contribution to the health and nutrition of infants and is also beneficial to the health of mothers, endorse the following principles:

The encouragement, promotion and protection of breastfeeding are a socially shared responsibility that Member States should undertake by all means possible, including enactment of national legislation when necessary.

Health services, health professionals and other health workers have a crucial responsibility to take appropriate measures to facilitate breastfeeding and to give objective and consistent information and education to mothers and families on the superior value of breastfeeding; and to provide advice on the appropriate use of infant formulas, manufactured industrially or home-made, when these are needed.

Considering that there is a limited need for infant formula or breast-milk substitutes in cases where mothers do not breastfeed or only do so partially, such formula should be marketed or made available in a manner that does not discourage or interfere with breastfeeding practice.

Whilst the infant food industry produces nutritionally sound products, it has a special responsibility to ensure that these products are not promoted directly or indirectly to the detriment of breastfeeding.

Appreciating that there are a number of social and economic factors that may lead to a decline in breastfeeding, governments should develop appropriate social support systems to overcome and adjust for these factors; all sectors should work towards creating an environment that facilitates breastfeeding and provides the appropriate family and social support.

Families, communities, nongovernmental organizations and, in particular, women's organizations have a special role to play in the promotion of breastfeeding and in ensuring the support needed by mothers for successful breastfeeding.

Since it is important to provide appropriate supplementary foods, usually beginning when the infant reaches four to six months of age, every effort should be made to develop and make available such foods in accordance with prevailing local conditions.

It is essential that all interested parties, namely governments, organizations of the United Nations system, nongovernmental organizations, experts in various related disciplines, consumer groups and the infant food industry, collaborate in activities aimed at the improvement of maternal, infant and young child health and nutrition.

Member States recognize that in the context of their socioeconomic conditions a variety of social, health and nutrition measures may be required to promote infant and young child health and nutrition and that the Code presented below concerns only one aspect of these measures.

¹ For definition of terms used in this text, see Article 10.

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Member States therefore accept that the Code can serve as an international instrument to give effect to the principles contained therein in the context of their social, economic, educational and overall development framework.

Article 1 - Scope

1.1 This Code shall apply to the marketing of infant formula and bottle-fed breastmilk supplements, the promotion thereof and related practices, as well as to products improperly sold as breastmilk substitutes.

Article 2 - Relations with the public

2.1 There should be no promotion to the public of infant formula, bottle-fed breastmilk supplements or feeding bottles, nor should components for formula preparation be promoted as such. These products should not be advertised to the public.

2.2 No product covered by this Code should be marketed or publicly referred to by manufacturers or retailers in such a way that implies it is equivalent or superior to breastmilk.

2.3 Information as to the method of use of infant formula should not be disseminated to the public, except for information as to their proper and safe home preparation, which should be printed on the container by the manufacturer or importer in the local language, or on a label attached to the container or on printed material accompanying it.

2.4 The label on any container in which infant formula or bottle-fed breastmilk supplement is sold should effectively communicate the superiority of breastfeeding as well as the necessity to seek the advice of a health worker as to the need to use the product and the proper methods of use.

2.5 Breastmilk supplements should not be marketed or promoted as breastmilk substitutes. In this connexion, labels for sweetened condensed milk should not contain what purport to be instructions as to how to modify the product for use as a breastmilk substitute.

Article 3 - Relations with mothers

3.1 The marketing and promotion of infant formula, bottle-fed breastmilk supplements or feeding bottles should not take place in the home or in a facility of a health care system.

3.2 Free supplies of infant formula on discharge from a facility of a health care system should be made available only to mothers who need breastmilk substitutes. Gifts of articles, other than formula and equipment for its use, should not be made only to such mothers.

3.3 Feeding with infant formula should be demonstrated only to mothers who need to use it.

3.4 Any educational material provided by the manufacturer or retailer of infant formula to mothers on prenatal or postnatal care, or on the feeding of babies, should include clear information on the benefits of breastfeeding and on the preparation for and maintenance of breastfeeding.

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Article 4 - Relations with health care systems

4.1 Health care systems should encourage breastfeeding and should cooperate with government authorities and manufacturers and retailers in assuring compliance with this Code.

4.2 The use of any facility of a health care system for the purpose of promoting or advertising infant formula or bottle-fed breastmilk supplements, e.g., through the display of products, placards and posters or the distribution of literature, should not be allowed. The use of mothercraft nurses provided by manufacturers or distributors should be avoided.

4.3 The donation of supplies of infant formula to institutions that are part of a health care system should be welcomed where needed, but such supplies should be distributed by the institution in a manner that will not discourage breastfeeding. Where supplies are provided free of charge or at a low price to low-income mothers for whom the use of infant formula is necessary, care should be taken to ensure that such supplies are continued for as long as necessary.

Article 5 - Relations with health workers

5.1 Information given by manufacturers and retailers to health workers should be restricted to scientific and factual information, including the cost to the mother of using infant formula.

5.2 No financial inducements or significant gifts should be offered or given to health workers or members of their families directly or indirectly by the manufacturers or retailers of products covered by this Code.

5.3 Free samples of infant formula or bottle-fed breastmilk supplements should only be supplied to health workers as necessary for the purpose of instruction, professional evaluation or research.

5.4 Manufacturers or retailers of products covered by this Code may make financial contributions or incur expenditure for the benefit of health workers in connexion with professional meetings, study tours or similar activities but only at the request of the Ministry of Health of a Member State, the head of a component of the health care system, or a medical institution.

Article 6 - Relations with employees of manufacturers and retailers

6.1 In order to facilitate the application of the Code the remuneration, or any increases therein, of the marketing personnel should be based on regular incremental scales.

6.2 Marketing personnel should not work as health workers, including health educators.

Article 7 - Relations with retailers

7.1 The use of short-term premium or cut-price offers of infant formula or bottle-fed breastmilk supplements to retailers should not be encouraged or facilitated by manufacturers.

7.2 Manufacturers of infant formula or their agents should not finance or otherwise cooperate with point-of-sale advertising or display at the retail level.

7.3 Manufacturers should take effective steps to inform retailers dealing with infant formula or bottle-fed breastmilk supplements as to the dangers of

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their misuse and the superiority of breastfeeding, and to apprise them of the Code and encourage them to observe it.

Article 8 - Quality

8.1 Breastmilk substitutes should meet the requirements of the International Standard for Infant Formula recommended by the Codex Alimentarius Commission and any other standards that may be recommended by the latter.

Article 9 - Procedures

9.1 Monitoring the application of this Code lies with the governments in collaboration with the manufacturers of products covered by the Code, as well as consumer and professional groups. Manufacturers of products covered by this Code should accept the obligation to monitor their own compliance with it, at every level.

9.2 Manufacturers of products covered by the Code should provide a copy of the Code to each of their marketing personnel in order to acquaint them with its contents. They should also ensure that health workers with whom their personnel deal are in possession of the Code and aware of the obligations of manufacturers.

Article 10 - Definitions for the purposes of this Code

<u>"Breastmilk substitute"</u>	means	an infant formula, or any other food marketed as a replacement for breastmilk.
<u>"Breastmilk supplement"</u>	means	any food used in addition to breastmilk.
<u>"Health care system"</u>	means	any governmental, nongovernmental or other privately organized system designed for the delivery of health care, including any place outside the home where mothers go for childbirth attended by a midwife or other childbirth attendant, and including any nursery or infant care institution.
<u>"Health worker"</u>	means	any person working in a component of a health care system, including voluntary, unpaid collaborators.
<u>"Infant formula"</u>	means	a food preparation, usually based on cow's milk, specially formulated to satisfy the nutritional requirements of the infant up to between four and six months of age and adapted to its physiological characteristics.
<u>"Marketing personnel"</u>	means	any person employed by a manufacturer (or by a corporation or agency controlled by or under contract with a manufacturer) whose functions involve the promotion or marketing of a breastmilk substitute or supplement.
<u>"Manufacturer"</u>	means	a corporation or other entity engaged in the business (whether directly or through an entity controlled by or under contract with it) of producing breastmilk substitutes.