THIRTY-FOURTH WORLD HEALTH ASSEMBLY

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE THIRTEENTH MEETING

Palais des Nations, Geneva
Wednesday, 20 May 1981, at 8h30

CHAIRMAN: Dr E. P. F. BRAGA (Brazil)

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Note

This summary record is provisional only. The summaries of statements have not yet been approved by the speakers, and the text should not be quoted.

Corrections for inclusion in the final version should be handed in to the Conference Officer or sent to the Records Service (Room 4012, WHO headquarters), in writing, before the end of the Health Assembly. Alternatively, they may be forwarded to Chief, Office of Publications, World Health Organization, 1211 Geneva 27, Switzerland, before 3 July 1981.

The final text will appear subsequently in Thirty-fourth World Health Assembly: Summary records of committees (document WHA34/1981/REC/3).
THIRTEENTH MEETING

Wednesday, 20 May 1981, at 8h30

Chairman: Dr E. P. F. BRAGA (Brazil)

INFANT AND YOUNG CHILD FEEDING: Item 23 of the Agenda

Progress report: Item 23.1 of the Agenda (Resolution WHA33.32, para. 6 (7); Documents A34/7 and A34/A/Conf.Paper No.5)

Dr MORK (representative of the Executive Board) said that the Health Assembly, in resolution WHA33.32, para. 6 (7), had requested the Director-General to submit to the Thirty-fourth World Health Assembly, and thereafter in even years, a report on the steps taken by WHO to promote breastfeeding and to improve infant and young child feeding, together with an assessment of all measures taken by WHO and its Member States. The Director-General's report, which was reproduced as an annex to Document A34/7, provided information on the steps taken by WHO since the Thirty-third World Health Assembly to implement the main recommendations of the joint WHO/UNICEF Meeting on Infant and Young Child Feeding held in October 1979. As members of Committee A would recall, those recommendations had been endorsed in their entirety by the Thirty-third World Health Assembly in resolution WHA33.32.

The report reflected the comprehensiveness of the programme developed by headquarters, the regional offices and at the country level in response to previous Health Assembly resolutions to meet one of the major health issues of the times - to secure children's health. The report covered the following areas: the encouragement of breastfeeding; the strengthening of education, training and information; and the development of support for the improved health and social status of women. The Director-General had reported separately on the steps taken with regard to the preparation of an International Code of Marketing of Breastmilk Substitutes. That important part of the Comprehensive programme on infant and young child feeding would be considered by the committee as item 23.2 of its agenda.

The report by the Director-General had been well received by the members of the Board. The Board had expressed satisfaction that so many varied activities had been carried out in such a relatively short period as part of the overall programme of family health and as an essential element of primary health care. A summary of the Board's discussion on the item would be found on pages 302-306 of document EB67/1981/REC/2.

Dr HADJ-LAKEHAL (Algeria) said that his delegation was pleased to note that progress was being made and that regional cooperation was really beginning to take shape. For his country everything connected with the health of young children was of particular importance, as a fundamental part of family health care.

He went on to introduce the following draft resolution sponsored by the delegations of Algeria, Angola, Benin, India, Mali, Morocco, Mozambique, Sweden, Switzerland, Tunisia, and the United States of America:

The Thirty-fourth World Health Assembly,

Recalling resolutions WHA27.43, WHA28.42, WHA31.55 and in particular WHA33.32 concerning infant and young child feeding;

Stressing the urgent need to make the best use of scientific knowledge and available technologies to manufacture and make available, for those infants and young children who need such products, suitable food products of the highest possible quality;

Aware that storage conditions affect the degree to which the nutritional value of products specifically intended for infant and young child feeding is preserved;

Noting the unavailability at the present time of requisite information concerning the effects of storage and distribution that occur over a period of time and under different climatic conditions upon the nutritional value of such products;

Recognizing the essential need for Member States to possess such information so as to enable them to take suitable measures to protect the nutritional value of such products;
1. REQUESTS the Director-General to initiate studies to assess the changes that occur over a period of time under various climatic conditions, particularly in arid and tropical regions, and under the prevailing storage and distribution arrangements, in the quality and nutritional value of products specifically intended for infant and young child feeding;

2. URGES Member States, UNICEF and FAO, as well as all the other international, governmental and nongovernmental organizations concerned to cooperate actively with WHO for the successful carrying out of these studies and;

3. INVITES Member States to make voluntary contributions to enable the speedy launching of the studies.

The purpose of the draft resolution was to request the Director-General to indicate studies to assess the changes that occurred over a period of time under prevailing storage and distribution arrangements in the nutritional value of products specifically intended for infant and young child feeding. It was therefore a purely technical proposal. The request fell well within the prerogatives of WHO's Nutrition Division. The sponsors felt that it would be better if the draft resolution was discussed after consideration of the draft resolution recommended by the Executive Board.

The CHAIRMAN agreed that it would be more convenient if consideration of the draft resolution introduced by the delegate of Algeria was postponed, and suggested that it should be discussed after the conclusion of the debate on item 23.2 (Draft International Code of Marketing of Breastmilk Substitutes).

It was so agreed.

Dr ANDERSON (Australia) said that his delegation was pleased to note that the activities described in the Director-General's progress report were not being carried out in isolation but as part of the larger programme for family health. Also gratifying was the degree of cooperation taking place between WHO, UNICEF, UNFPA and other United Nations agencies, especially the Consultative Group on Maternal and Young Child Nutrition of the ACC Sub-committee on Nutrition. His country had always stressed the importance of proper maternal nutrition as part of antenatal care during pregnancy, when the basis for successful breastfeeding was laid.

The emphasis being placed on nutrition education and educational measures to promote breastfeeding was also reassuring. Australia's own efforts were showing a positive effect on attitudes, and in recent years there had been a remarkable increase both in the number of women choosing to breastfeed and in the duration for which the majority continued with successful results. Artificial feeding had loomed large in the deliberations of the Health Assembly, but it was in fact only part of the whole subject. Many different bodies and organizations were involved, and WHO was to be congratulated on the vital coordinating role which it was playing.

Dr LITVINOV (Union of Soviet Socialist Republics) said that the method of feeding infants and young children had a profound effect on their health and development, as the lively discussion on the subject in the Executive Board had shown. WHO was doing extensive work in this field, in which both developed and developing countries were interested. The Director-General's report and the recommendations contained in it were worthy of support.

In the Soviet Union breastfeeding was promoted through special legislation benefiting nursing mothers. In March 1981 the Government had adopted a decision on measures to strengthen state assistance to families with children, including the provision of partly paid leave to allow working mothers to look after children up to the age of one year, additional unpaid leave until children reached the age of one-and-a-half years, and special birth grants.

A high level of breastfeeding was traditional in the USSR, largely as a result of successful medical propaganda. Much attention was given to rational infant feeding in the popular medical press. At present approximately 90% of mothers continued to breastfeed their children on leaving the maternity hospital. The importance of breastfeeding was stressed during pregnancy checkups and whenever district doctors and nurses visited families
to administer prophylactic immunizations. Medical surveillance of infant feeding was carried out by polyclinic doctors and district nurses. At the monthly checkups of young children district paediatricians gave advice on the duration of breastfeeding and, if breastfeeding was not possible, recommended a particular breastmilk substitute. Research was being carried out to develop breastmilk substitutes of higher nutritional value. Such substitutes should be used only where necessary, only on prescription, and never to the detriment of breastfeeding. A number of scientific institutes in the USSR were collaborating with WHO in research on breastfeeding.

WHO should concentrate on publicizing the advantages of breastfeeding and on developing concrete measures to promote it, including the protection of women at work, providing a rational diet for pregnant women and lactating mothers, and the treatment and prevention of failure of lactation. Weaning foods should be improved and their production controlled; special attention should be paid to the quality of both the raw materials and the finished products and to marketing and utilization. Following study of the precise nutritional requirements of children in different age-groups, commonly agreed recommendations on the rational feeding of children should be developed.

Dr SADRIZADEH (Iran) said that breastfeeding not only provided the child with a considerable amount of maternal antibodies, thus protecting it against communicable diseases. It also created an emotional and psychological interdependence between mother and child which resulted in well-balanced physical and mental growth.

In Islam breastfeeding was a must, and mothers had to breastfeed their children unless they were unable to do so because of serious illness; in Iran it was promoted through maternal and child health units integrated into the basic health services. His delegation highly appreciated the promotion of breastfeeding and the provisions of the International Code of Marketing of Breastmilk Substitutes, accompanied by continuous health education and development of the socioeconomic status of the population as a whole.

Dr BRYANT (United States of America) said that his delegation appreciated the broad and comprehensive approach which the Secretariat was taking to the problems of infant and young child feeding. The subject should be seen as part of the larger area of family health, but on condition that it was not construed in such general terms as to preclude careful attention to the specific problems that needed research attention and, where appropriate, field application.

One noteworthy component of the programme was the survey of methodology for evaluating the prevalence and duration of breastfeeding. Since the methodology was simplified and could be standardized it could be relatively uniform throughout Member States, so that the results from one area could be compared with those from another and follow-up surveys could be compared with earlier surveys of the same area. Furthermore, the surveys could be extended to evaluate such important factors as the relationships between breastfeeding and infant growth and between breastfeeding and infant morbidity and mortality. Such surveys were relatively inexpensive and could serve to guide policy and programme decisions when data would otherwise be inadequate or entirely lacking.

A second important problem area, referred to in paragraph 19 of document A34/7, related to studies to determine the efficiency and duration of breastmilk-mediated protection against diarrhoea caused by rotavirus, enteropathogenic Escherichia coli and Shigella. That was a very important, highly practical direction of research. It was known that lymphocytes in the intestinal wall of the mother were exposed to and immunologically sensitized by pathogens in the gut. Those sensitized lymphocytes could then migrate to the breast and secrete immunoglobulins or antibodies into the milk, thus providing some specific protection for the infant against infectious agents in the environment. Studies of the kind suggested by the Secretariat could extend such findings. It was possible, for example, that the mother could be vaccinated against particular pathogens, which would stimulate the production of maternal antibodies, which would appear in the milk. Moreover, breastmilk immune factors that appeared naturally could be analysed to determine how effective they were, how long they lasted and how their strength could be boosted - a matter of particular importance in the transition from breastfeeding to weaning foods.

His delegation agreed with WHO's plans for widespread and appropriate targeting of breastfeeding promotion programmes. Health care personnel - particularly those associated with the care of women during pregnancy and childbirth - and mothers, including mothers-to-be, should be the targets of appropriate and culturally-specific educational programmes. The Organization's dual emphasis on both breastfeeding and proper weaning practices was well stated and had his country's support.
Through its health, nutrition and food for peace programmes, USAID had long supported the improvement of maternal nutrition and child feeding practices. Financial and technical support was provided for international, regional or national meetings of health policy-makers, paediatricians, nutritionists, dietitians and paramedical personnel to facilitate the exchange of new knowledge regarding the importance of breastfeeding, weaning and maternal nutrition. Assistance was provided to design, implement and evaluate mass media educational programmes, school curricula and the training of field workers in order to bring new information on the importance of good maternal and child feeding practices to target communities. An international information clearinghouse had been established to respond to the needs of developing country professionals for recent publications and news on programmes, legislation, training opportunities and other activities in the area of breastfeeding, weaning and maternal nutrition. Assistance was given for surveys on infant feeding practices and their determinants. Each survey was designed for the country's priority data needs. Emphasis was placed on an interdisciplinary approach which typically included anthropology, epidemiology, paediatrics, nutrition and statistical methods. The use of local foods for appropriate weaning and maternal diets was receiving increasing attention. Technical and financial assistance was available for household and village level production, processing and storage of nutritious multimixes. Information exchange and workshops on weaning foods were included in that activity. USAID had continued its assistance in the form of blended foods for pregnant and nursing women and preschool children to improve maternal nutrition and weaning practices. Nutrition education accompanying the food included support and encouragement for breastfeeding. Assistance was provided to private, nongovernmental organizations to strengthen those educational components and to add to primary health care services.

Finally, his delegation fully supported the multisectoral approach to infant and young child feeding practices. The participation of the political, agricultural, educational, health and infant food industry sectors was required if the problem was to be dealt with effectively.

Dr SUVANNUS (Thailand) said that there had been some decline in breastfeeding in Thailand in both rural and urban areas. Recognizing that the decline would affect the nutritional state of infants, the Ministry of Public Health was seeking to encourage breastfeeding through action by the existing health infrastructure and primary health services. An intensive programme to encourage breastfeeding had been launched in 1980 in 16 provinces in the northeast region of Thailand, and would be extended to other regions. His delegation supported the WHO programme to promote breastfeeding, and urged that it continue its work in that field.

Dr TAMMAM (Egypt) said that according to the Koran mothers breastfed their children for certain periods; that sacred text made it clear that breastfeeding could not be replaced by any better method. His delegation agreed with the Director-General on the need to hold more interregional meetings on the subject and encourage cooperation and exchange of information. He hoped that the booklet on breastfeeding referred to in paragraph 27 of document A34/7 would be available soon in Arabic, for the benefit of health workers in Egypt. It was also to be hoped that the audiovisual information kits would be available as soon as possible.

Dr BOROÑO (Chile) said that his country had had a long tradition in carrying out nutrition programmes, going back more than 25 years. The Government had always provided substantial sums for nutrition - the annual amount currently being US$60 million. In Chile the nutrition programmes covered the prenatal period and the period from birth to the age of six years. They had had a substantial impact on birth weight and perinatal mortality. It was important to continue breastfeeding a child as long as possible within the desirable technical limits. There had been close cooperation in lactation and nutrition programmes with the Pan American Health Organization and WHO. Considerable educational material had been produced to promote the programmes, and it was hoped to change the trend towards shortening the lactation period by changing the attitudes of the population and of the medical profession. Through research, new infant formulas had been developed and there was a nutritional programme covering pre-school children. The aim was to introduce new ingredients in order to reduce the problem of anaemias, and other deficiencies in pregnancy. Monitoring with the aid of census advisers provided useful information on the incidence of malnutrition. Nutrition was a vital component of primary health care and of the activities for achieving health for all.

Dr KALILANI-ALFAZEMA (Malawi) said that as yet there was no real problem relating to breastfeeding in his country, where 90% of the population lived in rural areas and it was natural
for mothers to stay at home with their children and nurse them. In the urban areas, however, there was a problem with working mothers, due to lack of time for breastfeeding, not to any lack of desire for it. Some mothers provided a mixed feed, which was encouraged by the maternal and child care health workers, but some had changed to wholly artificial foods. There was some danger that excessive advertising of breastmilk substitutes could disturb the natural habit of breastfeeding. There was also a nutrition problem relating to the weaning period, when unsuitable foods might be given. In 1973 a weaning food with a high protein content had been distributed on a trial basis by the maternal and child health workers, being made freely available in hospitals with the aid of the World Food Programme, to which Malawi expressed its thanks. Although the weaning food appeared promising, there were some problems to solve before it could be generally marketed - such as its shelf-life, its cost, and the availability of its local ingredients.

Dr HUYOFF (German Democratic Republic) said that his delegation supported WHO's activities in encouraging breastfeeding throughout the world, although obviously social conditions and living standards varied widely from country to country. In the developing countries efforts were made to reduce high rates of infant mortality by encouraging longer breastfeeding, improving the nutrition of mothers and providing proper weaning foods. In the German Democratic Republic, where there was a high level of overall development, the aim was not so much to achieve a striking reduction of infant mortality as to avoid such specific morbidity risks as suboptimal resistance to infections, antigen or allergen incidence, infantile adiposity, and their possible later consequences, which might result from a complete lack of breastfeeding or its use for a shortened period. An efficient system of maternal welfare facilities meant that there were no maternal nutrition problems. Appropriate breastmilk substitutes were available and used as necessary. Breastfeeding was promoted through comprehensive educational activities and the provision of facilities in neonatal wards, at home, and at work. A central standing committee of experts in paediatrics, nutritional physiology and industry and trade had helped to improve the feeding of infants and young children. Standardization of norms and recommendations on nutrition for infants was being undertaken within the framework of the Council for Mutual Economic Assistance.

Dr ESHJA (Albania) said that since 1945 legislation in Albania had provided maternal leave with full pay. On her return to work the mother had the right to leave her work to nurse her child as often as necessary. Once the maternity leave had expired the mother had reduced hours of work on full pay for one year after the birth.

Albania had an extensive network of institutions for the protection of the health of mothers and children. There were gynaecological centres in both urban and rural areas to which all pregnant and nursing mothers went, and which conducted continuous audiovisual campaigns on the benefits of breastfeeding. The same educational activities took place in the maternity hospitals, where 98% of births took place.

In 1971 centres had been established for the care of premature infants, which accepted all children with a birth weight of less than 2500 grams or an inadequate physical development. The children remained at those centres with their mothers until they attained the necessary weight and strength. Mothers were able to stay at the centres free of charge, even for long periods, on full pay. The infants were fed with breastmilk, either indirectly, or directly by their own mothers. The breastmilk diet had led to a marked reduction in infant mortality and morbidity, and the length of stay of the babies and mothers at the centres had been reduced by half.

The development of infants and their sound nutrition were inseparable from the mother's state of health, and accordingly special legislation in Albania provided for favourable conditions for pregnant and nursing working women.

During the years of popular government Albania had been able to establish correct family views about breastfeeding, mainly through health education provided at maternal and child health advisory centres established in both the rural and urban areas. The result of those efforts was that approximately 80% of all children up to the age of six months were breastfed.

Dr QUAMINA (Trinidad and Tobago) said that her Government's policy in support of breast-feeding and the nutrition of mothers, infants and young children, and of the various social factors relating to the rearing of young children, had been set forth in the statement made by the chief delegate of Trinidad and Tobago in the general discussion in plenary.

Referring to paragraph 8 of document A34/7, she expressed her country's thanks to the Pan American Health Organization and the Caribbean Food and Nutrition Institute for their assistance.
Trinidad and Tobago was organizing a seminar on breastfeeding in June, and would be distributing the excellent booklet on breastfeeding. She paid tribute to the health education activities of nongovernmental organizations in Trinidad and Tobago, which were most helpful to mothers needing assistance in connexion with breastfeeding. Plans were being made to monitor the foods served in the day nurseries which were now expanding in her country.

She referred to her personal concern about the decline in family meals in her country, not through poverty or famine, but as the result of increased prosperity, which enabled people to buy prepared foods. That trend was encouraged by the increase in the number of working mothers and of children who travelled outside the home area to schools. She feared a damaging effect both on family life and on the nutrition of young children.

Dr Chamov (Bulgaria) endorsed the views expressed in the Director-General's report about the significance and advantages of breastfeeding and the need for steps to encourage it in order to ensure good nutrition for young children from an early age. It was important to establish legal norms for the control by state bodies of the production and marketing of children's food. The draft international code was excellent. In Bulgaria the work of promoting breastfeeding was carried out by medical workers under the guidance of the Institute of Health Education, and by various sectors of the epidemiological stations in the country. In 1979 and 1980 the Ministry of Health had published new instructions on the nutrition of infants and young children. Centres for the collection of breastmilk had been established. In accordance with the draft international code, the Ministry would re-examine the packaging of infant foods, the instructions provided for their use, and publicity; the constituents of breastmilk substitutes; and the frequency and duration of breastfeeding and health education on the subject. Medical legislation in Bulgaria provided for paid maternity leave for one year to enable mothers to continue breastfeeding. The production of all foods for infants and children was carefully controlled by the health services. More information and experience were needed to improve international standards and formulations for children's food in Member States. Bulgaria welcomed the formulation of the draft international code, and hoped it would enter into force in 1982.

Dr Kpossa-Manadou (Central African Republic) endorsed the views expressed by the delegates of the Soviet Union and the United States of America. The Central African Republic was very concerned with the question of breastfeeding and fully supported WHO's activities in that field. Most of the measures recommended were already practised in his country, where public health officials considered it their duty to do everything to protect the health of infants, the most helpless group in the population. He emphasized the importance of using radio broadcasts in health education activities.

His country attached considerable importance to the use of locally-produced foods for use at the time of weaning. The Ministry of Health included a national nutrition department which was studying local foods in order to establish their nutritional value so that good nutritional advice could be given to the whole population, and in particular to mothers, with a view to an improved diet.

Dr Pagés Pineiro (Cuba) said that in Cuba the promotion of breastfeeding was one of the main aims of the national maternal and child health programme, and since 1959 the Ministry of Health had been engaged in that activity. In addition to the usual maternity leave on full pay, special leave was granted to mothers for a year, with the right to retain their job, in order to look after the infant; after the return to work the mother was allowed special working hours to look after the child, and had the right to one day a month for consultation with the paediatrician.

There was currently a campaign to establish breastmilk banks in all the maternity hospitals. The aim was that all healthy newborn babies weighing over 2000 grams would be nursed by their mothers, and those of low birth weight who could not be nursed would receive breastmilk from the breastmilk bank. Efforts were being made to strengthen aid to pregnant mothers and provide regular consultation with medical staff. The national health education programme was promoting knowledge of the benefits of breastfeeding, and the peoples' social organizations also played an important role. Paediatricians and obstetric specialists had the duty to advocate breastfeeding at the earliest stage, during prenatal consultation. The immediate target was to ensure breastfeeding during the first three months of life for at least 80% of babies and up to six months for not less than 50%.
All the activities relating to the nutrition of nursing mothers and infants were strictly controlled by means of records and official data in all health districts and hospitals in Cuba.

Dr CASTELLON (Nicaragua) said that his country shared WHO's view concerning the need to promote infant and child feeding, and it welcomed the Director-General's efforts. It also welcomed the machinery for that purpose which had been established at the previous Health Assembly.

Nicaragua was facing a task of reconstruction, in which the role of health was of great importance. Malnutrition affected some 67% of the country's children under six years of age; infant mortality was very high, and life expectancy was less than 50 years. His delegation therefore viewed infant feeding as an essential part of primary health care and of the efforts to achieve health for all.

Having considered the progress report by the Director-General, his delegation wished to make the following suggestions. (1) The question of breastfeeding should be treated as part of an integrated maternal and child health programme. (2) There was a need for intersectoral national and local committees to promote breastfeeding, with due emphasis on co-ordination. (3) There should be full exchange of information on progress and experience in the various countries. (4) There should be increased support for workshops on infant and young child feeding - at both regional and country level. (5) Greater impetus should be given to studies to ascertain the situation in both rural and urban areas, with a view to detecting all relevant factors. (6) It was important to ensure adequate co-ordination of international and bilateral aid. (7) The efforts being made by many countries to produce infant foods on the basis of local foodstuffs should be encouraged. (8) Measures should be taken to ensure wide distribution of all relevant documentation issued by the specialized agencies. (9) Instruction on breastfeeding and infant nutrition, as well as on the surveillance of infant foods, should be given at all educational levels, and not confined to medical training. (10) Women's organizations in all countries should be urged to strive for legislation protecting mothers and children. (11) All countries should ensure the effective implementation, as soon as possible, of the WHO recommendations regarding the marketing of infant foods and breastmilk substitutes.

Dr PATTERSON (Jamaica) thanked the Director-General for his progress report. As a result of a campaign in Jamaica to promote breastfeeding, there had been an encouraging decrease in morbidity during the first six months of life; Jamaica was therefore pursuing a comprehensive maternal and child health strategy aimed at children under two years of age. But there was still considerable controversy concerning the ability of mothers who might themselves be undernourished to breastfeed successfully, and she would be grateful, therefore, for up-to-date information on that issue.

Her delegation endorsed the tributes paid by the delegate of Trinidad and Tobago to PAHO, the Caribbean Food and Nutrition Institute and the tropical metabolism research unit of the University of the West Indies, which continued to assist the work in Jamaica.

Dr HARRIS (United Kingdom of Great Britain and Northern Ireland) said that his delegation welcomed the progress report by the Director-General, and fully supported the drive to promote breastfeeding. A problem in that respect existed in the United Kingdom; a survey conducted in 1975 had revealed that only some 51% of children were breastfed after birth; for infants aged six weeks and four months the figures had been 24% and 13% respectively. Nevertheless, it was encouraging to note that a recent survey, the results of which had not yet been finalized, suggested that a higher proportion of infants were being breastfed. The situation, however, did not allow complacency, and the campaign to promote breastfeeding would be actively pursued.

He endorsed the remarks made by previous speakers concerning the need for the surveillance of the marketing of breastmilk substitutes; in that connexion, he referred to the information submitted by his delegation in document A34/INF.DOC./10. Arrangements had been established by the Department of Health and Social Security to scrutinize all breastmilk substitutes before they could be marketed.

Dr CORNAZ (Switzerland) thanked the Director-General for his progress report. Priority should be given by WHO to infant and young child feeding; there were four aspects in particular, in addition to direct promotion of breastfeeding, which called for action. Firstly,
there should be action to ensure the correct feeding of mothers during lactation and pregnancy. Secondly, better facilities should be developed for admission and consultation in hospitals and maternity wards before, during and after childbirth. Thirdly, working conditions in general should be improved to enable nursing mothers to continue working. Fourthly, attention should be given to weaning. WHO should take suitable action with regard to all those aspects, pursuant to resolution WHA33.32, in collaboration with UNICEF and other agencies; and Member States themselves, of course, should take appropriate action.

Dr KLIVAROVÁ (Czechoslovakia) said that during the past ten years Czechoslovakia had achieved considerable success in infant feeding, and the result had been a significant decline in morbidity. However, the value of breastfeeding had always been recognized; there was really no substitute from the biochemical and immunological viewpoints. In her country, paediatricians encouraged mothers to breastfeed at least during the first few weeks of the child's life. The importance of breastfeeding for the child's psychological and emotional development was also recognized, as well as the fact that artificial feeding could lead to overnutrition, with a tendency to obesity, atherosclerosis, allergy and hypertension in later life. As part of the promotion of breastfeeding, everything was done to create suitable conditions for mothers. For example, six months' maternity leave was granted by law, and mothers had the right to remain away from work for up to three years without pay, but without losing the right to return to their job. There was state control of the production of dried milk, which was obtainable only on prescription; no advertising was allowed.

Dr DJEKOUNDAĐE (Chad) said that one of the problems in developing countries relating to infant feeding arose at the stage of weaning, when there was a risk of kwashiorkor. The problems were difficult to deal with, and called first and foremost for good health education. The biggest problem stemmed from the use of artificial feeding; in industrialized countries, preserved milk was produced not far from the point of sale, was well stored, and was soon consumed; on the other hand, preserved milk sold in developing countries had already undergone long periods of transport and storage, and in many cases the period for safe use had elapsed even before the supplies had reached the country concerned. A system set up in Chad for checking supplies at the centres as well as at local markets, had resulted in a reduction in the cases of disease. Unfortunately, that work had suffered on account of the recent disturbances in the country, but the activities had now been started again. New techniques for the development and use of breastmilk substitutes should be studied.

Dr ONDAYE (Congo) said that artificial feeding had not yet become a problem in his country, since it was practised only by a small bourgeois group. However, weaning was a problem. Efforts were being made to develop suitable local foods, but there were growing fears that the population might be influenced by unscrupulous marketing pressures by profit-seeking foreign capitalist concerns, whose exploitation of poor and ignorant peoples should be firmly challenged by the international community.

Dr WILLIAMS (Nigeria) said that his delegation regarded the progress report by the Director-General as a milestone in the work of WHO and a true reflection of WHO's determination to protect maternal and child health.

In Nigeria, most infants were breastfed, but bottle-feeding was increasing alarmingly, with an attendant increase in diarrhoeal ailments resulting from bad hygiene, as well as in cases of malnutrition as a result of over-diluted feeds. The inculcation of sound feeding habits formed a major part of Nigeria's health programme, and mothers were encouraged to breastfeed their children for at least the first six months of the child's life. The Government had recently introduced legislative measures which included maternity leave of three months on full pay.

The weaning period was a most important part of a child's life, since a poor diet could do irreparable harm. Great efforts had been made to develop suitable locally-produced food-stuffs; one had in fact already been developed and was awaiting commercial exploitation. With a view to avoiding infection, mothers were encouraged to feed their children by cup and spoon. Nutrition information was widely distributed by the mass media and personal contacts, with emphasis on the value of breastfeeding for mental and emotional as well as physical development. The Government had assigned priority to food production with a view to making food available to the population at low prices.
His delegation hoped that more light could be shed on the effect of breastfeeding as a factor preventing further pregnancy.

Dr AL-SAIF (Kuwait) said that his delegation welcomed the progress report by the Director-General. His country's authorities were convinced of the value of breastfeeding, particularly since studies had revealed the link between artificial feeding and the incidence of diarrhoeal and other disorders.

Professor HALEEM (Bangladesh) said that his delegation fully endorsed the Director-General's progress report. In Bangladesh artificial feeding was hardly a problem, since 90% of the population lived in rural areas. But the problem did arise in urban areas; it had already been noted that artificial feeding could lead to malnutrition because of incorrect dilution; indeed, some 80% of cases in children's hospitals were due to malnutrition.

Training and education were very important and his country was giving attention to that aspect. It had also enacted legislation to protect working mothers entitling them to special leave.

He wondered whether the United States of America and some of the larger producers of infant foods could make some arrangements to provide the developing countries with milk substitute formulas.

His delegation fully supported the remarks made by the United States delegate concerning the further efforts needed relating to breastfeeding. As a microbiologist, he was aware that very little disease could be transmitted through breastmilk, but that some antibodies, on the other hand, might well be transmitted and thus protect the child.

It had to be realized, of course, that efforts to improve infant and young child feeding would be of no avail in isolation, but should be approached in the context of measures to raise living standards in general by means of improvements in food, housing, sanitation and education, with a view to attaining health for all by the year 2000. It was important, in that connexion, that measures should take account of all population groups, should not be too complicated for the developing countries to implement, and should be appropriate for application by the national health services available.

Dr LUBANI (Jordan) said that breastfeeding was a traditional practice in rural areas of Jordan, while in urban areas it was often considered outmoded. His country made every effort to promote breastfeeding through health education at maternal and child health centres and through the mass media, explaining that mother's milk had high nutritional value for infants and conferred immunity against many diseases responsible for infant mortality. He supported the concepts expressed in the Director-General's progress report, and endorsed WHO's efforts to foster breastfeeding - a major element for the achievement of health for all.

Mr VOHRA (India) expressed satisfaction with the progress report of the Director-General. He had been encouraged to note that delegates had spoken in positive, concrete terms, since that augured well for the programme. In India the fundamental importance of breastfeeding had been recognized thousands of years ago; the first feed had been an important occasion presided over by the chief of the village who recited a charm over the mother.

One aspect of the programme in India that was of particular concern was the vital link between lactation and family planning. High rates of infant mortality led to multiple pregnancies. But the key to survival was better nutrition and immunity through breastfeeding.

In countries in the South-East Asia Region programmes in this field laid emphasis on the training of health workers and the production of educational material. India had revised the university paediatrics curricula, introducing the appropriate elements, and had produced a handbook on child health that might be of interest to other delegations. The curricula for training in maternal and child health had also been revised as part of primary health care courses for undergraduates and interns.

Dr SYLLA (Guinea) said that it was only in recent years that a study of statistics on parasitic diseases in Guinea had revealed an association with bottle-feeding; no doubt an adulterated product or lack of hygiene was responsible. The Government had therefore decided to monopolize the importation and distribution of breastmilk substitutes, which were only sold in state pharmacies, on prescription - for infants who had lost their mothers, or whose mothers were seriously ill. Hospitals were instructed not to use breastmilk substitutes for the treatment of malnutrition. The first step in treating infantile diarrhoea was to eliminate
milk. Mothers and infants were hospitalized together so that breastfeeding could continue uninterrupted. In the medical faculty and in midwifery and nursing schools teaching emphasized the importance of breastfeeding. Fourteen months' maternity leave was granted, and nursing mothers were allowed to commence work one hour later and finish one hour earlier.

Dr CONTY (Spain) congratulated the Director-General on the progress report. He drew attention to the importance of workshops, both at the national and international levels. In his view, the number of workshops should be increased, since they helped to encourage breastfeeding by facilitating the exchange of technical knowledge, and promoted collaboration between health workers. He expressed gratitude to the countries and organizations which collaborated in that respect.

Dr ALBORNIZ (Venezuela) expressed satisfaction at the work accomplished in the field of infant and young child feeding. Venezuela continued to make efforts to reduce infant mortality through nutrition programmes for pregnant mothers and free paediatric care, including, where necessary, the distribution of milk substitutes. The programme was coordinated with the programme on special care in child birth, and for the new-born infant, which at present covered almost the whole country. Ante- and post-natal leave for pregnant women had been granted for more than 25 years. The National Institute of Nutrition had permanent education and nutrition programmes dealing with infants and young children, and it was currently organizing a second seminar on breastfeeding which was hoped would even increase the favourable results of the first such seminar. The programme for pre-school children had recently been extended with excellent results. He expressed the hope that the activities undertaken by WHO at the global level would enable rapid progress to be made in that important field.

Dr GUERRERO (Colombia) said that Colombia fully supported the policy of breastfeeding and was making every effort to expand the programme, which was integrated in the overall maternal and child health care programme. In order to encourage breastfeeding mothers were given paid leave, following which they were allowed to leave work for two hours per day in order to feed their babies. Furthermore, when legislation on milk substitutes had been adopted in 1980, many of WHO's recommendations had been taken into account.

Dr ABDULLATIF (Democratic Yemen) congratulated the Director-General on his excellent report. In Democratic Yemen breastfeeding mothers were given leave on full pay, and no advertising whatsoever for breastmilk substitutes was allowed. However, it was not possible to prevent neighbouring radio and television stations from broadcasting such advertisements. The international code should help to control such advertising.

Democratic Yemen imported two or three milk substitutes that were subsidized by the State - but for reasons beyond its control those milk substitutes were sometimes smuggled outside its frontiers.

Local traditions of breastfeeding were encouraged by primary health care workers and midwives in maternal and child health centres. Breastfeeding by women visiting the infant during the first few days was a common practice in some rural areas.

Dr WILLIAMS (Sierra Leone) joined other delegates in thanking the Director-General for his progress report. Prolonged breastfeeding was the rule in Sierra Leone, and breastfed babies were among the most healthy in the world until the age of six months or so, when breastmilk was no longer enough. It was at that stage that problems arose, due to lack of suitable weaning foods. Bottle-feeding was adopted because mothers considered it fashionable, because they had certain beliefs, or because they formed part of the 2% of women who went out to work. The price of milk substitutes was extremely high in Sierra Leone compared to the subsidized price of packets of high protein food made from benniseed, blackeyed beans and the staple parboiled rice.

Health and nutrition education for all sectors of the community, including men, should be strengthened so as to counter prejudice against breastfeeding. It was also important to provide sufficient amounts of weaning foods made from locally available high protein foods and to educate the population in their correct use. For the first six months after childbirth mothers should be granted leave or should only work for half the day; nurseries should be set up near their places of work so that they could go and breastfeed their babies during the day.
In her view it was impossible to prepare sterile milk feeds if the environmental conditions and personal hygiene were poor. An effort in that respect was therefore essential. There were obviously cases in which breastmilk substitutes had to be used, but they should be kept to the minimum. Where they were necessary, they would often have to be subsidized by the State, and facilities would have to be provided so that sterile milk feeds could be given, not diluted, contaminated bottle feeds that would continue to contribute to the high incidence of diarrhoea, vomiting, dehydration and death among infants and young children.

Dr MORK (representative of the Executive Board) thanked delegates for the kind remarks addressed to the Executive Board and for the support given to the Board's work on the subject. In its future work the Board would take into account the concern expressed by many delegates, particularly those from developing countries, in connexion with many factors detrimental to optimum infant and young child feeding.

The numerous activities carried out at the regional and national levels to promote breastfeeding, to improve weaning foods and practices and to provide education and information were most encouraging. The delegate of the United States of America, among others, had spoken about the need and opportunities for research, and reference had been made to legislative action to protect pregnant and nursing mothers and to improve the social status of women. The ideas and suggestions made would be most useful to the Secretariat and to the Board in its follow-up and further consideration of that important issue.

The discussion had highlighted the fact that the problem related to the marketing of infant formula was definitely not primarily a trade issue, but a serious health issue upon which WHO had a constitutional obligation to act.

Dr PETROS-BARVAZIAN (Director, Division of Family Health) thanked delegates for their encouraging comments on the Director-General's progress report.

The discussion had covered many aspects of infant and young child feeding and had shown that the question should be considered in a comprehensive manner, and not in isolation. It formed a part of the overall health and nutrition of mothers and children, an essential element of primary health care and, hence, of efforts made by Member States and organizations to achieve health for all by the year 2000.

She had noted the valuable suggestions made for future research and service needs, as well as those in relation to the development of educational workshops and materials, and the need for the encouragement and promotion of technical cooperation among countries. The progress report showed the different activities undertaken at country, regional and global levels, most of which involved the participation of various interested groups, in particular UNICEF which made a valuable contribution.

The delegate of Jamaica had referred to the question of maternal nutrition, and she assured her that it received high priority in WHO's programme. Scientific information available suggested that mothers were able to breastfeed their babies unless they were severely malnourished or unhealthy. The question was being followed not only from the point of view of the relationship of maternal nutrition and the lactation performance, but also from that of the mother's own health and the effects on the fetus, especially in relation to birth weight. As part of the ACC Sub-Committee on Nutrition there was a special Consultative Group on Maternal and Young Child Nutrition, which had discussed recent knowledge on maternal nutrition and whose report was available. The second phase of the WHO collaborative studies on breastfeeding focused on the volume and composition of breastmilk in order to see whether better light could be shed on the possible differences in volume and composition in different population groups.

With regard to lactation and reproduction, she said that scientific knowledge continued to show that there was a relationship between them. WHO studies showed that there was a close link between the frequency and duration of breastfeeding in various population groups and the timing of the commencement of post-partum menstruation. It was planned to hold a meeting in February 1982 on breastfeeding and fertility and the relationship between lactation, reproduction and family planning. Most societies preferred that lactating mothers should not become pregnant so that they would be able to continue breastfeeding successfully. Fully breastfeeding mothers were, in general, less likely to become pregnant than those who were not breastfeeding, but for additional security it was necessary for some women to take contraceptive measures. It was therefore extremely important to know what contraceptive measures
should be used during breastfeeding, since there was a likelihood that some hormonal contraceptives could pass to the baby through the milk. The implication of all this for the policy level showed the need for an integrated programme approach in the context of infant nutrition, maternal and child health and family planning, and primary health care. She hoped that it would be possible to report on the subject to the Thirty-fifth World Health Assembly.

**Draft International Code of Marketing of Breastmilk Substitutes:** Item 23.2 of the Agenda (Resolutions WHA33.32, para. 6(5), and EB67.R12; Document A34/8)

Dr MORK (representative of the Executive Board) said that the subject had been discussed at length during the Thirty-third World Health Assembly. In that connexion, delegates would recall resolution WHA33.32, which had been adopted unanimously, and which requested the Director-General, inter alia, "to prepare an international code of marketing of breastmilk substitutes in close consultation with Member States and with all other parties concerned". The need for such a code and also the principles on which it should be developed had thus been unanimously agreed at the Thirty-third World Health Assembly.

Two issues were before the Committee, namely, the content of the code and the question of whether it should be adopted as a regulation in the sense of Articles 21 and 22 of the WHO Constitution, or as a recommendation in the sense of Article 23.

The proposal before the Committee in document A34/8 was the fourth distinct draft of the code - the result of a long process of consultations carried out with Member States and other parties concerned, in close cooperation with UNICEF. Few, if any, issues before the Board and the Assembly had been the object of such extensive consultations.

During the process, the Director-General and the Secretariat had been subjected to a variety of pressures and counter-pressures, in addition to accusations and allegations, from some quarters, which had sought to compromise their integrity. The Board, at its meeting in January 1981, had expressed great admiration for the work of the Director-General and the Secretariat in the face of the accusations they had had to endure.

Members of the Board had expressed resentment at the accusations, which they had considered to be beneath contempt. That activity had regrettably continued, and he was confident that the Committee shared the sentiment expressed by the Board with regard to the work carried out by the Director-General and the Secretariat.

During the Board's discussion on the item, many members had addressed themselves to the aim and principles of the code and had stressed that, as presently drafted, it constituted the minimum acceptable requirements concerning the marketing of breastmilk substitutes.

Since even at the present late stage, as reflected in recent newspaper articles, some uncertainty persisted with respect to the content of the code, in particular its scope, he thought it would be useful to make some remarks on that point. He reminded delegates, however, that the scope of the code had not been a source of difficulty during the Board's discussions.

The scope of the draft code was defined in Article 2. During the first four to six months of life, breastmilk alone was usually adequate to sustain the normal infant's nutritional requirements. Breastmilk might be replaced (substituted) during that period by *bona fide* breastmilk substitutes including infant formula. Any other food such as cow's milk, fruit juices, cereals, vegetables, or any other fluid, solid or semi-solid food intended for infants, and given after this initial period, could no longer be considered as a replacement for breastmilk (or its *bona fide* substitute). Such foods only complemented breastmilk (or breastmilk substitutes) and were thus referred to in the draft code as complementary foods; they were also commonly called weaning foods or breastmilk supplements.

Products other than *bona fide* breastmilk substitutes, including infant formula, were covered by the code only when they were "marketed or otherwise represented to be suitable ... as a partial or total replacement for breastmilk". Thus the code's reference to products used as partial or total replacements for breastmilk was not intended to apply to complementary foods unless those foods were actually marketed (as breastmilk substitutes, including infant formula) as suitable for the partial or total replacement of breastmilk. So long as the manufacturers and distributors of the products did not promote them as being suitable as partial or total replacements for breastmilk, the code's provisions concerning limitations on advertising and other promotional activities did not apply to those products.

The Board had very carefully examined the draft code. Several Board members had expressed a desire to have certain amendments introduced in order to strengthen the code and make it still
more precise. The Board had considered, however, that the adoption of the code by the Thirty-fourth World Health Assembly was a matter of great urgency in view of the serious situation prevailing, particularly in developing countries, and that amendments introduced at that stage might lead to a postponement of the adoption of the code. The Board had therefore unanimously recommended to the present Health Assembly the adoption of the code as presently drafted, realizing that it might be desirable or even necessary to revise the code at an early date in the light of the experience gained in the implementation of its various provisions. That was reflected in operative paragraph 5(4) of the draft resolution contained in resolution EB67.R12.

The second main question before the Board had been whether it should recommend the adoption of the code as a recommendation or as a regulation. Some Board members had expressed a preference for the adoption of the code as a regulation in the sense of Articles 21 and 22 of the Constitution. It became clear, however, that although there had not been a single dissenting voice in the Board with regard to the need for an international code, its scope, or its content, opinion was divided on the question of a recommendation versus a regulation.

It was stressed that any decision concerning the form the code should take should be based on an appreciation of which alternative had the better chance of fulfilling the aim of the code, i.e. to contribute to improved infant and child nutrition and health. The Board had agreed that the moral force of a unanimous recommendation could be such that it would be more persuasive than a regulation that had gained less than unanimous support from Member States. It has considered, however, that the implementation of the code should be closely monitored according to existing WHO constitutional procedures; that future Health Assemblies should assess the situation in the light of reports from Member States; and that the Assembly should take any measures it judged necessary for the code’s effective application.

After carefully weighing the different points raised during its discussions, the Board had unanimously adopted resolution EB67.R12 which contained a draft resolution recommended for adoption by the present Health Assembly. In that connexion, he drew the Committee’s particular attention to the responsibilities outlined in the draft resolution; those of Member States, the regional committees, the Director-General, the Executive Board, and the Health Assembly itself, for appropriate follow-up action once the code had been adopted.

In carrying out their responsibilities, Member States should make full use of their Organization - at global, regional and country levels - by requesting its technical support in the preparation of national legislation, regulations or other appropriate measures, and in the monitoring of the application of the code.

A summary of the Board’s discussion was to be found on pages 306-321 of document EB67/1981/REC/2.

At the Committee’s previous meeting, when it had considered the budget level, one delegate had pleaded for consensus on a financial issue of particular importance to his country. The Director-General responding to the plea, had reminded the Committee of the tradition in the Organization whereby all parties did their utmost to try to reach a consensus on important issues. It was in that spirit that the Board had considered the issue. In his address to the Board in January the delegate of the United States had stated: "In view of all the agreement existing within WHO and its membership regarding infant nutrition questions, it would be very unfortunate if the Health Assembly’s conclusion on the matter was arrived at through divisive action."

The Board had shared that sentiment and had consequently done its utmost to arrive at a unanimous recommendation to the present Health Assembly, in the hope that a consensus would also be reached at the Assembly.

He could best reflect the sentiment of the Board by concluding his introduction with a plea for consensus on the resolution which had been unanimously recommended to the Health Assembly by the Board. The Committee was not considering an economic issue of particular importance to only one or a few Member States; it was considering a health issue of essential importance to developing countries and the children of the whole world - and, thus, to all future generations.

The CHAIRMAN announced that he had fifty speakers on his list.

Professor HALEEM (Bangladesh), speaking on a point of order, suggested that perhaps a fixed maximum amount of time should be allotted to each speaker; there was probably some provision in the Constitution along those lines.
The CHAIRMAN replied that the time of interventions could be restricted voluntarily by
delegates on the basis of a gentlemen's agreement, as was the case in the previous discussions,
if the Committee so expressed the wish.

Dr BORGONO (Chile), also speaking on a point of order, suggested that a procedure that
could be used was to close the debate after a certain period of time. That might be preferable
to limiting speakers, for example, to three minutes.

Dr KPOSSA-MAMADOU (Central African Republic), also on a point of order, said that he shared
the concern of the delegate of Bangladesh and supported the approach suggested by the delegate
of Chile; delegates should be urged to be as brief and concise as possible.

The CHAIRMAN said that the discussions would continue in that spirit. He drew attention to
the fact that any delegate could move the closure of debate at the appropriate time.

Dr HADJ-LAKEHAL (Algeria) congratulated the Director-General on the fine work carried out
and thanked the representative of the Board for his honest presentation and sincere search for
a solution which would enable Member States to move forward.

His country, which considered the present issue crucial, agreed wholeheartedly that it was
health, and not trade, that was at stake, and, most importantly, the health of infants and
small children. The problems of that age-group carried the highest priority in the countries
of the Third World, and their solution constituted the greatest challenge for the achievement
of health for all.

Such issues touched upon the sovereignty of Member States. It was thus essential to
discuss together, so that countries could move forward in a spirit of solidarity in the search
for greater justice. The problem of infant and young child feeding was fraught with danger.
It was not a question of accusing industry. Changes had occurred with regard to people's
customs and, in view of the poor hygienic conditions, lack of knowledge, and low income,
competition to breastfeeding was dangerous. The Third World was particularly affected because
it constituted the market of today and, even more so, of tomorrow. Its voice should be
predominant on the present issue, and it was legitimate to request the international community,
in its search for greater justice, to be a bit more concerned about the problems and interests
of Third World countries.

Since October 1979 hopes had been cherished about the possible introduction of such a
code; they had not always been held high - in fact, they had diminished progressively as a
result of various debates. However, it was a fact of life that often, in order to advance,
compromise solutions had to be resorted to. In the present case, it was sad to note that
compromise had led to a weakened position, adversely affecting the Third World countries.
Surely it should not be necessary to have recourse to threats or boycotts.

His delegation continued to hold the belief that the code should preferably be a
regulation. However, with a view to being constructive, it was prepared to support the Board's
proposal, even if its consensus had been achieved by a very small margin. He believed, in
fact, that the majority of Member States favoured a regulation.

His delegation had serious reservations concerning the scope of the code and its appli-
cations; such reservations, he knew, were also shared by other Member States, including some
of the western industrialized countries. He had been surprised to see no mention in the draft
code of the responsibility that exporting States should have for ensuring that the products
leaving their countries adhered to the standards that would be applicable in the home market.
It seemed to him that that principle had been agreed upon at the September 1980 meeting and
that there had been a consensus on that aspect. He requested clarification on that point.

Due to the pressure of time he would not refer to his other reservations. He would,
however, state that his delegation's support of the Board's proposal was on the understanding
that two years hence the Director-General would ensure that the remarks made and all the
experience gained with the code would lead to its further refinement and improvement.

Finally, his delegation noted with regret the position taken by certain delegations.
Everyone, including those delegations, had urged that every effort should be made to reach
agreement and consensus. Yet they had already taken a stand and made their negative position
publicly known before the subject had even been discussed.
Dr ALSEN (Sweden) speaking on behalf of the five Nordic countries, expressed appreciation for the work carried out by the Organization on the draft code during the past year. He noted that it represented a minimum compromise which had been the product of thorough consultations among the various parties concerned. As such, while it might not yet fully meet all requirements, the Nordic countries strongly believed that Member States now had a document before them which was essentially acceptable to all. It was therefore hoped that the Committee would be able to dispense with lengthy discussions concerning the code and proceed rapidly to its unanimous adoption, as well as of that of the draft resolution recommended by the Board in its resolution EB67.R12.

The heads of the Nordic delegations had stated in plenary that they regarded the code as one of the most important issues before the present Assembly. From the summary records of the sixty-seventh session of the Board, it had appeared that the majority of the Board members who had addressed the issue had emphasized the advantages which would accrue from adopting the code as a regulation. However, in order to attain unanimity, the Board had finally decided to recommend adoption of the code as a recommendation. That position tallied with that of the Nordic countries, which were therefore prepared to endorse the decision of the Board.

Particular importance was attached to operative paragraph 5 (2) of the draft resolution, which called for the monitoring of the international code at country, regional and global levels. Member States would have to establish some system for a monitoring process; the information gathered would enable the Director-General to submit the necessary report, after an initial period, to the Health Assembly where the code would be reviewed in the light of experience gained. At that time, the Health Assembly should be in a better position to establish in more precise terms the responsibility of exporting countries.

In view of the need for monitoring, follow-up and review referred to in operative paragraph 3 of the draft resolution, it would be appreciated if the Director-General could have basic guidelines prepared to facilitate the setting-up of appropriate national monitoring processes, possibly for the next sessions of the regional committees. Such guidelines should also refer to the important role to be played by consumer organizations and other nongovernmental organizations. That would be a concrete example of community involvement, a term too often used in a general way.

The code and the draft resolution were viewed as a very important part of maternal and child health care, and, as such, an integrated part of primary health care, the key for achieving health for all. What had now to be done was a determined effort to translate the recommended code into national legislation so that it could be implemented in Member States. In that connexion, WHO's continued efforts in collaboration with other relevant bodies of the United Nations system, Member States and concerned nongovernmental organizations, including both consumer organizations and industry, was considered crucial. The Nordic countries stood ready to do their share in that respect.

In conclusion, the Nordic countries wished again to commend the draft international code along with the draft resolution contained in resolution EB67.R12, for unanimous adoption by the Health Assembly.

The meeting rose at 12h35.