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INFANT AND YOUNG CHILD FEEDING:
GUIDING PRINCIPLES FOR REPORTING BY MEMBER STATES

This addendum to document WPR/RC32/11 relates to the third resolution brought to the attention of the Regional Committee, WHA34.22, International Code of Marketing of Breastmilk Substitutes (page 3, document WPR/RC32/11). The proposed Guiding Principles for facilitating reporting by Member States on action taken in the field of infant and young child feeding are attached as Annex 1 for review, modification and acceptance by the Regional Committee. Also attached, for ease of reference as Annex 2, is a copy of resolution WHA33.32 on Infant and Young Child Feeding.

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ANNEX 1

**GUIDING PRINCIPLES FOR FACILITATING REPORTING BY MEMBER STATES ON
ACTION TAKEN IN THE FIELD OF INFANT AND YOUNG CHILD FEEDING**

(Follow-up to Assembly resolutions WHA33.32 and WHA34.22)

World Health Organization
Geneva, July 1981

Guiding principles for facilitating reporting by Member States on
action taken in the field of infant and young child feeding

Introduction

The Thirty-third World Health Assembly, in resolution WHA33.32,¹ requested the Director-General to report in even years "on the steps taken by WHO to promote breast-feeding and to improve infant and young child feeding", and to evaluate the effect of all relevant measures adopted "by WHO and its Member States".² This Assembly also requested the Director-General "to prepare an international code of marketing of breast-milk substitutes" whose aim "should be to contribute to the provision of safe and adequate nutrition for infants and young children and, in particular, to promote breast-feeding ..."

¹ Infant and young child feeding. See document WHA33/1980/REC/1, p. 32 and Annex 6.

² The first progress report on this topic was presented to the Thirty-fourth World Health Assembly as document A34/7. The next progress report will be submitted to the Thirty-fifth Assembly in May 1982.

Following consultations organized by WHO and UNICEF with all interested parties, and the discussions and recommendation of the Executive Board in January 1981, the Thirty-fourth World Health Assembly, through resolution WHA34.22,³ adopted the International Code of Marketing of Breast-Milk Substitutes in the form of a recommendation. Article 11 concerning the implementation and monitoring of the Code specifies that Member States are to "communicate annually to the Director-General information on action taken to give effect" to its principles and aim; the Director-General, in turn, is to "report in even years to the World Health Assembly on the status" of its implementation. In addition to these biennial reporting requirements, resolution WHA34.22 requests the Director-General to report to the Assembly on a one-time basis in 1983 "on the status of compliance with and implementation of the Code" at all levels, with a view to making "proposals, if necessary, for (its) revision ... and for the measures needed for its effective application".

During the discussions on the Code at the Assembly and the Executive Board in May 1981, the Director-General was asked to prepare a set of guiding principles which would facilitate Member States' monitoring of and reporting on the Code at the country level. Bearing in mind the Assembly's emphasis on the Code's being viewed within the framework of the problems of infant and young child feeding as a whole, a set of guiding principles has been prepared to cover a range of issues in this field, and thereby the various reporting requirements of Member States and the Director-General referred to above.

The Director-General is ready, upon request, to provide all possible support to Member States in applying these guiding principles according to national circumstances, and in developing and implementing national programmes to improve infant and young child feeding within the context of the family health component of primary health care and strategies for health for all.

³ International Code of Marketing of Breast-Milk Substitutes. See document WHA34/1981/REC/1 and appropriate annex. Resolution WHA34.22, in operative paragraph 3, states that "the follow-up to and review of the implementation of this resolution shall be undertaken by regional committees, the Executive Board and the World Health Assembly in the spirit of resolution WHA33.17". This latter resolution, Study of WHO's structures in the light of its functions (see document WHA33/1980/REC/1, p. 14 and Annex 3), urged regional committees inter alia "to increase their monitoring, control and evaluation functions ... and to include in their programmes of work the review of WHO's action in individual Member States within the regions".

1. INFANT AND YOUNG CHILD FEEDING: REGULAR MONITORING AND REPORTING

Many countries have begun to define national policies, strategies and plans of action as part of WHO's global strategy for health for all by the year 2000. Within the context of this global strategy - and the key approach for attaining it, primary health care (PHC) - programmes specifically geared to protecting and improving the health of women, infants and young children are recognized to be an essential element of national health strategies.

Governments will want to know if they are making progress with the implementation of their strategies, and whether they are having the desired effect. To this end they will consider introducing at the earliest stage a process of monitoring and evaluation that is appropriate to their needs as part of their management of national health development. Whatever the precise nature of the process, it should include monitoring the progress made in improving the health of infants and young children and associated feeding practices, and the assessment of the effectiveness and impact on this particularly vulnerable population group of the measures taken.

Regular reporting on these measures will permit a valuable exchange of information between countries on ways in which priorities have been set, problems identified and solutions sought, and thus promote technical cooperation among developing countries (TCDC). Further, it will facilitate global evaluation of this process and the development of appropriate action designed to support it.

Infant and young child feeding, as a specific subject area, encompasses a variety of issues. For example, in the report of the October 1979 WHO/UNICEF Meeting on Infant and Young Child Feeding, which was subsequently endorsed by the World Health Assembly, the recommendations made were grouped under the following main themes:

- 1) the encouragement and support of breast-feeding;
- 2) promotion and support of appropriate and timely complementary feeding (weaning) practices with the use of local food resources;
- 3) strengthening of education, training and information on infant and young child feeding;
- 4) development and support for improved health and social status of women in relation to infant and young child feeding;
- 5) appropriate marketing and distribution of breast-milk substitutes.

The guiding principles for reporting by Member States on action taken in the field of infant and young child feeding have been prepared on the basis of these five themes.

Although the guiding principles which follow constitute a framework for reporting by all Member States, they are neither exhaustive in scope nor definitive in content. For example, countries are encouraged to surpass this framework and provide information on additional elements as

appropriate. At the same time, however, the guiding principles will have to be applied in keeping with national circumstances; that is, while the elements grouped under the five themes form the core content for country reports, the degree and specificity of information provided by Member States under each will be a function of their compatibility with the health priorities established within national strategies for achieving health for all, and their feasibility according to national information collection capacities. Since social, economic and health situations - as well as national ability to deal with related problems - are constantly evolving, successive reports from Member States will no doubt reflect not only these changes, but also a deepening and widening of the information base provided under each of the five themes.

The degree and specificity of information reported will vary according to national circumstances. In some instances formal up-to-date information may not be readily available and governments will wish to draw upon their overall impressions concerning some of the proposed elements. In other situations it may be possible to utilise existing information that has been gathered for other purposes but which is nevertheless relevant to the exercise at hand. In yet other circumstances, however, governments may wish to institute surveys designed to provide more up-to-date and nationally representative information, especially with respect to issues that have not been previously covered in national information systems. Where this is the case, and should national authorities so desire it, WHO will provide technical support in the development of the necessary data gathering procedures. Information gathering on patterns of breast-feeding, for example, could be facilitated by the use of the simple, low cost, sample survey methodology which WHO has prepared especially for this purpose.¹

Because information requirements are broad in nature, it can be anticipated that the collection of information, as with national action to promote improvements under the five themes, will require the involvement of a variety of institutions, groups, agencies, nongovernmental organizations, professional bodies and industry. Similarly, the sources from which much of the information will be derived are likely to represent a variety of sectors and interests, both public and private.

The overall objective of activities undertaken in relation to these themes is to promote and improve health and nutrition and decrease morbidity and mortality among infants and young children. In this light, it would be useful if information, in addition to that provided under the five themes, were included, wherever possible, on national patterns of morbidity, mortality, and growth and development among the 0-24 month age cohort within different socioeconomic groups. Information on other closely related aspects of infant and young child nutrition and health such as family planning, child spacing and diseases prevalent in childhood, for example, diarrhoea, would also be useful for interpreting the core information reported and in developing appropriate corrective measures.

¹ Methodology for Determination of Breastfeeding Patterns,
MCH/BF/SUR/81.1

2. MAIN SUBJECT AREAS FOR MONITORING AND REPORTING

The elements listed below form an outline of the core content of information required under each of the five major themes, and on the basis of which appropriate measures to improve infant and young child health and nutrition can be developed within primary health care plans and programmes.

2.1 Encouragement and support of breast-feeding

National interest in, and knowledge about, breast-feeding and the factors that influence it will determine the nature and extent of action to improve infant and young child feeding practices. The availability of information to all sectors of society, both public and private, on the importance of breast-feeding is critical as are measures to ensure that recommendations in this area can be realistically implemented and that the social support required for breast-feeding is forthcoming.

Information in this area should include:

current patterns of breast-feeding;

information and education on breast-feeding currently available to the public, policy makers and others;

national measures to support and facilitate breast-feeding, including legislation concerning maternity leave, family allowances, provision of breast-feeding breaks, creches near the work place to enable working mothers to continue breast-feeding;

current knowledge about the family life component in education for future parents, including elements on infant and child care and feeding; pre-natal care practices with respect to promotion of, and preparation for, breast-feeding; hospital and domiciliary maternity practices with respect to breast-feeding; counselling of women on breast-feeding during the pre-natal period;

steps being taken in these areas to improve inadequate situations and practices, including programmes and plans within the framework of primary health care.

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

The promotion and support of appropriate and timely complementary feeding (weaning) practices with the use of local food resources represents a vital part of any programme to improve the health and nutrition of infants and young children. What is known by the public, policy makers, health workers and others in this area, and what is done to help facilitate sound practices is of vital importance.

Information in this area should include:

existing knowledge of overall weaning practices, including the age at which children are introduced to weaning foods, the types of foods used, and their preparation;

information and education available to the public, policy makers and others on the importance of appropriate weaning;

types of weaning foods (locally produced, by industrial or other means, or imported) being marketed and the distribution channels (including public and private health care systems) being used.

steps being taken in these areas to improve inadequate situations and practices, including programmes and plans within the framework of primary health care;

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

It is generally accepted that health and health-related personnel play a key role in determining infant feeding and child care practices. The information they give to mothers and the concern they show for this issue is critical. What health and health-related personnel actually know about contemporary infant and young child feeding needs and the extent to which they are trained to encourage and facilitate appropriate feeding practices are thus important factors.

Information in this area should include:

the infant and young child nutrition and feeding component within training programmes for medical, nursing, midwifery and PHC workers; the infant and young child nutrition and feeding content of continuing education programmes in different health and health-related fields;

the infant and young child feeding component of educational programmes for Traditional Birth Attendants (TBA) and other traditional health workers;

the information on infant and young child feeding that is currently included in the training of community workers from other sectors who normally come into contact with mothers and families, such as agricultural extension workers and school teachers;

the information on infant and young child nutrition and feeding in primary and secondary education programmes;

steps being taken in these areas to improve inadequate situations and practices, including programmes and plans within the framework of primary health care.

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

The health, social and economic aspects of the status of women directly affect their opportunities for mother-child contact as well as their options for infant and young child feeding and child care generally. Changes and improvements in the status of women will be necessary if conditions that are conducive to and supportive of sound infant and young child feeding and rearing practices are to be ensured.

Information in this area should include:

existing knowledge of national female employment patterns, including wage earning and non-wage earning occupations;

existing knowledge of the overall health/nutritional status and reproductive patterns of women;

societal and community support available to women in order to facilitate breast-feeding and provide continuing care to other children in the family, including such measures as sharing of child care responsibilities among family members and others in the community;

existing support measures, where applicable, such as maternity and parental leave, allowances available to families with young children, and job security during maternity leave;

ways in which nongovernmental women's organizations are involved in PHC matters related to infant and young child rearing and nutrition;

steps being taken in these areas to improve inadequate situations and practices, including programmes and plans within the framework of primary health care.

2.5 Appropriate marketing and distribution of breast-milk substitutes

The marketing and distribution of breast-milk substitutes has been identified as one of the factors that can influence infant and young child feeding in general and breast-feeding practices in particular. The aim of the International Code of Marketing of Breast-Milk Substitutes is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast-feeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution. The Code applies to the marketing and related practices of breast-milk substitutes, including infant formula; other products when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast milk; and feeding bottles and teats.

Information in this area should include:

national legislation, regulations or other measures, such as voluntary agreements, concerning marketing of products within the scope of the Code; other relevant legislation or regulations concerning food marketing practices;

the market situation, including information concerning manufacturers and distributors of products within the scope of the Code, whether domestic or foreign; the range of products that are available on the national market; labelling; distribution channels; sales organization;

marketing to the public of products within the scope of the Code, including use of advertising media, promotional devices, sampling, gifts;

practices within the health care system that concern products within the scope of the Code such as their distribution and promotion through the health care system; demonstration of appropriate use of these products for those who need them and ensuring the adequacy of supplies of those products for as long as the infants concerned need them; provision of information and education; presence of personnel provided or paid for by manufacturers and distributors; and the relationship between manufacturers and distributors and health workers;

quality control of products within the scope of the Code (applicable standards, testing requirements); existence of relevant national standards; application of recognized international standards;

collaboration of manufacturers and distributors of products within the scope of the Code, and appropriate nongovernmental organizations, professional groups, and consumer organizations with governments in monitoring the application of the Code;

the extent to which national authorities feel that the Code, in its present form, has been applicable and effective, and proposals, if necessary, for its revision;

steps being taken in these areas to improve inadequate situations and practices, including local adaptation of the Code.

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ANNEX 2

INFANT AND YOUNG CHILD FEEDING (RESOLUTION WHA33.32)



THIRTY-THIRD WORLD HEALTH ASSEMBLY
RESOLUTION WHA33.32
INFANT AND YOUNG CHILD FEEDING

THIRTY-THIRD WORLD HEALTH ASSEMBLY

WHA33.32

23 May 1980

INFANT AND YOUNG CHILD FEEDING

The Thirty-third World Health Assembly,

Recalling resolution WHA27.43 of the Twenty-seventh World Health Assembly on "Infant nutrition and breast-feeding" and resolution WHA31.47 which in particular reaffirmed that breastfeeding is ideal for the harmonious physical and psychosocial development of the child, that urgent action is called for by governments and the Director-General in order to intensify activities for the promotion of breastfeeding and development of actions related to the preparation and use of weaning foods based on local products, and that there is an urgent need for countries to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation, as well as to take appropriate supportive social measures for mothers working away from their homes during the lactation period;

Recalling further resolutions WHA31.55 and WHA32.42 which emphasized maternal and child health as an essential component of primary health care, vital to the attainment of health for all by the year 2000;

Recognizing that there is a close interrelationship between infant and young child feeding and social and economic development, and that urgent action by governments is required to promote the health and nutrition of infants, young children and mothers, inter alia through education, training and information in this field;

Noting that a Joint WHO/UNICEF Meeting on Infant and Young Child Feeding was held from 9 to 12 October 1979, and was attended by representatives of governments, the United Nations system and technical agencies, nongovernmental organizations active in the area, the infant food industry and other scientists working in the field;

1. ENDORSES in their entirety the statement and recommendations made by the joint WHO/UNICEF meeting namely on the encouragement and support of breastfeeding; the promotion and support of appropriate weaning practices; the strengthening of education, training and information; the promotion of the health and social status of women in relation to infant and young child feeding; and the appropriate marketing and distribution of breastmilk substitutes. This statement and these recommendations also make clear the responsibility in this field incumbent on the health services, health personnel, national authorities, women's and other nongovernmental organizations, the United Nations agencies and the infant food industry, and stress the importance for countries to have a coherent food and nutrition policy and the need for pregnant and lactating women to be adequately nourished. The joint meeting also recommended that "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 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";

2. RECOGNIZES the important work already carried out by the World Health Organization and UNICEF with a view to implementing these recommendations and the preparatory work done on the formulation of a draft international code of marketing of breastmilk substitutes;

3. URGES countries which have not already done so to review and implement resolution WHA27.43 and resolution WHA32.42;

4. **URGES** women's organizations to organize extensive information dissemination campaigns in support of breastfeeding and healthy habits;

5. **REQUESTS** the Director-General

(1) to cooperate with Member States on request in supervising, or arranging for the supervision of the quality of infant foods during their production in the country concerned as well as during their importation and marketing;

(2) to promote and support the exchange of information on laws, regulations, and other measures concerning marketing of breastmilk substitutes;

6. **FURTHER REQUESTS** the Director-General to intensify his activities for promoting the application of the recommendations of the joint WHO/UNICEF meeting and, in particular:

(1) to continue efforts to promote breastfeeding as well as sound, supplementary feeding and weaning practices as a prerequisite to healthy child growth and development;

(2) to intensify coordination with other international and bilateral agencies for the mobilization of the necessary resources for the promotion and support of activities related to the preparation of weaning foods based on local products in countries in need of such support and to collate and disseminate information on methods of supplementary feeding and weaning practices successfully used in different cultural settings;

(3) to intensify activities in the field of health education, training and information on infant and young child feeding, in particular through the preparation of training and other manuals for primary health care workers in different regions and countries;

(4) to prepare an international code of marketing of breastmilk substitutes in close consultation with Member States and with all other parties concerned including such scientific and other experts whose collaboration may be deemed appropriate, bearing in mind that:

(a) the marketing of breastmilk substitutes and weaning foods must be viewed within the framework of the problems of infant and young child feeding as a whole;

(b) the aim of the code should be to contribute to the provision of safe and adequate nutrition for infants and young children, and in particular to promote breastfeeding and ensure, on the basis of adequate information, the proper use of breastmilk substitutes, if necessary;

(c) the code should be based on existing knowledge of infant nutrition;

(d) the code should be governed inter alia by the following principles:

(i) the production, storage and distribution, as well as advertising of infant feeding products should be subject to national legislation or regulations, or other measures as appropriate to the country concerned;

(ii) relevant information on infant feeding should be provided by the health care system of the country in which the product is consumed;

(iii) products should meet international standards of quality and presentation in particular those developed by the Codex Alimentarius Commission and their labels should clearly inform the public of the superiority of breastfeeding;

(5) to submit the code to the Executive Board for consideration at its sixty-seventh session and for forwarding with its recommendations to the Thirty-fourth World Health Assembly, together with proposals regarding its promotion and implementation, either as a regulation in the sense of Articles 21 and 22 of the Constitution of the World Health Organization or as a recommendation in the sense of Article 23, outlining the legal and other implications of each choice;

(6) to review the existing legislation for enabling and supporting breastfeeding, especially by working mothers in different countries, and to strengthen the Organization's capacity to cooperate on the request of Member States in developing such legislation;

(7) to submit to the Thirty-fourth World Health Assembly, in 1981, 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 evaluation of the effect of all measures taken by WHO and its Member States.

Seventeenth plenary meeting, 23 May 1980
A33/VR/17