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INFANT AND YOUNG CHILD NUTRITION AND PROGRESS REPORT ON THE IMPLEMENTATION OF THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

This report to the Executive Committee summarizes information provided by PAHO Member Governments on action taken regarding infant and young child nutrition and the status of compliance with and implementation of the International Code of Marketing of Breast-milk Substitutes approved by Resolution WHA34.22 (1981).

In accordance with Resolution WHA33.22 (1980) endorsing the statements and recommendations made by the Joint WHO/UNICEF Meeting on Infant and Young Child Feeding, Geneva (October 1979), the Director-General has reported to the Thirty-fourth, Thirty-fifth and Thirty-sixth Assemblies the progress achieved by Member States on this matter, including information provided by the countries of the Americas. The Annex includes a chronology of the development of the International Code of Marketing of Breast-milk Substitutes and regular reporting on infant and young child feeding (May 1974-May 1984) prepared by WHO/UNICEF (July 1982).

In following up the above WHO resolutions, PAHO has assisted national activities upon request of Member Governments, and has organized several intercountry and regional meetings on strategies for the improvement of maternal and child nutrition, including the adoption of legislation in support of sound infant and young child feeding practices.

Since there is great awareness and recognition of the importance of nutrition as a basic component of the strategies to achieve health for all by the year 2000, Member Governments, with the collaboration of PAHO/WHO, are developing national programs for the improvement of maternal-infant nutrition, including encouragement and support of breastfeeding and its surveillance; promotion and support of timely complementary feeding (weaning) practices; strengthening of education, training and information on infant and young child feeding; development of support for improved health and social status of women; and appropriate marketing of breast-milk substitutes, giving effect to the International Code approved by the World Health Assembly.

Specific information is included from 21 Latin American and Caribbean countries, Canada, and the United States of America.

PAHO—including the Caribbean Food and Nutrition Institute (CFNI) and the Institute of Nutrition of Central America and Panama (INCAP)—will continue providing technical cooperation to Member Governments for the implementation of policies and programs aimed at the reduction and control of malnutrition and the promotion and support of adequate nutrition of mothers and children, particularly in low-income groups of rural and periurban populations.

1. The Problem at the Regional Level

Infant malnutrition, as measured by growth performance from conception to early childhood, continues to be a major public health problem in the countries of the Region. The principal manifestations of malnutrition are stunting and wasting, particularly in low-income groups of rural and periurban populations.

Undernutrition is the result of various factors that interfere with the intake, absorption, and utilization of nutrients. However, the effect of these factors on the organism, single or together, may be modified by other interferences at play in specific environmental situations. For this reason, there can be no simple, universal solution for the problem of malnutrition, nor will any single vertical intervention strategy have the same impact in every case.

The health sector, while certainly not able to cope with all the major causal factors of malnutrition, nevertheless has distinct responsibilities concerning its primary, secondary, and tertiary prevention. For example, through the primary health care approach it plays a vital role in the prevention of malnutrition through health education; it participates in the early detection of malnutrition through various forms of growth measurement; and it manages clinical cases of malnutrition in order to prevent further deterioration and death.

The health sector also has important responsibilities regarding non-dietary factors contributing to malnutrition. These range from efforts to neutralize factors contributing to low-birth weight (close birth intervals, excessive maternal energy output, chronic maternal illness, etc.) to measures to control those responsible for growth retardation (communicable and transmissible diseases, including measles, pertussis, and diarrheal and other diseases).

The role of the health sector in helping to design specific country and regional approaches to problem solution is twofold: direct, in terms of assessing quantitative and qualitative needs, creating awareness of the most appropriate community and intrafamily distribution and using available food to ensure health and combat disease; and indirect, in terms of acting in concert with other sectors (agriculture, education, transport, etc.) to ensure true complementarity of all necessary inputs.

The development and wide application in recent years of a number of common principles, definitions, and approaches to the analysis and presentation of data have led to a considerable increase in information concerning major forms of malnutrition. This increase in information not only permits; for the first time, a situation analysis by geographical area; it has also made possible a significant improvement in the identification of priority (age) groups and, in the case of subclinical malnutrition, a clearer distinction between acute deficiency (wasting) and chronic forms of malnutrition with partial or complete adaptation (stunting).

It is now becoming possible, at least on a regional basis, to obtain firm evidence concerning the magnitude and geographical distribution of selected major nutritional problems in developing countries. For example, data have been compiled with respect to nutritional anemia in women, probably the most common nutritional deficiency in terms of sheer numbers affected and prevalence; low birth weight, which is an indicator of both maternal and fetal malnutrition and perinatal risk for the infant; infant feeding (including breastfeeding) patterns, which demonstrate the extent of possible inadequacies in the weaning process; acute malnutrition in preschool-age children, which leads to the conclusion that priority should be given simultaneously to treatment and prevention; chronic malnutrition, as manifested by a reduction in linear growth; and low weight for age, which may be due to acute or chronic malnutrition, or a combination of the two.

Estimated figures of maternal and child malnutrition for the Region as a whole are as follows: women with nutritional anemia, 17 per cent; birth weight below 2500 grams, 11 per cent; preschool children with acute protein-energy malnutrition (wasting), 4 per cent; preschool children with chronic protein-energy malnutrition (stunting), 43 per cent; and preschool children with low weight, 28 per cent.

2. Status of Compliance with and Implementation of the International Code of Marketing of Breast-milk Substitutes

In accordance with Resolution WHA33.32 (May 1980), a biennial progress report by the Director-General on infant and young child feeding was presented to the XXXV World Health Assembly. This report covered five main themes: the encouragement of breastfeeding; appropriate weaning practices; the strengthening of education, training, and information with respect to infant and young child feeding; the status of women in this connection; and the appropriate marketing and distribution of breast-milk substitutes. The information on steps taken by Member Governments and the Organization, at country, regional, and global levels, in these five areas were presented within the broader context of primary health care and strategies for achieving health for all (see Annex).

In addition to biennial reports on infant and young child feeding, including information on steps taken to give effect to the International Code of Marketing Breast-milk Substitutes, Resolution WHA34.22 (May 1, 1981) requested the Director-General inter alia to report to the Thirty-sixth World Health Assembly in May 1983 "on the status of compliance with and implementation of the Code at country, regional, and global levels"; and "based on the conclusions of the status report, to make proposals, if necessary, for the revision of the text of the Code and for the measures needed for its effective application."

Following the above WHA resolutions, the Director-General and the Regional Director invited the attention of Member States regarding this important matter and offered continued collaboration to give renewed attention to the need of adopting national legislation, regulations, or other suitable measures to give effect to the International Code of Marketing Breast-milk Substitutes.

On the other hand, the Organization requested from Member Governments information relating to:

- a) The implementation of the International Code and its effectiveness in the national context as "one of several important actions required to protect healthy practices with respect to infant and young child feeding" (Resolution WHA34.6).
- b) Current or draft national legislation, regulations, or other measures concerning marketing or distribution of breast-milk substitutes; copies of relevant texts are being provided, whenever possible.
- c) Comments or suggestions, if deemed appropriate, concerning compliance with and implementation of the International Code.

Almost all countries of the Region are implementing or developing national legislation in support of infant and young child feeding, including the marketing of breast-milk substitutes. Specific information is attached from 14 Latin American countries, 7 English-speaking Caribbean countries, Canada and the United States of America, on their action in this regard.

A summary report on progress made by PAHO Member Governments on this matter was included in the Report to the Special Subcommittee of the PAHO Executive Subcommittee on Women in Health and Development, submitted to the 88th Executive Committee Meeting (June-July 1982).

The following summary of information provided by Member Governments, in alphabetical order by country, covers the five main elements related to infant and young child nutrition mentioned above.

#### Argentina

The Ministry of Health has set up a national task force to promote and coordinate the monitoring of breastfeeding in various regions. As part of this exercise, PAHO is supporting the development of training manuals on clinical management and encouragement of breastfeeding. Recent epidemiological studies at the local level indicate the reversal of a trend towards increased use of breast-milk substitutes. This aspect is to be explored further in a projected study to be undertaken in collaboration with PAHO. The International Code, in the Government's view, represents an important advance, and the possibility of harmonizing existing national legislation standards with its provisions was a subject of study by a national commission on which both the private and public sectors were represented. As a result, the International Code has been adopted under Title XVII of the Argentine Food Code.

### Brazil

Brazil has accepted a simplified version of the WHO methodology to collect information on breastfeeding and weaning practices, to be included in the National Health Survey, in support of program implementation, and is also adopting WHO/PAHO Guides on Infant and Child Feeding to local cultural patterns. Studies in 1981 in Recife and São Paulo of mothers, health professionals, and health services administrators indicated that, while mass media advertising for breastmilk substitutes no longer occurred as a result of an agreement with industry, promotion continued throughout the health care system where literature and product samples were distributed at prenatal, child care, and maternity clinics. In 1981, three draft codes of marketing of breast-milk substitutes were prepared by different parties, including the Brazilian Food Industry Association. Efforts are being made to complete work on a national code and to ensure its enactment and enforcement through the corresponding legislative measures. In 1982, a translation of the International Code was made by staff of the University of São Paulo and its adaptation to local needs and circumstances is under study. Decrees prohibiting the distribution of samples of breast-milk substitutes in government and maternity clinics have been issued in the States of Pernambuco and Rio Grande do Norte.

At the beginning of 1983 the Ministry of Health integrated the programs of breastfeeding promotion, diarrheal diseases control and supplementary feeding under the coordination of the National Food and Nutrition Institute. This program will be developed at the national level with emphasis on the north, north-east and west-central regions.

### Canada

In addition to continuing the national information program on breastfeeding, launched in 1979, the federal health authorities have been promoting the application of the International Code by discontinuing the distribution of samples of infant formula in hospitals under federal jurisdiction. Provincial governments have given increased attention to the importance of breastfeeding in recent years. For example, the Province of Quebec has adopted a policy prohibiting the distribution of infant formula samples in health facilities within its territory. The Department of Health of the Province of New Foundland and Labrador has issued guidelines to hospital administrators for complying with the provisions of the Code, including a "no samples" policy, the removal of infant formula advertising from materials given to expectant and new mothers, and the provision to mothers of reliable health information on such topics as nutrition and infant care.

### Colombia

Action-oriented research on infant feeding began in mid-1981 in a rural community with a view to using the locally available resources more effectively to relieve nutritional problems through the combined participation of the primary health workers and families and communities themselves. A PAHO/WHO-supported project is examining current infant and young child feeding patterns from birth to 36 months, associated socio-economic, cultural, and biological factors and the relationship between feeding practices and nutritional status. It will identify specific problems in child feeding patterns amenable to improvement through community-based action either by individual citizens or through the primary health services, and develop simple methodology for the evaluation of these patterns. Some of the recommendations contained in the International Code have been incorporated into national Decree No. 1220 of 23 May 1980 regulating the promotion, labeling, and packaging of breast-milk substitutes and supplements. The Decree provides that all commercial promotion of breast-milk substitutes must specifically state that "breast-milk is the best infant food" and that the product being promoted, or any other breast-milk substitute, is harmful to the health of the infant unless the directions for preparation and hygiene are strictly followed.

### Costa Rica

The legal unit of the Ministry of Health has examined a series of reports on possible approaches to implementing the provisions of the International Code, including a law or an executive decree. In the meantime, emphasis has been placed on a campaign to educate the public concerning the benefits of breastfeeding and the dangers of inappropriate or unnecessary artificial feeding. An active program establishing milk banks for the assistance of infants with problems related to direct breastfeeding is under way.

### Chile

On 5 June 1982, the Ministry of Public Health published new health regulations governing foods; these include a separate chapter dealing with infant foods. There are specific provisions relating to quality, labeling, storage and use, as well as concerning the marking of the production date and expiry date on the container. The regulations require labels of all milk-based infant foods to bear the legend "this food is not a substitute for breast-milk." The use in labeling or advertising of such terms as "humanized," "maternalized," or any other terms that might suggest to the consumer that the products can be used as substitutes for breast-milk, is prohibited. There are specific provisions dealing with infant formulas, it being specified that these are products that fulfill the nutritional requirements of suckling infants when breastfeeding is impossible or there is insufficient breastmilk available.

### Dominica

While the medical division of the Ministry of Education, Youth Affairs and Sports reports that no acute problems exist concerning the marketing of infant foods, the Government considers that it is advisable to draw up legislation which may become necessary in the future. A regional consultation on the formulation of legislation concerning the appropriate marketing and distribution of breast-milk substitutes, with the participation of health authorities of Grenada, Saint Vincent and the Grenadines, and the Turks and Caicos Islands was held in December 1982 with the collaboration of the Caribbean Food and Nutrition Institute (CFNI).

### Dominican Republic

A National Code of Marketing Breast-milk Substitutes is to be published, pending final Government approval.

### Guatemala

Studies on breast-milk volume and composition are being completed with the collaboration of the Institute of Nutrition of Central America and Panama. A project of a code for the commercialization of breast-milk substitutes has been approved by the Legal Department of the General Administration of Health Services. It has been submitted to the Presidency of the Republic by the National Commission of Breastfeeding. PAHO/WHO is assisting the National Commission in carrying out workshops for the training of health personnel in matters related to infant and young child feeding.

### Haiti

It is expected that the Government will approve a draft regulation based on the Code's provisions before the 1983 session of the World Health Assembly.

### Honduras

The Government is studying the International Code with a view to adapting it to its legislative framework.

### Jamaica

WHO methodology for the surveillance of breastfeeding and infant nutrition has been evaluated in Jamaica in collaboration with the Caribbean Food and Nutrition Institute. A meeting with a small group of consultants was sponsored by the Ministry of Health of Jamaica with the participation of principal national investigators to report on the evaluation in their respective countries on the use of the WHO methodology. Results of the field test, together with proposed changes, were

incorporated in a final document, including models dealing with other related questions such as diarrheal diseases, contraceptive practices, and the use of health services.

### Mexico

A study on physicians' attitudes towards breastfeeding has recently been completed and a similar study on mothers' attitudes is under way; the results will be used to develop action programs. The Secretary for Health and Welfare has formed a committee which is responsible for studying the International Code and determining how it should be adapted to national legislation.

### Nicaragua

The Government approved Decree No. 012 of 15 December 1981 promulgating the law for the promotion of breastfeeding. This law prohibits the advertising of breast-milk substitutes, supplements, and feeding bottles "if such advertisement could induce to use them in preference to breastfeeding," and requires that all labels bear the slogan "breast-milk is best" in addition to precise, clear instructions regarding correct preparation and hygienic handling. Section 8 of the Decree, however, entirely bans advertisement of the above products via the mass media.

### Panama

Despite the lack of formal adoption of the International Code, the Government considers that many of its elements are already being implemented through the activities of the health sector, including the planned creation of a national committee for the promotion of breastfeeding. At the same time, a number of the Code's provisions dealing with marketing and distribution are being incorporated into the current revision of the National Health Code. In addition, it is hoped that comprehensive proposals for legislation giving effect to the entire Code can be submitted to the Parliament in the near future.

### Paraguay

The Government is formulating national measures to deal with the distribution of samples of breast-milk substitutes. With the support of PAHO/WHO, the Ministry of Health is carrying out a study on the characteristics, prevalence, and duration of breast-milk practices using the WHO model for the surveillance of breastfeeding and infant nutrition.

### Peru

PAHO/WHO provided technical support, at the request of the Government, for the review and revision of its 1980 National Code of Ethics for Infant Formulas. This exercise was undertaken by a number of ministries,



in collaboration with interested parties, including the Peruvian Pediatric Association and representatives of the infant food industry. This action culminated in the adoption of a revised code that was approved by Decree 0200-8-SA of 10 September 1982.

#### Trinidad and Tobago

In collaboration with the Caribbean Food and Nutrition Institute (CFNI), the Ministry of Health and Environment conducted a workshop on strategies to promote successful breastfeeding. The workshop, attended by 90 participants, reached its objectives: to highlight available data on current breastfeeding practices in the country; to identify factors hindering breastfeeding and those enhancing it; and to develop a national strategy and plan of action for the promotion of breastfeeding. An ad hoc committee of the Ministry of Health and Environment, comprised of representatives of major health professionals, women's and consumer's organizations, has collaborated with the Government Bureau of Standards in adapting the International Code to local circumstances. The resulting National Code of Marketing of Breast-milk Substitutes has been accepted by the Ministry "as a basis of regulation by legal and voluntary means." The Government intends to amend the Food and Drug Regulations to deal with the labeling of products covered by the National Code (Article 9). The Ministry of Health and Environment has undertaken to inform all health workers of the Code's provisions relating to their activities to enable them to assist in its effective application. The Advertising Standards Authority has informed all advertisers, media agencies, and distributors of the Code's relevance to them.

#### United States of America

The review of the labeling of infant formula, which was undertaken pursuant to the Infant Formula Act of 1980, was completed in July 1981. This review found that, prior to adoption of the Act, the nutrient content of infant formula had been modified by manufacturers to correspond to the recommendations of the American Academy of Pediatrics which are incorporated in the Act. The review also found that labeling modifications, such as symbols and pictograms, have been adopted to provide supplementary indications for correct and hygienic preparations. On the basis of available scientific information, the report concluded that there were no significant health problems in the United States of America associated with current labeling practices, and thus recommended that there was no need for additional statutory authority of the labeling of infant formula. The report, reviewing current United States policies relative to the export of infant formula, concluded that current legal authority was adequate to control the safety and quality of exported infant formula products. All such exports must conform with the requirements either of the United States or of the country of destination.

The Food and Drug Administration (FDA) has implemented a regulation stipulating procedures for recalling infant formula whenever the product fails to meet the statutory requirements regarding nutrient composition, or is otherwise adulterated or misbranded within the meaning of current regulations. In 1982, industry complied with an FDA request for the removal from the market of a substantial quantity of an infant formula that had inadequate Vitamin B6 content. In addition, the FDA has published regulations that require every batch of infant formula to be tested prior to its release, to ensure that the composition meets the stated label claims. The Government has formally transmitted the International Code to U.S. manufacturers of those products within its scope, along with the Government's perspectives on the impact of the Code on those companies. The two task forces convened in November 1981 by the Department of Health and Human Services to study the issues relating to the Code are continuing with their work. The recommendations of the task force considering the scientific evidence concerning the relationship of infant feeding to infant health, particularly the use of breast-milk substitutes, current trends in infant feeding, and the major factors that influence maternal choices regarding infant feeding will form the basis for action concerning breastfeeding in the United States of America. The task force responsible for reviewing the relevance of the Code to the United States law and policy is developing background information on public and private infant nutrition activities, and looking at possible gaps between desirable and actual infant nutrition practices.

### Venezuela

The Ministry of Health and Welfare adopted a code regulating breast-milk substitutes by Resolution 5 of 16 July 1962. An ethical code for the utilization of breast-milk substitutes was published by the Venezuelan Society of Puericulture and Pediatrics in July 1980. Direct advertising to the public is permitted under this Code's provisions, although the previous governmental approval is required. Persons employed by manufacturers and distributors of breast-milk substitutes are permitted to provide advisory and educational services in institutions of the health care system and is requested to do so by the same services.

### 3. Future PAHO Activities in Support of Infant and Young Child Nutrition

Since there is great awareness and recognition of the importance of nutrition as a basic component of the strategies to achieve health for all by the year 2000, the Member Governments, with the support of PAHO/WHO, should strive to improve infant and child nutrition, including the promotion of breastfeeding and good weaning practices. The implementation and monitoring of the five recommendations agreed upon by the countries represented at the WHO/UNICEF meeting on Infant and Young Child Feeding, Geneva (1979), gives the basic framework to pursue this endeavor.

Future activities should be developed by multidisciplinary groups with the participation of private and public agencies in which the health sector has a definite role and responsibility to play, giving due emphasis to nutrition in primary health care.

PAHO should continue to support and strengthen country activities related to infant nutrition and breastfeeding practices. Epidemiological studies on breastfeeding and infant nutrition and the design of protocols for the follow-up and evaluation of present programs is also necessary. Development and evaluation of educational prototypes on infant feeding at regional and national levels should be encouraged.

Subregional consultations on the role of primary health care workers on infant and young child nutrition have been programmed. Technical assistance in reviewing national legislation and regulations related to infant foods, particularly the marketing of breast-milk substitutes, will be provided as requested by each country. Studies on the nutritional value and safety of products specifically intended for infant and young child feeding should be stimulated and supported by PAHO/WHO with the collaboration of INCAP and CFNI.

Annex

Chronology of the Development of the International Code of Marketing  
of Breast-milk Substitutes and Regular Reporting on Infant and  
Young Child Feeding (May 1974-May 1984)

1. May 1974: The Twenty-seventh World Health Assembly, by Resolution WHA27.43 on infant nutrition and breastfeeding, urges Member States "to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation when necessary."
2. May 1978: The Thirty-first World Health Assembly, by Resolution WHA31.47 on the role of the health sector in the development of national and international food and nutrition policies and plans, with special reference to combating malnutrition, recommends that Member States regulate "inappropriate sales promotion of infant foods that can be used to replace breast milk."
3. October 1979: A joint WHO/UNICEF meeting on infant and young child feeding, with participation from Member States, international organizations, the infant food industry, nongovernmental organizations, and experts in related disciplines (the "interested parties") recommends, by consensus, that there should be an international code of marketing of breast-milk substitutes.
4. February-March 1980: Governments are invited by the Director-General of WHO and the Executive Director of UNICEF to comment on a first draft of an international code. A series of consultations is convened with representatives of the other interested parties.
5. May 1980: The Thirty-third World Health Assembly, in Resolution WHA33.32 on infant and young child feeding, endorses the recommendation of the WHO/UNICEF meeting concerning a code of marketing, and requests the Director-General to prepare such a code "in close consultation with Member States and all other parties concerned." The Assembly also requests the Director-General to report to it, in May 1981 and thereafter in even years, "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." (See items 10, 17 and 27 in this connexion.)
6. June 1980: A second draft of the international code is despatched to governments, and to other interested parties, for comments and suggestions on both its form and content.
7. August 1980: A consultation is convened by WHO and UNICEF with representatives of international organizations, the infant food industry, nongovernmental organizations, and experts in related disciplines to discuss a third draft of the international code.

8. September 1980: A consultation is convened by WHO and UNICEF with representatives of selected governments to discuss a third draft of the international code.
9. January 1981: The report by the Director-General of WHO containing the draft International Code of Marketing of Breast-milk Substitutes is discussed by the WHO Executive Board at its sixty-seventh session, endorsed unanimously, and forwarded to the Thirty-fourth World Health Assembly with the recommendation that it be adopted in the form of a recommendation in the sense of Article 23 of the WHO Constitution.
10. May 1981: The first progress report by the Director-General on infant and young child feeding, Document A34/7, is presented to the Thirty-fourth World Health Assembly in accordance with Resolution WHA33.32. (See items 5, 17 and 27 in this connexion.) The progress report covers five main themes: the encouragement of breastfeeding; appropriate weaning practices; the strengthening of education; training and information in respect of infant and young child feeding; the status of women in this connexion; and the appropriate marketing and distribution of breast-milk substitutes.
11. May 1981: The Thirty-fourth World Health Assembly discusses the draft International Code of Marketing of Breast-milk Substitutes contained in Document A34/8, and adopts it, as proposed by the Executive Board, by 118 votes in favor to 1 against, with 3 abstentions, by Resolution WHA34.22.
12. May 1981: The Thirty-fourth World Health Assembly adopts Resolution WHA34.23 concerning the nutritional value and safety of products specifically intended for infant and young child feeding.
13. June-July 1981: Following a request for guidelines which would facilitate Member States' monitoring of and reporting on action taken at the country level to give effect to the International Code, a set of guiding principles is prepared to cover a broad range of issues related to infant and young child feeding as in item 10 above, including the appropriate marketing and distribution of breast-milk substitutes.
14. May 1981: A report entitled "Infant and young child feeding" is presented as an addendum to the General progress report of the Executive Director of UNICEF to the 1981 session of the UNICEF Executive Board.
15. August 1981: Resolution WHA34.22, together with the International Code as adopted by the Health Assembly, is transmitted to Member States of WHO by letter of 24 August 1981 (reference C.L.16.1981). The attention of Member States is drawn to the Assembly's request that the

Director-General report on a one-time basis to the Thirty-sixth World Health Assembly, in May 1983, "on the status of compliance with and implementation of the Code at country, regional and global levels"; and, "based on the conclusions of the status report, to make proposals, if necessary, for revision of the text of the Code and for measures needed for its effective application."

16. August-September 1981: The WHO regional committee meetings discuss follow-up to Assembly Resolution WHA34.22 by which the International Code of Marketing of Breast-milk Substitutes was adopted by the Assembly, and the guiding principles for reporting.

17. May 1982: The second progress report by the Director-General of WHO on infant and young child feeding, Document A35/8, is presented to the Thirty-fifth World Health Assembly. (See items 5 and 10 in this connexion.) This report incorporates information on the status of the implementation of the International Code in accordance with Article 11.7 of the Code, which provides that the "Director-General shall report in even years to the World Health Assembly on the status" of its implementation. Future regular biennial progress reports by the Director-General on infant and young child feeding, in even years, are to be based essentially on country-supplied information, via the regional committees, in the spirit of Resolution WHA33.17 on the study of the Organization's structures in the light of its functions.

18. May 1982: The Thirty-fifth World Health Assembly adopts Resolution WHA35.26 on the International Code of Marketing of Breast-milk Substitutes in which it urges Member States "to give renewed attention to the need to adopt national legislation, regulations or other suitable measures" to give effect to the Code; and requests the Director-General, inter alia, "to provide support and guidance to Member States, as and when requested, to implement and monitor the Code and its effectiveness."

19. May 1982: The Report of the Executive Director of UNICEF, including information concerning action taken with regard to child nutrition and infant feeding as well as follow-up to the International Code, is presented to the 1982 session of the UNICEF Executive Board.

20. June 1982: Member States of WHO are requested by letter of 7 June 1982 (reference C.L.8.1982) to forward to the Director-General, by 15 September 1982, information relative to the implementation of the International Code and its effectiveness at the national level; and comments or suggestions, if deemed appropriate, concerning compliance with and implementation of the International Code. The replies from

Member States are to form the basis for the preparation of the report by the Director-General to the Thirty-sixth World Health Assembly, in May 1983, "on the status of compliance with and implementation of the Code." (See item 15 above.)

21. June 1982: The guiding principles for reporting (see item 13 above) are revised in the light of comments made by governments in 1981, and are despatched to the regional directors of WHO for forwarding to Member States.

22. January 1983: The report by the Director-General of WHO to the Thirty-sixth World Health Assembly on the status of compliance with and implementation of the International Code at country, regional and global levels is first presented to the seventy-first session of the Executive Board.

23. May 1983: The report by the Director-General of WHO on the status of compliance with and implementation of the International Code is presented to the Thirty-sixth World Health Assembly in accordance with Resolution WHA34.22. (See item 15 above.)

24. May 1983: The report by the Director-General of WHO on action taken to give effect to Resolution WHA34.23 on the nutritional value and safety of products specifically intended for infant and young child feeding is presented to the Thirty-sixth World Health Assembly. (See item 12 above.)

25. May 1983: The Report of the Executive Director of UNICEF, including information concerning action taken with regard to child nutrition and infant feeding as well as follow-up to the International Code, is presented to the 1983 session of the UNICEF Executive Board.

26. September-October 1983: The WHO regional committee meetings discuss reports on infant and young child feeding which have been prepared in the light of information provided by individual Member States in the respective regions, on the basis, inter alia, of the revised guiding principles for reporting. (See item 21 above.) The regional reports are forwarded to the Director-General for use in preparing the next regular biennial progress report on infant and young child feeding to the World Health Assembly.

27. May 1984: The third regular biennial progress report by the Director-General on infant and young child feeding is presented to the Thirty-seventh World Health Assembly in accordance with Resolution WHA33.32 and Article 11.7 of the International Code. (See items 5, 10 and 17 in this connection.)

28. May 1984: The Report of the Executive Director of UNICEF, including information concerning action taken with regard to child nutrition and infant feeding, as well as follow-up to the International Code, is presented to the 1984 session of the UNICEF Executive Board.