

**WHO Executive Board
Infant and Young Child Feeding (Agenda Item 8) 24 January 1994
Speech for Save the Children (Patti Rundall, Baby Milk Action)**

Madame chairman, Members of the Board, on behalf of Save the Children (UK), I would like to thank the Board for giving me the opportunity to speak on this very important subject. I welcome the attention given to this subject by the Board.

Save the Children and Baby Milk Action, in association with the International Baby Food Action Network (IBFAN), have collaborated for many years in an effort to resolve this problem, which our extensive field experience in many of the world's poorest countries demonstrates is of fundamental importance. We spend much of our time supporting governments in their efforts to implement the International Code of Marketing of Breast-milk Substitutes, alerting them to infringements of the Code as called for in Article 11. We also work closely with health and development workers in their efforts to support and protect breastfeeding. We look to WHO and UNICEF for moral and technical guidance to support our work.

For many years I have been attending World Health Assemblies and each time the subject of infant feeding is raised more than a dozen countries make speeches about the value of breastfeeding and their efforts to protect it. I have never been in any doubt that the aim of all their resolutions has been the protection of infant health. That is why, when I received my copy of this year's Director General's report, I was so shocked. Although it contains much useful information, on the crucial question of free supplies, legislation and the progress made by companies, it seems to contradict the intentions of past health assemblies, almost turning the clock back to before 1981.

There is no doubt that, over the years the Secretariat of WHO has provided much excellent material about the value of breastfeeding which we use in our advocacy, but when it comes to clarification of the Code, the statements issued in recent years appear to be seeking to legitimise with governments the loopholes sought by the companies, allowing them much more freedom than I believe was ever intended by the Assemblies. This has become so problematic that when people now ask me who they should consult for advice on these matters, I am hesitant to suggest WHO. We hope that in future much more care will be taken with the wordings of correspondence and official statements on Code clarification, so that together with NGOs we can ensure that accurate information and guidance is provided.

On the issue of free supplies, despite Resolutions which to us seem clear, and despite action by many countries, monitoring of UNICEF and IBFAN shows that the companies are still continuing the practice, getting their supplies one way or another to babies who could be breastfed. At the same time they claim that they stick to every dot and comma of the code and national legislation. They distort the wording of the Code and Resolutions implying that their interpretations have the support of WHO. The wording of the DG report, particularly paragraphs 145 and 146, instead of improving this situation, makes the situation much worse and conflicts with WHO's own Guidelines and Resolutions.

As a representative of an NGO whose job it is to support the application of WHO resolutions, I would like to illustrate how difficult it would be to use such an interpretation. The section implies that the free supplies ban applies only to infant formula and only to maternity wards. If this was correct companies could continue to place huge quantities of infant formula, follow-on milks, baby drinks, weaning foods etc, inside the door of a hospital and walk away - shifting the responsibility for them to health workers. WHA Resolution 39.28 clearly states that donations of supplies should not be allowed in any maternity ward or hospital. Since this might still allow companies to channel free supplies through individual health workers in private practice, a new Resolution which banned free supplies throughout the healthcare system would be even better.