



CF Item Barcode Sign

Page 7
Date 10/26/2007
Time 11:45:20 AM

Login Name Upasana Young



CF-RAI-USAA-PD-GEN-2007-000347

Expanded Number **CF-RAI-USAA-PD-GEN-2007-000347**

External ID

Title

**"Proposal for Implementing Breastfeeding/Weaning Strategies in the Caribbean"
Strategy paper. UNICEF, Kingston, Jamaica.**

Date Created / From Date

Date Registered

Date Closed / To Date

1/1/1982

8/10/2007 at 2:21 PM

Primary Contact

Home Location **CF-RAF-USAA-DB01-2007-09989 (In Container)**

FI2: Status Certain? **No**

Item Fd01: In, Out, Internal Rec or Rec Copy

Owner Location **Programme Division, UNICEF NYHQ (3003)**

Current Location/Assignee **In Container 'CF-RAF-USAA-DB01-2007-09989 (Upasana Young)' since 10/29/2007 :**

FI3: Record Copy? **No**

Document Details **Record has no document attached.**

Contained Records

Container **CF/RA/BX/PD/CM/1985/T034: PSC/Breastfeeding. Documents conce**

Date Published

Fd3: Doc Type - Format

Da1:Date First Published

Priority

Record Type **A01 PD-GEN ITEM**

Notes

15 pp

Outlines earlier UNICEF efforts to improve nutritional status of children in the Caribbean countries between the 1960's and early 1980'; accounts for achievements of individual countries.

Also attached: List of important legislative events in 1981 relating to breastfeeding: international legislation and standard setting by intergovernmental bodies, and legislative action by individual countries.

Print Name of Person Submit Image

Signature of Person Submit

Number of images
without cover

SAROJA DE GUHA

Saroja De Guha

15

UNITED NATIONS CHILDREN'S FUND



FONDS DES NATIONS UNIES POUR L'ENFANCE

Code
P. 4/1/82

Caribbean area Office
Oficina de zona para el Caribe
Bureau de zone pour les Caraïbes

POSTAL ADDRESS
P.O. BOX 305,
KINGSTON, JAMAICA.

IMPERIAL LIFE BUILDING
60 KNUTSFORD BOULEVARD,
KINGSTON, JAMAICA.

TEL. 926-7584/5
CABLES UNICEF KINGSTON
TELEX 2261

K-112/82

26 January 1982

Dear Mrs. Mair,

Please find enclosed the revised version of the proposal for the Breastfeeding/Weaning Strategies in the Caribbean.

Although Mr. Lherisson has not seen this revised version, he requested me to send you an advanced copy so that it could reach Headquarters before the end of January as you suggested.

As soon as Mr. Lherisson returns to this office he will make the final adjustments as he sees appropriate, and will send a copy to Mr. Assadi.

I do hope that this version has incorporated all the comments you made on your visit to this office and that we will get a favourable response to the proposal.

Yours sincerely,

Enedely Escobar-King
Programme Officer

Mrs. Lucille Mair
Assistant Secretary-General
Special Adviser for Women's Development
UNICEF
New York

Encl.

EEK/mjh

PROPOSAL FOR IMPLEMENTING BREASTFEEDING/WEANING STRATEGIES
IN THE CARIBBEAN

Since the late 60's, efforts to improve the nutritional status of young children in the Caribbean countries have accelerated largely through joint forces of international, regional and national organizations. Attention has been primarily addressed to the promotion of unsupplemented breastfeeding as the most convenient, practical, economical, healthy and nutritious way of feeding young children for at least the first 4-6 months of life. A secondary focus has been the continuation of breastfeeding during weaning which is the transition period when the introduction of semi-solid supplements become necessary.

Training, promotional and educational programmes aimed at achieving widespread breastfeeding and proper supplementary feeding and restricting the use of commercial substitutes, have been launched internationally, regionally and nationally. Developments, inputs and resources which have supported Caribbean efforts have been:

1. The development of guidelines and/or strategies for promoting successful breastfeeding, feeding the weaning age group and combatting malnutrition and gastro-enteritis.
2. Sensitizing specific health groups e.g. obstetricians and nurses to the newer trends in management conducive to breastfeeding.
3. Collaborative studies for the defining of breastfeeding patterns and factors associated with them and the promotion of national and regional workshops.
4. The establishment of an administrative system that is, Food and Nutrition Councils, for Food and Nutrition Policies. Such Councils are functional in eleven Caribbean countries, namely: Barbados, Belize, Dominica, Guyana, Cayman, Grenada, Monserrat, St. Kitts-Nevis, Saint Lucia and St. Vincent.

5. Operative Food and Nutrition Policies in Dominica, Grenada, Guyana, Jamaica, Montserrat and Saint Lucia, with draft proposals for Antigua and St. Vincent.
6. The development and distribution by CFNI of a multi-media teaching package on "Breastfeeding Your Baby".
7. The 1981 endorsement by the Ministers Responsible for Health in the Caribbean of the International Code of Marketing of Breastmilk Substitutes.

The following Caribbean countries have developed and implemented their own strategies to promote successful breastfeeding: Grenada, Saint Lucia, St. Vincent, Montserrat, Antigua, Trinidad and Tobago and Guyana. There are therefore ten member countries which must be assisted in formulating action plans. Further, some member countries have indicated their need for assistance in, and commitment for, upholding breastfeeding and correct weaning practices for the reduction of communicable diseases of infancy. Barbados for example, sees the need for more materials, supplies and technical support in their educational efforts at the hospital, clinic and National Nutrition Centre levels. Grenada, St. Kitts-Nevis and the British Virgin Islands though, less specific than Barbados, have expressed the need for similar support.

Increased numbers of women of child-bearing age in the labour force, the high proportion of adolescent pregnancies, and fluctuating economies in the Caribbean countries, are factors which now prompt increased educational efforts in the area of supplementary feeding when breastfeeding becomes inadequate.

Against this background and in keeping with PAHO/WHO/CFNI/UNICEF's goal of promoting national breastfeeding and supplementary feeding strategies for young children, it is proposed:

1. To examine how existing breastfeeding strategies are being implemented and co-operate with Caribbean countries which are developing breastfeeding action plans, to do so effectively.

This will take place in the context of the mandate given to UNICEF/PAHO/WHO by the World Health Assembly Resolution on Breastfeeding and the Infant Feeding Code.

2. To co-operate with Caribbean countries in:
 - (a) developing and implementing action plans for supplementary feeding when breastmilk becomes inadequate;
 - (b) providing training in the preparation and use of such supplements;
 - (c) creating an awareness of the role of home food production as the major means of providing such supplementary foods, and
 - (d) providing training in home food production systems.

The proposals are to be elaborated and tackled in two phases. Initially for a one-year period, which is the purpose of this text, and thereafter a two-to three-year programme which would emanate as a result of this year's work.

1. CO-OPERATE WITH CARIBBEAN COUNTRIES IN THE DEVELOPMENT AND REVIEW OF THE IMPLEMENTATION OF BREASTFEEDING ACTION PLANS

Technical personnel with a socio-cultural background, supported by CFNI personnel will co-operate with national personnel responsible for this activity. Progress in the seven member countries already mentioned will be ascertained and monitored and those countries which have not yet embarked on formulating action plans will be assisted in doing so. It is hoped that during this activity some insight will be gained into the need, if any, for educational materials other than the package "Breastfeeding Your Baby"*, which is currently used as the major tool for teaching the subject in the region.

Besides inputs from CFNI's personnel, primarily those who are involved in Nutrition Education, there would be need for the services of a short-term consultant with experience in the technical aspects of the subject matter, breastfeeding and/or mode of delivery/evaluation of nutrition information.

2. ADEQUATE FEEDING WHEN BREASTMILK IS TO BE SUPPLEMENTED (WEANING)

CFNI Country Teams** supported by a short-term consultant will have responsibility for this phase. The purpose here will be to enhance the effectiveness of community-level motivators in each country to influence young child feeding practices. Thus "trainers" of community leaders would have to be trained in the respective countries. Such training would require practical appropriate visuals, non-technical literature, and demonstrations on aspects of home food production, storage and use of home-produced as well as other supplementary foods. The first requirement is to produce and test appropriate teaching/learning materials and to develop a methodology for their use. Secondly, home food production models/systems, where non-existent, would have to be set up in conjunction with Ministries of Agriculture and Education, CARDI and Food and Nutrition Councils. Where Councils do not exist, CFNI would need to accelerate its efforts in sensitizing governments to getting them in place.

* This package was produced by CFNI with the support of UNICEF

**Country Teams are CFNI staff members of different disciplines with specific responsibilities for collaborating with national colleagues to ensure that the respective country's food and nutrition programmes are developed, co-ordinated and evaluated.

The short-term consultant already mentioned would be someone also versed in community development. His/her efforts would augment those of the Agricultural Economists and Nutrition/Home Economics personnel already on CFNI's staff or to be recruited.

BUDGET

Inputs for Which Funding is Sought

Graphic Artist	6 man-months	US\$ 5,000.00
Nutritionist/Agriculturist/ Community Development Officer	6 man-months	26,000.00
Short-term consultant to collaborate together with CFNI staff in the development and training in home food produc- tion systems and young child feeding strategies in the Caribbean countries		10,000.00
Workshops to collaborate with Caribbean countries in the application of learning materials and implementa- tion of strategies		10,000.00
		<u>US\$51,000.00</u>

Available Inputs for Which External Funding Not Sought

UNICEF: PSC Officer	1 man-month of work
Governments: Time of national officers who are currently working on breastfeeding/ weaning programmes;	50 man-months of work
The printing of educational materials (produced by the Project).	
CFNI: (from existing resources)	
Nutrition Educator	3 man-months of work
Media Officer	3 " " " "
CFNI Country Teams	6 " " " "
Other Staff	12 " " " "
	<u>75</u>
	<u>==</u>

WHO STAFF BRIEFING FOR MEETING WITH REPRESENTATIVES OF THE
COMMONWEALTH SECRETARIAT'S WOMEN AND DEVELOPMENT,
MEDICAL AND LEGAL DIVISIONS

Wednesday, 27 January 1982, 09.30
Marlborough House, Pall Mall
London, England
Telephone: (01) 839-3411

Purpose of meeting:

1. A general exchange of views and information concerning the International Code of Marketing of Breast-milk Substitutes, its development, adoption and experience with implementation to date;
2. Initiatives already taken, or to be taken, by the Commonwealth Secretariat in respect of follow-up to the Code; and
3. Possible collaboration between the Commonwealth Secretariat and WHO and UNICEF.

Principal contacts:

1. Ms Mary Sinclair, Women and Development Division (Convenor)
2. Sir Kenneth, Director, Medical Division
3. Mr J.D. Pope, Director, Legal Division

UNICEF participants:

1. Ms Jean Vickers, Education Development Officer/NGO Liaison Officer, UNICEF/Geneva (will have a brief meeting with members of the Commonwealth Secretariat on Tuesday morning, 26 January 1982);
2. Mr Pierre Mandel, Editor, Assignment Children, UNICEF/Geneva
3. Ms Julia Spry-Leverton, Information Officer, U.K. Committee for UNICEF

James Akre, FHE
22 January 1982

BRIEFING CONTENTS

1. Pre-World Health Assembly (1981) meeting of Commonwealth Ministers of Health in Geneva
2. Joint action by South Pacific Commonwealth members
3. International Code of Marketing of Breast-milk Substitutes: endorsement by the Conference of Ministers Responsible for Health of the Caribbean Community (CARICOM)
4. Action by countries in the English-speaking Caribbean
5. Action by members of the Commonwealth at the Thirty-fourth World Health Assembly (in plenary and committee sessions)
6. Action taken by selected individual Commonwealth member governments

Canada
Fiji
India
Kenya
Lesotho

Malaysia
Nigeria
Papua New Guinea
Singapore
Sri Lanka

Swaziland
Trinidad & Tobago
Zambia
Zimbabwe

ANNEXES

- Annex I - First South Pacific Regional Maternal and Infant Nutrition Seminar (Suva, Fiji, 11-15 May 1981). List of participants and draft of resolution regarding the protection and promotion of breast-feeding and the adoption of the International Code of Marketing of Breast-milk Substitutes.
- Annex II - Statements made by delegates from Commonwealth countries at the Thirty-fourth World Health Assembly concerning the International Code.
- Annex III- "Quick to back code on infant formula, Canada slow to act". Toronto, Canada, Globe and Mail. 9 July 1981.
- Annex IV - Excerpt from the Director-General's briefing for his visit to Lesotho.
- Annex V - Nestlé press release concerning the Zimbabwe Baby Feeding booklet.
- Annex VI - Excerpt from the Statesman's Year Book concerning the Commonwealth.

1. Pre-World Health Assembly (1981) meeting of Commonwealth Ministers of Health in Geneva. At the annual pre-World Health Assembly meeting in Geneva in May 1981, the Commonwealth Ministers of Health unanimously endorsed the (then-draft) International Code of Marketing of Breast-milk Substitutes.
2. Joint action by South Pacific Commonwealth members. Nine Commonwealth members (Cook Islands, Fiji, Kiribati, Papua New Guinea, Solomon Islands, Tonga, Tuvalu, Vanuatu and Western Samoa) held the First South Pacific Regional Maternal and Infant Nutrition Seminar in Suva, Fiji (11-15 May 1981). This seminar adopted a resolution which inter alia urged the governments of all Pacific nations to give their fullest possible support to the protection and promotion of breast-feeding and to adopt the International Code of Marketing of Breast-milk Substitutes (see Annex I for a list of participants and the draft resolution).
3. International Code of Marketing of Breast-milk Substitutes: endorsement by the Conference of Ministers Responsible for Health of the Caribbean Community (CARICOM). The International Code won regional endorsement at the 1981 meeting of the Conference of Ministers Responsible for Health which adopted three resolutions urging national action in support of breast-feeding and implementation of the Code of Marketing. The countries have mandated the CARICOM Secretariat to request WHO/PAHO and UNICEF cooperation in these areas. Eight of the twelve members of CARICOM are also members of the Commonwealth. These are: Barbados, Dominica, Grenada, Guyana, Jamaica, Saint Lucia, Saint Vincent, and Trinidad and Tobago.
4. Action by countries in the English-speaking Caribbean. During 1981, countries of the English-speaking Caribbean, with cooperation from the Caribbean Food and Nutrition Institute (CFNI), continued their efforts to develop national action plans for the promotion of successful breast-feeding. Nine countries, among which Guyana, Grenada, Saint Vincent, Saint Lucia and Trinidad & Tobago are members of the Commonwealth, have thus far held workshops to develop these national strategies, and discussions are underway with CFNI to identify ways of supporting these action plans. In addition, Jamaica, since 1977, has been conducting a World Bank-funded comprehensive Nutrition Education Programme.

All national strategies are based on the regional strategy for the Caribbean developed in 1979 at the Technical Group Meeting held in Barbados. This meeting was co-sponsored by CFNI/WHO/PAHO and UNICEF.

5. Action by members of the Commonwealth at the Thirty-fourth World Health Assembly (in plenary and committee sessions). No WHO Member State which is simultaneously a member of the Commonwealth, and which was present and voting at the Thirty-fourth World Health Assembly on 21 May 1981, either voted against, or abstained in the vote, for Assembly resolution WHA34.22, International Code of Marketing of Breast-milk Substitutes.

Representatives of the following Commonwealth countries made specific reference to the International Code either or both in their statements delivered during plenary sessions or during the technical discussions on the topic of infant and young child feeding in Committee A: Canada, Guyana, Jamaica, New Zealand, Papua New Guinea, Swaziland and Zimbabwe (See Annex II for appropriate references).

Canada. The NGO network reports that, following its strong stand at the World Health Assembly, the Government of Canada has issued recommendations to the provinces to encourage and support breast-feeding, including the discontinuance of infant formula sampling in health institutions. The only province to date said to be making this same recommendation to its health services is Québec. In addition, the health authorities of this province have launched an aggressive breast-feeding promotion campaign. (See, for more information, the Globe and Mail article in Annex III).

Fiji. In 1981, an analysis of infant feeding patterns by nutritionists of the Government of Fiji revealed a decline in the percentage of wholly breast-fed infants from 44% to 30% between 1977 and mid-1980. Noting that "it is likely that a considerable number of mothers succumb to the blandishments of the infant formula companies and do not realize the harm that they may do their children", the nutritionists recommended the banning of all infant formula posters, calendars, baby shows and free sample displays.

Stimulated by this information and a regional nutrition seminar which emphasized the importance of the International Code, the Fijian Ministry of Health is implementing a breast-feeding campaign which includes:

- a write-in radio competition using questions on the importance of breast-feeding and proper weaning foods;
- newspaper articles in Fijian, Hindustani and English which inform readers on the benefits of breast-feeding;
- breast-feeding spots in 19 cinemas throughout the country; and
- the formation of a Nursing Mothers Association.

India. The Government of India has been considering a draft code, together with interested parties, since 1980. It is reported that the final draft has been submitted to Parliament which is expected to take action during its 1981-82 session leading towards the adoption of the code as binding legislation.

Kenya. Kenya adopted a national code in April 1981. Considered by the NGO critics to be an "industry code", modelled after the ICIFI Code. UNICEF (Kenya) believes that "it will be some time before the weak Kenya code of marketing can be modified. The (UNICEF-produced) film 'Breast or Bottle', made mostly in Kenya, is being put to use to help generate pressure". Import duties on infant formula were lifted in 1981.

Lesotho. Lesotho has drafted a strong breast-milk substitute marketing code based closely on the International Code. The first draft of this code was already being circulated within one week of Lesotho's participation in a WHO-organized consultation with selected Member States on the draft International Code which took place in Geneva in September 1980.

In addition, Lesotho has introduced legislation which provides 90 days fully paid post-natal maternity leave for mothers who work in industrial, communal

.../

.../

or government jobs; 60 minute breast-feeding breaks during working hours for the first year of life; nursing facilities at or near the work place; and special sick leave if a breast-fed infant is ill. The legislation makes discrimination against nursing mothers a punishable offense. (See Annex IV for additional information concerning Lesotho.)

✓ Malaysia. Malaysia has had a code since 1979 (Code of ethics and professional standards for advertising, product information and advisory services for infant formula products in Malaysia). The measures are considered to be "weak" by NGO critics and efforts are underway by the latter groups to have the national code brought into line with the stronger provisions of the International Code.

* Nigeria. A local code of ethics and professional standards for advertising product information and advisory services for infant formula was drafted in Nigeria in 1981 following meetings with representatives of all of the country's major infant-food manufacturers. It is modelled to some degree after the International Code although it has been criticized as being a "weak industry code" by some NGOs.

In November 1981, the Federal Ministry of Health ordered the removal of two brands of baby food from circulation in Nigeria. These foods, which had been promoted with the slogan "for strong growth of your baby, insist on ...", contained only corn starch and artificial flavour and colouring. Health officials noted that the products in question violated both the International Code and the Nigerian code and reminded parents that breast-milk was the best food for infants.

Papua New Guinea. The Government of Papua New Guinea adopted in 1977 what has fast become something of a "classic" in the area of national measures concerning the marketing of breast-milk substitutes: The Baby Feed Supplies (Control) Act 1977. This Act provides that baby bottles, bottle teats, and dummies are "proscribed articles" for sale only under authorization by an "authorized person" (i.e. medical practitioner, medical assistant, nurse or such other classes of persons as may be prescribed) who has first satisfied him or herself "that it would be in the interest of the baby or infant ..."; who "also gives the prescribed instructions ..."; and who "is satisfied that the person receiving the instructions understands them". The Act proscribes any advertising "the intention or likely result of which is to encourage: (a) the bottle-feeding of babies; or (b) the purchase or use of proscribed articles; or (c) the purchase or use of milk or other products in connexion with proscribed articles".

✓ Singapore. Singapore has had a national code (Code of ethics on the sale of infant formula products in Singapore) since 1979. It too is criticized by NGOs as being a "weak industry code".

Sri Lanka. Direction 3 of the Consumer Protection Act, No. 1, of 1979 provides that "no manufacturer of or trader in infant milk foods shall pack, sell or expose for sale any infant milk food unless the container or wrapper carries an advice consisting in capital letters of the following words: C.P.A. DOCTORS SAY BREAST-FEEDING IS BEST. Such advice shall be displayed conspicuously and shall be distinct from any other text on the container".

.../

Direction 24 of this same Act, published in 1980, banned the advertising of "any infant milk food in Sri Lanka in any visual advertisement in any manner whatsoever or over the radio".

The Government of Sri Lanka has also developed a national Code for the promotion of breast-feeding and marketing of breast-milk substitutes and related products which is modelled very closely after the International Code. The draft has received cabinet approval and was forwarded in the latter part of 1981 to the Legal Draftsman for the preparation of appropriate national legislation.

The Ministries of Health, Food, Plan Implementation and Trade have jointly begun a campaign to discourage the consumption of artificial infant milk and to encourage breast-feeding. Financing for this campaign comes from the Trade Ministry's Consumer Protective Fund.

Swaziland. Swaziland is reported to be preparing national measures concerning the marketing of breast-milk substitutes although to date no draft or other information has reached WHO headquarters.

Trinidad & Tobago. Local NGO network has urged that the Trinidad and Tobago Bureau of Standards initiate, with the Advertising Standard Authority, some discussions of the existing "Guidelines for professional standards in advertising, product information, and advisory services for infant formula products in Trinidad and Tobago" with a view to having these guidelines replaced by the International Code.

It has been reported that the International Code of Marketing of Breast-milk Substitutes was adopted by the Government in December 1981 for local application but as a recommendation only with the exception of Article 9 on labelling which has the force of law.

Zambia. The Government of Zambia introduced some years back the requirement that the labels on all infant formula tins bear the following message:

"BREAST-FEED YOUR CHILD

The best food for your child is mother's milk.
It is better than this or any other kind of
artificial food. Don't feed your child
artificially unless you are sure that you have
the money to buy enough milk."

The Government of Zambia is now going ahead with the drafting and implementation of a marketing code in consultation with interested parties. No copy of a draft is as yet available at WHO headquarters.

Zimbabwe. The Department of Nutrition of the Zimbabwe Ministry of Health has published a colourful and abundantly illustrated pamphlet entitled Baby Feeding: Behind and Towards a Health Model for Zimbabwe. Directed, in particular, towards health workers and parents, this publication stresses the important role the individual plays, within the context of primary health care, in achieving and maintaining health.

.../

The publication is based in large part on information gleaned from responses to a questionnaire on the subject of infant feeding that was sent to all health institutions in Zimbabwe. It also reports on visits to rural and urban health institutions; conversations with the general public; interviews with infant food manufacturers' representatives; and reports on the subject of infant feeding from around the world.

The booklet discusses the development and adoption of the International Code of Marketing of Breast-milk Substitutes; the marketing of breast-milk substitutes in Zimbabwe; and bottle-feeding practices and infant formula promotion. There is also a reference section, in a question-and-answer format, to inform the reader on preparing for and maintaining breast-feeding, and the use of appropriate complementary foods using locally available foodstuffs.

Baby Feeding closes with a number of practical suggestions for steps that the people of Zimbabwe can take to protect and promote breast-feeding. These include the implementation of the International Code of Marketing of Breast-milk Substitutes at the national level; putting feeding bottles and teats on a prescription basis; giving the working woman the means of breast-feeding during hours of work; avoiding the use of formula on maternity wards; ensuring that all health workers are fully aware of the advantages of breast-feeding and the dangers of bottle-feeding; and developing a campaign to protect and promote breast-feeding.

The funding for the production and publication of Baby Feeding was provided by UNICEF, while a WHO consultant helped with the design of the national investigation, including a questionnaire, on breast-feeding. (See Annex V for Nestlé's press release date 19 January 1982 concerning Baby Feeding.)

- - -

Dr P. Shau Ngakane, Senior Medical Officer in the Ministry of Health, Maseru, informed the Thirty-third World Health Assembly that in order to combat the declining trend in breastfeeding in Lesotho, the National Food and Nutrition Planning Conference held in Maseru in March 1979 recommended the introduction of legislation which would permit all breastfeeding employed mothers to breastfeed their babies for a period of twelve months. This recommendation has been further strengthened by measures providing for adequate maternity leave for working mothers, including up to 90 post-natal days, and the establishment of nursing facilities near women's places of work. The Conference also recommended that measures be introduced to restrict the importation, distribution and advertising of commercial baby milks to those mothers who, for medical reasons, cannot breastfeed.

The Lesotho delegation to the Thirty-third World Health Assembly was a co-sponsor of resolution WHA33.32, Infant and Young Child Feeding.

Lesotho was also one of the 27 Member States taking part in the 25-26 September 1980 Government Consultation on the preparation of the draft International Code of Marketing of Breastmilk Substitutes. It sent two participants (one at its own expense) to this consultation, Dr A.P.R. Maruping, a Paediatrician from Queen Elizabeth Hospital, Maseru, and Mr C.S. Chobokoane, Deputy Director of the Food and Nutrition Coordinating Office, Maseru.

Nationally, breastfeeding is being considered by two multidisciplinary committees from both a health education and policy formulation standpoint. A review is currently underway of legislation, policies and practices in the light of the potential negative impact on breastfeeding resulting from mothers working, commercial milk sales practices, the decline of non-formal education supporting breastfeeding, and the possible influence of donated milk on breastfeeding. New legislation, regulations and programmes will be introduced which aim at limiting any negative effects as may be established by this review.

On 2 October 1980 (i.e. the week following the September Government Consultation), WPC, Maseru, forwarded to AFRO inter alia the draft Lesotho Code of Marketing of Breastmilk Substitutes which is an adaptation to local conditions of the (third) draft International Code of Marketing of Breastmilk Substitutes as discussed in September in Geneva.