

WHA RESOLUTION 33.32 - 1980

The Thirty-third World Health Assembly,

Recalling resolutions WHA27.43 and 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 WHA/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 this 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, womens 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 and UNICEF are 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 for marketing of breastmilk substitutes;

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

4. URGES womens 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 or 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* in different countries for enabling and supporting breastfeeding, especially by working mothers, and to strengthen the Organizations 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.

May 1980

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WHA RESOLUTION 34.22

The Thirty-fourth World Health Assembly,

Recognizing the importance of sound infant and young child nutrition for the future health and development of the child and adult;

Recalling that breastfeeding is the only natural method of infant feeding and that it must be actively protected and promoted *in all countries*;

Convinced that governments of Member States have important responsibilities and a prime role to play in the protection and promotion of breastfeeding as a means of improving infant and young child health;

Aware of the direct and indirect effects of marketing practices for breastmilk substitutes on infant feeding practices;

Convinced that the protection and promotion of infant feeding, including the *regulation of the marketing of breastmilk substitutes*, affect infant and young child health directly and profoundly, and are a problem of direct concern to WHO;

Having considered the draft [International Code of Marketing of Breastmilk Substitutes](#) prepared by the Director-General and forwarded to it by the Executive Board;

Expressing its gratitude to the Director-General and to the Executive Director of the United Nations Children's Fund for all the steps they have taken in ensuring close consultation with Member States and with all other parties concerned in the process of preparing the draft International Code;

Having considered the recommendation made thereon by the Executive Board at its sixty-seventh session;

Confirming resolution WHA33.32, including the endorsement in their entirety of the statement and recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding held from 9 to 12 October 1979;

Stressing that the adoption of and adherence to the [International Code of Marketing Breastmilk Substitutes](#) is a minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding;

1. ADOPTS, in the sense of Article 23 of the Constitution, the International Code of Marketing of Breastmilk Substitutes annexed to the present resolution;

2. URGES all Member States:

(1) to give full and unanimous support to the implementation of the recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding and of the provisions

of the International Code in its entirety as an expression of the collective will of the membership of the World Health Organization;

(2) to translate the International Code into national legislation, regulations or other suitable measures;

(3) to involve all concerned social and economic sectors and all other concerned parties in the implementation of the International Code and in the observance of the provisions thereof;

(4) to monitor the compliance with the Code;

3. DECIDES that the follow-up to and review of the implementation of this resolution shall be undertaken by regional committees, the Executive Board and the Health Assembly in the spirit of resolution WHA33.17;

4. REQUESTS the FAO/WHO Codex Alimentarius Commission to give full consideration, within the framework of its operational mandate, to action it might take to improve the quality standards of infant foods, and to support and promote the implementation of the International Code;

5. REQUESTS the Director-General:

(1) to give all possible support to Member States, as and when requested, for the implementation of the International Code, and in particular in the preparation of national legislation and other measures related thereto in accordance with operative subparagraph 6(6) of resolution WHA33.32;

(2) to use his good offices for the continued cooperation with all parties concerned in the implementation and monitoring of the International Code at country, regional and global levels;

(3) to report to the Thirty-sixth World Health Assembly on the status of compliance with and implementation of the Code at country, regional and global levels;

(4) based on the conclusions of the status report, to make proposals, if necessary, for revision of the text of the Code and for the measures needed for its effective application.

21 May 1981

WHA RESOLUTION 35.26

The Thirty-fifth World Health Assembly,

Recalling resolution [WHA33.32](#) on infant and young child feeding and resolution [WHA34.22](#) adopting the [International Code of Marketing Breastmilk Substitutes](#);

Conscious that breastfeeding is the ideal method of infant feeding and should be promoted and protected in all countries;

Concerned that inappropriate infant feeding practices result in greater incidence of infant mortality, malnutrition and disease, especially in conditions of poverty and lack of hygiene;

Recognizing that commercial marketing of breastmilk substitutes for infants has contributed to an increase in artificial feeding;

Recalling that the Thirty-fourth World Health Assembly adopted an international code intended, *inter alia*, to deal with these marketing practices;

Noting that, while many Member States have taken some measures related to improving infant and young child feeding, few have adopted and adhered to the International Code as a "minimum requirement" and implemented it "in its entirety", as called for in resolution [WHA34.22](#);

1. URGES Member States *to give renewed attention to the need to adopt national legislation, regulations or other suitable measures to give effect to the International Code*;

2. REQUESTS the Director-General:

(1) to design and coordinate a comprehensive programme of action to support Member States in their efforts to implement and monitor the Code and its effectiveness;

(2) to provide support and guidance to Member States as and when requested to ensure that the measures they adopt are consistent with the letter and spirit of the International Code;

(3) to undertake, in collaboration with Member States, prospective surveys, including statistical data of infant and young child feeding practices in the various countries, particularly with regard to the incidence and duration of breastfeeding.

May 1982

WHA RESOLUTION 37.30

The Thirty-seventh World Health Assembly,

Recalling resolutions WHA27.43, WHA31.47, [WHA33.32](#), [WHA34.22](#) and [WHA35.26](#), which dealt with infant and young child feeding;

Recognizing that the implementation of the [International Code of Marketing of Breastmilk Substitutes](#) is one of the important actions required in order to promote healthy infant and young child feeding;

Recalling the discussion on infant and young child feeding at the Thirty-sixth World Health Assembly, which concluded that it was *premature to revise the International Code* at that time;

Having considered the Director-General's report, and noting with interest its contents;

Aware that many products unsuitable for infant feeding are being promoted for this purpose in many parts of the world, and that some infant foods are being promoted for use at too early an age, which can be detrimental to infant and young child health;

1. ENDORSES the Director-General's report;
2. URGES continued action by Member States, WHO, nongovernmental organizations and all other interested parties to put into effect measures to improve infant and young child feeding, with particular emphasis on the use of *foods of local origin*;
3. REQUESTS the Director-General:
 - (1) to continue and intensify collaboration with Member States in their efforts to *implement and monitor the International Code of Marketing of Breastmilk Substitutes as an important measure at the national level*;
 - (2) to support Member States in examining the problem of *the promotion and use of foods unsuitable for infant and young child feeding*, and ways of promoting the appropriate use of infant foods;
 - (3) to submit to the Thirty-ninth World Health Assembly a *report on the progress* in implementing this resolution, together with recommendations for any other measures needed to further improve sound infant and young child feeding practices.

May 1984

WHA RESOLUTION 39.28

The Thirty-ninth World Health Assembly,

Recalling resolutions WHA27.43, WHA31.47, [WHA33.32](#), [WHA34.22](#), [WHA35.26](#) and [WHA37.30](#) which dealt with infant and young child feeding;

Having considered the progress and evaluation report by the Director-General on infant and young child nutrition;[\(1\)](#)

Recognizing that the implementation of the [International Code of Marketing of Breastmilk Substitutes](#) is an important contribution to healthy infant and young child feeding *in all countries*;

Aware that today, five years after the adoption of the International Code, many Member States have made substantial efforts to implement it, but that many products unsuitable for infant feeding are nonetheless being promoted and used for this purpose; and that sustained and concerted efforts will therefore continue to be necessary to achieve full implementation of and compliance with the International Code as well as the cessation of the marketing of unsuitable products and the improper promotion of breastmilk substitutes;

Noting with great satisfaction the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breastmilk substitutes,[\(2\)](#) in the context of [Article 6, paragraph 6](#), of the International Code;

Noting further the statement in the guidelines, paragraph 47: "Since the *large majority of infants* born in maternity wards and hospitals are full term, they *require no nourishment other than colostrum during their first 24-48 hours of life* - the amount of time often spent by a mother and her infant in such an institutional setting. Only small quantities of breastmilk substitutes are ordinarily required to meet the needs of a minority of infants in these facilities, and they should only be available in ways that do not interfere with the protection and promotion of breastfeeding for the majority";

1. ENDORSES the report of the Director-General;[\(1\)](#)

2. URGES Member States:

(1) to implement the Code if they have not yet done so;

(2) to ensure that the practices and procedures of their health care systems are consistent with the principles and aim of the International Code;

(3) to make the fullest use of *all concerned parties* - health professional bodies, nongovernmental organizations, consumer organizations, manufacturers and distributors - generally, in protecting and promoting breastfeeding and, specifically, *in implementing the Code and monitoring its implementation and compliance with its provisions*;

(4) to seek the cooperation of manufacturers and distributors of products within the scope of [Article 2](#) of the Code, in providing all information considered necessary for monitoring the implementation of the Code;

(5) to provide the Director-General with complete and detailed information on the implementation of the Code;

(6) to ensure that the small amounts of breastmilk substitutes needed for the *minority of infants* who require them in maternity wards are made available through the normal procurement channels and *not through free or subsidized supplies*;

3. REQUESTS the Director-General:

(1) to propose a simplified and standardized form for use by Member States to facilitate the monitoring and evaluation by them of their implementation of the Code and reporting thereon to WHO, as well as the preparation by WHO of a consolidated report covering each of the articles of the Code;

(2) to specifically direct the attention of Member States and other interested parties to the following:

(a) *any food or drink given before complementary feeding is nutritionally required may interfere with the initiation or maintenance of breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period*;

(b) the practice being introduced in some countries of providing infants with specially formulated milks (*so-called "follow-up milks"*) *is not necessary*.

16 May 1986

(1) Document WHA39/1986/REC/1, or Document A39/8

(2) Document WHA39/1986/REC/1, or Document A39/8 Add.1

WHA RESOLUTION 41.11

The Forty-first World Health Assembly,

Having considered the report by the Director-General on infant and young child nutrition;

Recalling resolutions [WHA33.32](#), [WHA34.22](#) and [WHA39.28](#) on infant and young child feeding and nutrition, and resolutions WHA37.18 and WHA39.31 on the prevention and control of vitamin A deficiency and xerophthalmia, and of iodine deficiency disorders;

Concerned at continuing decreasing breastfeeding trends in many countries, and committed to the identification and elimination of obstacles to breastfeeding;

Aware that appropriate infant and young child nutrition could benefit from further broad national, community and family interventions;

1. COMMENDS governments, women's organizations, professional associations, consumer and other nongovernmental groups, and the food industry for their efforts to promote appropriate infant and young child nutrition, and encourages them, in cooperation with WHO, to support national efforts for coordinated nutrition programmes and practical action at country level to improve the health and nutrition of women and children;

2. URGES Member States:

(1) to develop or enhance national nutrition programmes, including multisectoral approaches, with the objective of improving the health and nutritional status of their populations, especially that of infants and young children;

(2) to ensure practices and procedures that are consistent with the aim and principles of the [International Code of Marketing of Breastmilk Substitutes](#), if they have not already done so;

3. REQUESTS the Director-General to continue to collaborate with Member States, through WHO regional offices and in collaboration with other agencies of the United Nations system, especially FAO and UNICEF:

(1) in identifying and assessing the main nutrient and dietary problems, developing national strategies to deal with them, applying these strategies, and monitoring and evaluating their effectiveness;

(2) in establishing effective *nutritional status* surveillance systems in order to ensure that all the main variables which collectively determine nutritional status are properly addressed;

(3) in compiling, analysing, managing and applying information that they have gathered on the nutritional status of their populations;

(4) in *monitoring*, together with other maternal and child health indicators, *changes in the prevalence and duration of full and supplemented breastfeeding* with a view to improving breastfeeding rates;

(5) in developing recommendations regarding diet, including timely complementary feeding and appropriate weaning practices, which are appropriate to national circumstances;

(6) in *providing legal and technical assistance*, upon request from Member States, in the drafting and/or the implementation of national codes of marketing of breastmilk substitutes, or other similar instruments;

(7) in designing and implementing collaborative studies to assess the impact of measures taken to promote breastfeeding and child nutrition in Member States.

May 1988

WHA RESOLUTION 43.3

The Forty-third World Health Assembly,

Recalling resolutions [WHA33.32](#), [WHA34.22](#), [WHA35.26](#), [WHA37.30](#), [WHA39.28](#) and [WHA41.11](#) on infant and young child feeding and nutrition;

Having considered the report by the Director-General on infant and young child nutrition;⁽¹⁾

Reaffirming the unique biological properties of breastmilk in protecting against infections, in stimulating the development of the infant's own immune system, and in limiting the development of some allergies;

Recalling the positive impact of breastfeeding on the physical and emotional health of the mother, including its important contribution to child-spacing;

Convinced of the importance of protecting breastfeeding among groups and populations where it remains the infant-feeding norm, and promoting it where it is not, through appropriate information and support, as well as recognizing the special needs of working women;

Recognizing the key role in protecting and promoting breastfeeding played by health workers, particularly nurses, midwives and those in child health/family planning programmes, and the significance of the counselling and support provided by mothers' groups;

Recognizing that, in spite of resolution [WHA39.28](#), *free or low-cost supplies of infant formula continue to be available to hospitals and maternities, with adverse consequences for breastfeeding*;

Reiterating its concern over the decreasing prevalence and duration of breastfeeding in many countries;

1. THANKS the Director-General for his report;

2. URGES Member States:

(1) to protect and promote breastfeeding, as an essential component of their overall food and nutrition policies and programmes on behalf of women and children, so as to enable all infants to be exclusively breastfed during the first four to six months of life;

(2) to promote breastfeeding, with due attention to the nutritional and emotional needs of mothers;

(3) to continue monitoring breastfeeding patterns, including traditional attitudes and practices in this regard;

(4) to enforce existing, or adopt new, maternity protection legislation or other suitable measures that will promote and facilitate breastfeeding among working women;

(5) to draw the attention of all who are concerned with planning and providing maternity services to the universal principles affirmed in the joint WHO/UNICEF statement⁽²⁾ on breastfeeding and maternity services that was issued in 1989;

(6) to ensure that the principles and aim of the [International Code of Marketing of Breastmilk Substitutes](#) and the recommendations contained in resolution [WHA39.28](#) are given full expression in *national health and nutritional policy and action*, in cooperation with professional associations, women's organizations, consumer and other nongovernmental groups, and the food industry;

(7) to ensure that families make the most appropriate choice with regard to infant feeding, and that the health system provides the necessary support;

3. REQUESTS the Director-General, in collaboration with UNICEF and other international and bilateral agencies concerned:

(1) to urge Member States to take *effective measures to implement the recommendations included in resolution* [WHA39.28](#);

(2) to continue to review regional and global trends in breastfeeding patterns, including the relationship between breastfeeding and child-spacing;

(3) to support Member States, on request, in adopting measures to improve infant and young child nutrition, *inter alia* by collecting and disseminating information on relevant national action of interest to all Member States; and to mobilize technical and financial resources to this end.

14 May 1990

(1) Document WHA43/1990/REC/1, p.35

(2) *Protecting, promoting and supporting breastfeeding: the special role of maternity services*. A joint WHO/UNICEF statement, Geneva, World Health Organization, 1989

WHA RESOLUTION 44.33

The Forty-fourth World Health Assembly:

» World summit for children goals and Plan of Action reflect the International health priorities and goals adopted by the WHA in recent years;

» welcoming the Innocenti Declaration on the Protection, Promotion and Support of Breast-feeding, which is a basis for international health policy and action;

» welcomes and supports the World Declaration on the Survival, Protection and Development of Children;

Urges Members States:

» to ratify the Convention on the Rights of the Child.

WHA RESOLUTION 45.34 - 1992

The Forty-fifth World Health Assembly,

Having considered the report by the Director-General on infant and young child nutrition;

Recalling resolutions [WHA33.32](#), [WHA34.22](#), [WHA35.26](#), [WHA37.30](#), [WHA39.28](#), [WHA41.11](#) and [WHA43.3](#) on infant and young child feeding and nutrition, appropriate feeding practices and related questions;

Reaffirming that the [International Code of Marketing of Breastmilk Substitutes](#) is a minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding;

Recalling that products that may be promoted as a partial or total replacement for breastmilk, especially when these are presented as suitable for bottle feeding, are subject to the provisions of the International Code;

Reaffirming that during the first four to six months of life no food or liquid other than breastmilk, not even water, is required to meet the normal infants nutritional requirements, and that from the age of about six months infants should begin to receive a variety of locally available and safely prepared foods rich in energy, in addition to breastmilk, to meet their changing nutritional requirements;

Welcoming the leadership of the Executive Heads of WHO and UNICEF in organizing the "baby-friendly" hospital initiative, with its simultaneous focus on the role of health services in protecting, promoting and supporting breastfeeding and on the use of breastfeeding as a means of strengthening the contribution of health services to safe motherhood, child survival, and primary health care in general, and endorsing this initiative as a most promising means of increasing the prevalence and duration of breastfeeding;

Expressing once again its concern about the need to protect and support women in the workplace, for their own sakes but also in the light of their multiple roles as mothers and care-providers, inter alia, by applying existing legislation fully for maternity protection, expanding it to cover any women at present excluded or, where appropriate, adopting new measures to protect breastfeeding;

Encouraged by the steps being taken by infant-food manufacturers towards ending the donation or low-price sale of supplies of infant formula to maternity wards and hospitals, which would constitute a step towards full implementation of the International Code;

Being convinced that charitable and other donor agencies should exert great care in initiating, or responding to, requests for free supplies of infant foods;

Noting that the advertising and promotion of infant formula and the presentation of other products as breastmilk substitutes, as well as feeding-bottles and teats, may compete unfairly with breastfeeding which is the safest and lowest-cost method of nourishing an infant, and may exacerbate such competition and favour uninformed decision-making by interfering with the advice and guidance to be provided by the mothers physician or health worker;

Welcoming the generous financial and other contributions from a number of Member States that enabled WHO to provide technical support to countries wishing to review and evaluate their own experiences in giving effect to the International Code;

1. *THANKS the Director-General for his report;*

2. *URGES Member States:*

(1) to give full expression at national level to the operational targets contained in the Innocenti Declaration, namely:

(a) by appointing a national breastfeeding coordinator and establishing a multisectoral breastfeeding committee;

(b) by ensuring that every facility providing maternity services applies the principles laid down in the joint WHO/UNICEF statement on the role of maternity services in protecting, promoting and supporting breastfeeding;

(c) by taking action to give effect to the principles and aim of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions in their entirety;

(d) by enacting legislation and adopting means for its enforcement to protect the breastfeeding rights of working women;

(2) to encourage and support all public and private health facilities providing maternity services so that they become "baby-friendly":

(a) by providing the necessary training in the application of the principles laid down in the joint WHO/UNICEF statement;

(b) by encouraging the collaboration of professional associations, womens organizations, consumer and other nongovernmental groups, the food industry, and other competent sectors in this endeavour;

(3) to take measures appropriate to national circumstances aimed at ending the donation or low-priced sale of supplies of breastmilk substitutes to health-care facilities providing maternity services;

(4) to use the common breastfeeding indicators developed by WHO, with the collaboration of UNICEF and other interested organizations and agencies, in evaluating the progress of their breastfeeding programmes;

(5) to draw upon the experiences of other Member States in giving effect to the International Code;

3. *REQUESTS the Director-General:*

(1) to continue WHO's productive collaboration with its traditional international partners, in particular UNICEF, as well as other concerned parties including professional associations, womens organizations, consumer groups and other nongovernmental organizations and the food industry, with a view to attaining the Organizations goals and objectives in infant and young child nutrition;

(2) to strengthen the Organizations network of collaborating centres, institutions and

organizations in support of appropriate national action;

(3) to support Member States, on request, in elaborating and adapting guidelines on infant nutrition, including complementary feeding practices that are timely, nutritionally appropriate and biologically safe and in devising suitable measures to give effect to the International Code;

(4) to draw the attention of Member States and other intergovernmental organizations to new developments that have an important bearing on infant and young child feeding and nutrition;

(5) to consider, in collaboration with the International Labour Organization, the options available to the health sector and other interested sectors for reinforcing the protection of women in the workplace in view of their maternal responsibilities, and to report to a future Health Assembly in this regard;

(6) to mobilize additional technical and financial resources for intensified support to Member States.

14 May 1992

(1) Document WHA43/1990/REC/1, p.35

(2) Protecting, promoting and supporting breastfeeding: the special role of maternity services. A joint WHO/UNICEF statement, Geneva, World Health Organization, 1989

FORTY-SEVENTH WORLD HEALTH ASSEMBLY GENEVA, 2-12 MAY 1994
WHA47.5 Infant and young child nutrition

WHA47.5 Infant and young child nutrition

The Forty-seventh World Health Assembly,

Having considered the report by the Director-General on infant and young child nutrition; 1

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34 and WHA46.7 concerning infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming its support for all these resolutions and reiterating the recommendations to Member States contained therein;

Bearing in mind the superiority of breast-milk as the biological norm for the nourishment of infants, and that a deviation from this norm is associated with increased risks to the health of infants and mothers,

1. THANKS the Director-General for his report;

2. URGES Member States to take the following measures:

(1) to promote sound infant and young child nutrition, in keeping with their commitment to the World Declaration and Plan of Action for Nutrition,² through coherent effective intersectoral action, including:

(a) increasing awareness among health personnel, nongovernmental organizations, communities and the general public of the importance of breast-feeding and its superiority to any other infant feeding method;

(b) supporting mothers in their choice to breast-feed by removing obstacles and preventing interference that they may face in health services, the workplace, or the community;

(c) ensuring that all health personnel concerned are trained in appropriate infant and young child feeding practices, including the application of the principles laid down in the joint WHO/UNICEF statement on breast-feeding and the role of maternity services;¹

(d) fostering appropriate complementary feeding practices from the age of about six months, emphasizing continued breast-feeding and frequent feeding with safe and adequate amounts of local foods;

(2) to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes and other products covered by the International Code of Marketing of Breast-milk Substitutes in any part of the health care system;

(3) to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the International Code are given only if all the following conditions apply:

(a)infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes;²

(b)the supply is continued for as long as the infants concerned need it;

(c)the supply is not used as a sales inducement;

(4)to inform the labour sector, and employers' and workers' organizations, about the multiple benefits of breast-feeding for infants and mothers, and the implications for maternity protection in the workplace;

3.REQUESTS the Director-General:

(1)to use his good offices for cooperation with all parties concerned in giving effect to this and related resolutions of the Health Assembly in their entirety;

(2)to complete development of a comprehensive global approach and programme of action to strengthen national capacities for improving infant and young child feeding practices, including the development of methods and criteria for national assessment of breast-feeding trends and practices;

(3)to support Member States, at their request, in monitoring infant and young child feeding practices and trends in health facilities and households, in keeping with new standard breast-feeding indicators;

(4)to urge Member States to join in the Baby-friendly Hospital Initiative and to support them, at their request, in implementing this Initiative, particularly in their efforts to improve educational curricula and in- service training for all health and administrative personnel concerned;

(5)to increase and strengthen support to Member States, at their request, in giving effect to the principles and aim of the International Code and all relevant resolutions, and to advise Member States on a framework which they may use in monitoring their application, as appropriate to national circumstances;

(6)to develop, in consultation with other concerned parties and as part of WHO's normative function, guiding principles for the use in emergency situations of breast-milk substitutes or other products covered by the International Code which the competent authorities in Member States may use, in the light of national circumstances, to ensure the optimal infant-feeding conditions;

(7)to complete, in cooperation with selected research institutions, collection of revised reference data and the preparation of guidelines for their use and interpretation, so as to assess the growth of breast-fed infants;

(8)to seek additional technical and financial resources for intensifying WHO's support to Member States in infant feeding and in the implementation of the International Code and subsequent relevant resolutions.

Hbk Res., Vol. III (3rd ed.), 1.12.1(Eleventh plenary meeting, 9 May 1994 -

Committee A, first report)

WHA RESOLUTION 49.15

Infant and young child nutrition

The Forty-ninth World Health Assembly,

Having considered the summary of the report by the Director-General on infant feeding and young child nutrition;

Recalling resolutions [WHA33.32](#), [WHA34.22](#), [WHA39.28](#) and [WHA45.34](#) among others concerning infant and young child nutrition, appropriate feeding practices and other related questions;

Recalling and reaffirming the provisions of resolution [WHA 47.5](#) concerning infant and young child nutrition, including the emphasis on fostering appropriate complementary feeding practices;

Concerned that health institutions and ministries may be subject to subtle pressure to accept, inappropriately, financial or other support for professional training in infant and child health;

Noting the increasing interest in monitoring the application of the [International Code of Marketing of Breast-Milk Substitutes](#) and [subsequent relevant Health Assembly resolutions](#);

1. THANKS the Director-General for his report;

2. STRESSES the continued need to implement the International Code of Marketing of Breast-Milk Substitutes, subsequent relevant resolutions of the Health Assembly, the Innocenti Declaration, and the World Declaration and Plan of Action for Nutrition;

3. URGES Member States to take the following measures:

(1) to ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breast-feeding;

(2) to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the [WHO/UNICEF Baby Friendly Hospital Initiative](#);

(3) to ensure that monitoring the application of the International Code and subsequent relevant resolutions is carried out in a transparent, independent manner, free from commercial influence;

(4) to ensure that the appropriate measures are taken including health information and education in the context of primary health care, to encourage breast-feeding;

(5) to ensure that the practices and procedures of their health care systems are consistent with the principles and aims of the [International Code of Marketing of Breast-Milk Substitutes](#);

(6) to provide the Director-General with complete and detailed information on the implementation of the Code;

4. REQUESTS the Director-General to disseminate, as soon as possible, to Member States document WHO/NUT/96.4 (currently in preparation) on the guiding principles for feeding infants and young children during emergencies.

25 May 1996

Infant and young child nutrition

The Fifty-fourth World Health Assembly,

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5 and WHA49.15 on infant and young child nutrition, appropriate feeding practices and related questions;

Deeply concerned to improve infant and young child nutrition and to alleviate all forms of malnutrition in the world, because more than one-third of under-five children are still malnourished – whether stunted, wasted, or deficient in iodine, vitamin A, iron or other micronutrients – and because malnutrition still contributes to nearly half of the 10.5 million deaths each year among preschool children worldwide;

Deeply alarmed that malnutrition of infants and young children remains one of the most severe global public health problems, at once a major cause and consequence of poverty, deprivation, food insecurity and social inequality, and that malnutrition is a cause not only of increased vulnerability to infection and other diseases, including growth retardation, but also of intellectual, mental, social and developmental handicap, and of increased risk of disease throughout childhood, adolescence and adult life;

Recognizing the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger, and that every effort should be made with a view to achieving progressively the full realization of this right;

Acknowledging the need for all sectors of society – including governments, civil society, health professional associations, nongovernmental organizations, commercial enterprises and international bodies – to contribute to improved nutrition for infants and young children by using every possible means at their disposal, especially by fostering optimal feeding practices, incorporating a comprehensive multisectoral, holistic and strategic approach;

Noting the guidance of the Convention on the Rights of the Child, in particular Article 24, which recognizes, *inter alia*, the need for access to and availability of both support and information concerning the use of basic knowledge of child health and nutrition, and the advantages of breastfeeding for all segments of society, in particular parents and children;

Conscious that despite the fact that the International Code of Marketing of Breast-milk Substitutes and relevant, subsequent Health Assembly resolutions state that there should be no advertising or other forms of promotion of products within its scope, new modern communication methods, including electronic means, are currently increasingly being used to promote such products;

and conscious of the need for the Codex Alimentarius Commission to take the International Code and subsequent relevant Health Assembly resolutions into consideration in dealing with health claims in the development of food standards and guidelines;

Mindful that 2001 marks the twentieth anniversary of the adoption of the International Code of Marketing of Breast-milk Substitutes, and that the adoption of the present resolution provides an opportunity to reinforce the International Code's fundamental role in protecting, promoting and supporting breastfeeding;

Recognizing that there is a sound scientific basis for policy decisions to reinforce activities of Member States and those of WHO; for proposing new and innovative approaches to monitoring growth and improving nutrition; for promoting improved breastfeeding and complementary feeding practices, and sound culture-specific counselling; for improving the nutritional status of women of reproductive age, especially during and after pregnancy; for alleviating all forms of malnutrition; and for providing guidance on feeding practices for infants of mothers who are HIV-positive;

Noting the need for effective systems for assessing the magnitude and geographical distribution of all forms of malnutrition, together with their consequences and contributing factors, and of foodborne diseases; and for monitoring food security;

Welcoming the efforts made by WHO, in close collaboration with UNICEF and other international partners, to develop a comprehensive global strategy for infant and young child feeding, and to use the ACC Sub-Committee on Nutrition as an interagency forum for coordination and exchange of information in this connection,

1. THANKS the Director-General for the progress report on the development of a new global strategy for infant and young child feeding;
2. URGES Member States:
 - (1) to recognize the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger, and that every effort should be made with a view to achieving progressively the full realization of this right and to call on all sectors of society to cooperate in efforts to improve the nutrition of infants and young children;
 - (2) to take necessary measures as States Parties effectively to implement the Convention on the Rights of the Child, in order to ensure every child's right to the highest attainable standard of health and health care;
 - (3) to set up or strengthen interinstitutional and intersectoral discussion forums with all stakeholders in order to reach national consensus on strategies and policies including reinforcing, in collaboration with ILO, policies that support breastfeeding by working women, in order substantially to improve infant and young child feeding and to develop participatory mechanisms for establishing and implementing specific nutrition programmes and projects aimed at new initiatives and innovative approaches;
 - (4) to strengthen activities and develop new approaches to protect, promote and support exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive

breastfeeding,¹ and to provide safe and appropriate complementary foods, with continued breastfeeding for up to two years of age or beyond, emphasizing channels of social dissemination of these concepts in order to lead communities to adhere to these practices;

(5) to support the Baby-friendly Hospital Initiative and to create mechanisms, including regulations, legislation or other measures, designed, directly and indirectly, to support periodic reassessment of hospitals, and to ensure maintenance of standards and the Initiative's long-term sustainability and credibility;

(6) to improve complementary foods and feeding practices by ensuring sound and culture-specific nutrition counselling to mothers of young children, recommending the widest possible use of indigenous nutrient-rich foodstuffs; and to give priority to the development and dissemination of guidelines on nutrition of children under two years of age, to the training of health workers and community leaders on this subject, and to the integration of these messages into strategies for health and nutrition information, education and communication;

(7) to strengthen monitoring of growth and improvement of nutrition, focusing on community-based strategies, and to strive to ensure that all malnourished children, whether in a community or hospital setting, are correctly diagnosed and treated;

(8) to develop, implement or strengthen sustainable measures including, where appropriate, legislative measures, aimed at reducing all forms of malnutrition in young children and women of reproductive age, especially iron, vitamin A and iodine deficiencies, through a combination of strategies that include supplementation, food fortification and diet diversification, through recommended feeding practices that are culture-specific and based on local foods, as well as through other community-based approaches;

(9) to strengthen national mechanisms to ensure global compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions, with regard to labelling as well as all forms of advertising, and commercial promotion in all types of media, to encourage the Codex Alimentarius Commission to take the International Code and relevant subsequent Health Assembly resolutions into consideration in developing its standards and guidelines; and to inform the general public on progress in implementing the Code and subsequent relevant Health Assembly resolutions;

(10) to recognize and assess the available scientific evidence on the balance of risk of HIV transmission through breastfeeding compared with the risk of not breastfeeding, and the need for independent research in this connection; to strive to ensure adequate nutrition of infants of HIV-positive mothers; to increase accessibility to voluntary and confidential counselling and testing so as to facilitate the provision of information and informed decision-making; and to recognize that when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-positive women is recommended; otherwise, exclusive breastfeeding is recommended during the first months of life; and that those who choose other options should be encouraged to use them free from commercial influences;

(11) to take all necessary measures to protect all women from the risk of HIV infection, especially during pregnancy and lactation;

¹ As formulated in the conclusions and recommendations of the expert consultation (Geneva, 28 to 30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4).

(12) to strengthen their information systems, together with their epidemiological surveillance systems, in order to assess the magnitude and geographical distribution of malnutrition, in all its forms, and of foodborne disease;

3. REQUESTS the Director-General:

(1) to give, greater emphasis to infant and young child nutrition, in view of WHO's leadership in public health, consistent with and guided by the Convention on the Rights of the Child and other relevant human rights instruments, in partnership with ILO, FAO, UNICEF, UNFPA and other competent organizations both within and outside the United Nations system;

(2) to foster, with all relevant sectors of society, a constructive and transparent dialogue in order to monitor progress towards implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions, in an independent manner and free from commercial influence, and to provide support to Member States in their efforts to monitor implementation of the Code;

(3) to provide support to Member States in the identification, implementation and evaluation of innovative approaches to improving infant and young child feeding, emphasizing exclusive breastfeeding for six months as a global public health recommendation, taking into account the findings of the WHO expert consultation on optimal duration of exclusive breastfeeding,¹ the provision of safe and appropriate complementary foods, with continued breastfeeding up to two years of age or beyond, and community-based and cross-sector activities;

(4) to continue the step-by-step country- and region-based approach to developing the new global strategy on infant and young child feeding, and to involve the international health and development community, in particular UNICEF, and other stakeholders as appropriate;

(5) to encourage and support further independent research on HIV transmission through breastfeeding and on other measures to improve the nutritional status of mothers and children already affected by HIV/AIDS;

(6) to submit the global strategy for consideration to the Executive Board at its 109th session in January 2002 and to the Fifty-fifth World Health Assembly (May 2002).

Seventh plenary meeting, 18 May 2001
A54/VR/7

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¹ As formulated in the conclusions and recommendations of the expert consultation (Geneva, 28 to 30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4).

Infant and young child nutrition

The Fifty-fifth World Health Assembly,

Having considered the draft global strategy for infant and young-child feeding;

Deeply concerned about the vast numbers of infants and young children who are still inappropriately fed and whose nutritional status, growth and development, health and very survival are thereby compromised;

Conscious that every year as much as 55% of infant deaths from diarrhoeal disease and acute respiratory infections may be the result of inappropriate feeding practices, that less than 35% of infants worldwide are exclusively breastfed for even the first four months of life, and that complementary feeding practices are frequently ill-timed, inappropriate and unsafe;

Alarmed at the degree to which inappropriate infant and young-child feeding practices contribute to the global burden of disease, including malnutrition and its consequences such as blindness and mortality due to vitamin A deficiency, impaired psychomotor development due to iron deficiency and anaemia, irreversible brain damage as a consequence of iodine deficiency, the massive impact on morbidity and mortality of protein-energy malnutrition, and the later-life consequences of childhood obesity;

Recognizing that infant and young-child mortality can be reduced through improved nutritional status of women of reproductive age, especially during pregnancy, and by exclusive breastfeeding for the first six months of life, and with nutritionally adequate and safe complementary feeding through introduction of safe and adequate amounts of indigenous foodstuffs and local foods while breastfeeding continues up to the age of two years or beyond;

Mindful of the challenges posed by the ever-increasing number of people affected by major emergencies, the HIV/AIDS pandemic, and the complexities of modern lifestyles coupled with continued promulgation of inconsistent messages about infant and young-child feeding;

Aware that inappropriate feeding practices and their consequences are major obstacles to sustainable socioeconomic development and poverty reduction;

Reaffirming that mothers and babies form an inseparable biological and social unit, and that the health and nutrition of one cannot be divorced from the health and nutrition of the other;

Recalling the Health Assembly's endorsement (resolution WHA33.32), in their entirety, of the statement and recommendations made by the joint WHO/UNICEF Meeting on Infant and Young

Child Feeding held in 1979; its adoption of the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22), in which it stressed that adoption of and adherence to the Code were a minimum requirement; its welcoming of the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding as a basis for international health policy and action (resolution WHA44.33); its urging encouragement and support for all public and private health facilities providing maternity services so that they become “baby-friendly” (resolution WHA45.34); its urging ratification and implementation of the Convention on the Rights of the Child as a vehicle for family health development (resolution WHA46.27); and its endorsement, in their entirety, of the World Declaration and Plan of Action for Nutrition adopted by the International Conference on Nutrition (resolution WHA46.7);

Recalling also resolutions WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA46.7, WHA47.5, WHA49.15 and WHA54.2 on infant and young-child nutrition, appropriate feeding practices and related questions;

Recognizing the need for comprehensive national policies on infant and young-child feeding, including guidelines on ensuring appropriate feeding of infants and young children in exceptionally difficult circumstances;

Convinced that it is time for governments to renew their commitment to protecting and promoting the optimal feeding of infants and young children,

1. ENDORSES the global strategy for infant and young-child feeding;
2. URGES Member States, as a matter of urgency:
 - (1) to adopt and implement the global strategy, taking into account national circumstances, while respecting positive local traditions and values, as part of their overall nutrition and child-health policies and programmes, in order to ensure optimal feeding for all infants and young children, and to reduce the risks associated with obesity and other forms of malnutrition;
 - (2) to strengthen existing, or establish new, structures for implementing the global strategy through the health and other concerned sectors, for monitoring and evaluating its effectiveness, and for guiding resource investment and management to improve infant and young-child feeding;
 - (3) to define for this purpose, consistent with national circumstances:
 - (a) national goals and objectives,
 - (b) a realistic timeline for their achievement,
 - (c) measurable process and output indicators that will permit accurate monitoring and evaluation of action taken and a rapid response to identified needs;
 - (4) to ensure that the introduction of micronutrient interventions and the marketing of nutritional supplements do not replace, or undermine support for the sustainable practice of, exclusive breastfeeding and optimal complementary feeding;

(5) to mobilize social and economic resources within society and to engage them actively in implementing the global strategy and in achieving its aims and objectives in the spirit of resolution WHA49.15;

3. CALLS UPON other international organizations and bodies, in particular ILO, FAO, UNICEF, UNHCR, UNFPA and UNAIDS, to give high priority, within their respective mandates and programmes and consistent with guidelines on conflict of interest, to provision of support to governments in implementing this global strategy, and invites donors to provide adequate funding for the necessary measures;

4. REQUESTS the Codex Alimentarius Commission to continue to give full consideration, within the framework of its operational mandate, to action it might take to improve the quality standards of processed foods for infants and young children and to promote their safe and proper use at an appropriate age, including through adequate labelling, consistent with the policy of WHO, in particular the International Code of Marketing of Breast-milk Substitutes, resolution WHA54.2, and other relevant resolutions of the Health Assembly;

5. REQUESTS the Director-General:

(1) to provide support to Member States, on request, in implementing this strategy, and in monitoring and evaluating its impact;

(2) to continue, in the light of the scale and frequency of major emergencies worldwide, to generate specific information and develop training materials aimed at ensuring that the feeding requirements of infants and young children in exceptionally difficult circumstances are met;

(3) to strengthen international cooperation with other organizations of the United Nations system and bilateral development agencies in promoting appropriate infant and young-child feeding;

(4) to promote continued cooperation with and among all parties concerned with implementing the global strategy.

Ninth plenary meeting, 18 May 2002
A55/VR/9

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WHA58.32 Infant and young child nutrition

The Fifty-eighth World Health Assembly,

Recalling the adoption by the Health Assembly of the International Code of Marketing of Breast-milk Substitutes annexed to resolution WHA34.22, resolutions WHA39.28, WHA41.11, WHA46.7, WHA47.5, WHA49.15, WHA54.2 on infant and young child nutrition, appropriate feeding practices and related questions, and particularly resolution WHA55.25, which endorses the global strategy for infant and young child feeding;

Having considered the report on infant and young child nutrition;¹

Aware that the joint FAO/WHO expert meeting on *Enterobacter sakazakii* and other microorganisms in powdered infant formula (2004) concluded that intrinsic contamination of powdered infant formula with *E. sakazakii* and *Salmonella* had been a cause of infection and illness, including severe disease in infants, particularly preterm, low birth-weight or immunocompromised infants, and could lead to serious developmental sequelae and death;²

Noting that such severe outcomes are especially serious in preterm, low birth-weight and immunocompromised infants, and therefore are of concern to all Member States;

Bearing in mind that the Codex Alimentarius Commission is revising its recommendations on hygienic practices for the manufacture of foods for infants and young children;

Recognizing the need for parents and caregivers to be fully informed of evidence-based public-health risks of intrinsic contamination of powdered infant formula and the potential for introduced contamination, and the need for safe preparation, handling and storage of prepared infant formula;

Concerned that nutrition and health claims may be used to promote breast-milk substitutes as superior to breastfeeding;

Acknowledging that the Codex Alimentarius Commission plays a pivotal role in providing guidance to Member States on the proper regulation of foods, including foods for infants and young children;

Bearing in mind that on several occasions the Health Assembly has called upon the Commission to give full consideration, within the framework of its operational mandate, to evidence-based action that it might take to improve the health standards of foods, consistent with the aims and objectives of relevant public health strategies, particularly WHO's global strategy for infant and young child feeding (resolution WHA55.25) and Global Strategy on Diet, Physical Activity and Health (resolution WHA57.17);

Recognizing that such action requires a clear understanding of the respective roles of the Health Assembly and the Codex Alimentarius Commission, and that of food regulation in the broader context of public health policies;

¹ Document A58/15.

² FAO/WHO Expert Meeting on *E. sakazakii* and other Microorganisms in Powdered Infant Formula: Meeting Report. Microbiological Risk Assessment Series No. 6, 2004, p. 37.

Taking into account resolution WHA56.23 on the joint FAO/WHO evaluation of the work of the Codex Alimentarius Commission, which endorsed WHO's increased direct involvement in the Commission and requested the Director-General to strengthen WHO's role in complementing the work of the Commission with other relevant WHO activities in the areas of food safety and nutrition, with special attention to issues mandated in Health Assembly resolutions,

1. URGES Member States:

- (1) to continue to protect, promote and support exclusive breastfeeding for six months as a global public-health recommendation, taking into account the findings of the WHO Expert Consultation on optimal duration of exclusive breastfeeding,¹ and to provide for continued breastfeeding up to two years of age or beyond, by implementing fully the WHO global strategy on infant and young child feeding that encourages the formulation of a comprehensive national policy, including where appropriate a legal framework to promote maternity leave and a supportive environment for six months' exclusive breastfeeding, a detailed plan of action to implement, monitor and evaluate the policy, and allocation of adequate resources for this process;
- (2) to ensure that nutrition and health claims are not permitted for breast-milk substitutes, except where specifically provided for in national legislation;²
- (3) to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;
- (4) to ensure that financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflicts of interest;
- (5) to ensure that research on infant and young child feeding, which may form the basis for public policies, always contains a declaration relating to conflicts of interest and is subject to independent peer review;
- (6) to work closely with relevant entities, including manufacturers, to continue to reduce the concentration and prevalence of pathogens, including *Enterobacter sakazakii*, in powdered infant formula;
- (7) to continue to ensure that manufacturers adhere to Codex Alimentarius or national food standards and regulations;
- (8) to ensure policy coherence at national level by stimulating collaboration between health authorities, food regulators and food standard-setting bodies;

¹ As formulated in the conclusions and recommendations of the Expert Consultation (Geneva, 28-30 March 2001) that completed the systematic review of the optimal duration of exclusive breastfeeding (see document A54/INF.DOC./4).

² The reference to national legislation also applies to regional economic integration organizations.

(9) to participate actively and constructively in the work of the Codex Alimentarius Commission;

(10) to ensure that all national agencies involved in defining national positions on public health issues for use in all relevant international forums, including the Codex Alimentarius Commission, have a common and consistent understanding of health policies adopted by the Health Assembly, and to promote these policies;

2. REQUESTS the Codex Alimentarius Commission:

(1) to continue to give full consideration, when elaborating standards, guidelines and recommendations, to those resolutions of the Health Assembly that are relevant in the framework of its operational mandate;

(2) to establish standards, guidelines and recommendations on foods for infants and young children formulated in a manner that ensures the development of safe and appropriately labelled products that meet their known nutritional and safety needs, thus reflecting WHO policy, in particular the WHO global strategy for infant and young child feeding and the International Code of Marketing of Breast-milk Substitutes and other relevant resolutions of the Health Assembly;

(3) urgently to complete work currently under way on addressing the risk of microbiological contamination of powdered infant formula and establish appropriate microbiological criteria or standards related to *E. sakazakii* and other relevant microorganisms in powdered infant formula; and to provide guidance on safe handling and on warning messages on product packaging;

3. REQUESTS the Director-General:

(1) in collaboration with FAO, and taking into account the work undertaken by the Codex Alimentarius Commission, to develop guidelines for clinicians and other health-care providers, community health workers and family, parents and other caregivers on the preparation, use, handling and storage of infant formula so as to minimize risk, and to address the particular needs of Member States in establishing effective measures to minimize risk in situations where infants cannot be, or are not, fed breast milk;

(2) to take the lead in supporting independently reviewed research, including by collecting evidence from different parts of the world, in order to understand better the ecology, taxonomy, virulence and other characteristics of *E. sakazakii*, in line with the recommendations of the FAO/WHO Expert Meeting on *E. sakazakii* and other Microorganisms in Powdered Infant Formula, and to explore means of reducing its level in reconstituted powdered infant formula;

(3) to provide information in order to promote and facilitate the contribution of the Codex Alimentarius Commission, within the framework of its operational mandate, to full implementation of international public-health policies;

(4) to report to the Health Assembly each even year, along with the report on the status of implementation of the International Code of Marketing of Breast-milk Substitutes and the relevant resolutions of the Health Assembly, on progress in the consideration of matters referred to the Codex Alimentarius Commission for its action.

(Ninth plenary meeting, 25 May 2005 –
Committee A, eighth report)

WHA58.33 Sustainable health financing, universal coverage and social health insurance

The Fifty-eighth World Health Assembly,

Having considered the report on social health insurance;¹

Noting that health-financing systems in many countries need to be further developed in order to guarantee access to necessary services while providing protection against financial risk;

Accepting that, irrespective of the source of financing for the health system selected, prepayment and pooling of resources and risks are basic principles in financial-risk protection;

Considering that the choice of a health-financing system should be made within the particular context of each country;

Acknowledging that a number of Member States are pursuing health-financing reforms that may involve a mix of public and private approaches, including the introduction of social health insurance;

Noting that some countries have recently been recipients of large inflows of external funding for health;

Recognizing the important role of State legislative and executive bodies in further reform of health-financing systems with a view to achieving universal coverage,

1. URGES Member States:

(1) to ensure that health-financing systems include a method for prepayment of financial contributions for health care, with a view to sharing risk among the population and avoiding catastrophic health-care expenditure and impoverishment of individuals as a result of seeking care;

(2) to ensure adequate and equitable distribution of good-quality health care infrastructures and human resources for health so that the insurees will receive equitable and good-quality health services according to the benefits package;

(3) to ensure that external funds for specific health programmes or activities are managed and organized in a way that contributes to the development of sustainable financing mechanisms for the health system as a whole;

(4) to plan the transition to universal coverage of their citizens so as to contribute to meeting the needs of the population for health care and improving its quality, to reducing poverty, to attaining internationally agreed development goals, including those contained in the United Nations Millennium Declaration, and to achieving health for all;

¹ Document A58/20.

(5) to recognize that, when managing the transition to universal coverage, each option will need to be developed within the particular macroeconomic, sociocultural and political context of each country;

(6) to take advantage, where appropriate, of opportunities that exist for collaboration between public and private providers and health-financing organizations, under strong overall government stewardship;

(7) to share experiences on different methods of health financing, including the development of social health-insurance schemes, and private, public, and mixed schemes, with particular reference to the institutional mechanisms that are established to address the principal functions of the health-financing system;

2. REQUESTS the Director-General:

(1) to provide, in response to requests from Member States, technical support for strengthening capacities and expertise in the development of health-financing systems, particularly prepayment schemes, including social health insurance, with a view to achieving the goal of universal coverage and taking account of the special needs of small island countries and other countries with small populations; and to collaborate with Member States in the process of social dialogue on health-financing options;

(2) to provide Member States, in coordination with the World Bank and other relevant partners, with technical information on the potential impact of inflows of external funds for health on macroeconomic stability;

(3) to create sustainable and continuing mechanisms, including regular international conferences, subject to availability of resources, in order to facilitate the continuous sharing of experiences and lessons learnt on social health insurance;

(4) to provide technical support in identifying data and methodologies better to measure and analyse the benefits and cost of different practices in health financing, covering collection of revenues, pooling, and provision or purchasing of services, and taking account of economic and sociocultural differences;

(5) to provide support to Member States, as appropriate, for developing and applying tools and methods to evaluate the impact on health services of changes in health-financing systems as they move towards universal coverage;

(6) to report to the Fifty-ninth World Health Assembly, through the Executive Board, on the implementation of this resolution, including on outstanding issues raised by Member States during the Fifty-eighth World Health Assembly.

(Ninth plenary meeting, 25 May 2005 –
Committee A, eighth report)

WHA59.21 Infant and young child nutrition 2006

The Fifty-ninth World Health Assembly,

Having considered the report on infant and young child nutrition which highlights the contribution of optimal infant feeding practices to achievement of the internationally agreed health-related development goals, including those contained in the Millennium Declaration;¹

Recalling the adoption by the Health Assembly of the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22), resolutions WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA47.5, WHA49.15, WHA54.2 and WHA58.32 on infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming in particular resolutions WHA44.33 and WHA55.25 which respectively welcomed the 1990 Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding and endorsed the Global Strategy for Infant and Young Child Feeding as the foundations for action in the protection, promotion and support of breastfeeding;

Welcoming the Call for Action contained in the Innocenti Declaration 2005 on Infant and Young Child Feeding;

Mindful that 2006 marks the twenty-fifth anniversary of the adoption of the International Code of Marketing of Breast-milk Substitutes, and recognizing its increased relevance in the wake of the HIV/AIDS pandemic, rising frequency of complex human and natural emergencies, and concerns about the risks of intrinsic contamination of powdered infant formula,

1. REITERATES its support for the Global Strategy for Infant and Young Child Feeding;
2. WELCOMES the Call for Action made in the Innocenti Declaration 2005 on Infant and Young Child Feeding as a significant step towards achievement of the fourth Millennium Development Goal to reduce child mortality;
3. URGES Member States to support activities on this Call for Action and, in particular, to renew their commitment to policies and programmes related to implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions and to revitalization of the Baby-Friendly Hospital Initiative to protect, promote and support breastfeeding;
4. CALLS on multilateral and bilateral donor arrangements and international financial institutions to direct financial resources for Member States to carry out these efforts;
5. REQUESTS the Director-General to mobilize technical support for Member States in the implementation and independent monitoring of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions.

(Ninth plenary meeting, 27 May 2006 –
Committee A, fifth report)

¹ Document A59/13.

WHA61.20 Infant and young child nutrition: biennial progress report

The Sixty-first World Health Assembly,

Having considered the report on infant and young child nutrition: biennial progress report;¹

Reaffirming the significance of the adoption by the Health Assembly of the International Code of Marketing of Breast-milk Substitutes (resolution WHA34.22), and resolutions WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34, WHA47.5, WHA49.15, WHA54.2, WHA55.25, WHA58.32 and WHA59.21 on infant and young child nutrition;

Reaffirming, in particular, resolutions WHA54.2, WHA55.25 and WHA58.32, which recognize the importance of exclusive breastfeeding for the first six months of life, the Global Strategy for Infant and Young Child Feeding, and the evidence-based public health risks of intrinsic contamination of powdered infant formula, the potential for introduced contamination and the need for safe preparation, handling and storage of prepared infant formula;

Recalling resolution WHA49.15 on infant and young child nutrition, which recognizes the need to ensure that the commitment and support for breastfeeding and optimal infant and young child nutrition are not undermined by conflicts of interest;

Affirming that early initiation and exclusive breastfeeding is the natural and optimal means to achieve food security and optimal health for infants and young children, and concerned that the rates have remained low;

Welcoming the biennial progress report and noting the salient points that need further consideration, specifically persistent malnutrition – one of the most severe public health problems, as indicated by the alarmingly high rates of under-five mortality;

Noting further the need to improve implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes;

Aware that powdered infant formula is not a sterile product and that it can contain pathogenic bacteria, and welcoming the WHO/FAO guidelines on safe preparation, storage and handling of powdered infant formula;²

Encouraged by the work of FAO and WHO through the Codex Alimentarius Commission on the revised proposed draft Code of Hygienic Practice for Powdered Formulae for Infants and Young Children,

1. URGES Member States:

- (1) to strengthen implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions by scaling up efforts to monitor and enforce national measures in order to protect breastfeeding while keeping in mind the Health Assembly resolutions to avoid conflicts of interest;

¹ Document A61/17 Add.1.

² World Health Organization in collaboration with the Food and Agriculture Organization of the United Nations. *Safe preparation, storage and handling of powdered infant formula*. Geneva, World Health Organization, 2007.

(2) to continue action on the Global Strategy for Infant and Young Child Feeding and the Innocenti Declaration of 2005 on infant and young child feeding and to increase support for early initiation and exclusive breastfeeding for the first six months of life, in order to reduce the scourge of malnutrition and its associated high rates of under-five morbidity and mortality;

(3) to implement, through application and wide dissemination, the WHO/FAO guidelines on safe preparation, storage and handling of powdered infant formula in order to minimize the risk of bacterial infection and, in particular, ensure that the labelling of powdered formula conforms with the standards, guidelines and recommendations of the Codex Alimentarius Commission and taking into account resolution WHA58.32;

(4) to investigate, as a risk-reduction strategy, the possible use and, in accordance with national regulations, the safe use of donor milk through human milk banks for vulnerable infants, in particular premature, low-birth-weight and immunocompromised infants, and to promote appropriate hygienic measures for storage, conservation, and use of human milk;

(5) to take action through food-safety measures, including appropriate regulatory measures, to reduce the risk of intrinsic contamination of powdered infant formula by *Enterobacter sakazakii* and other pathogenic microorganisms during the manufacturing process as well as the risk of contamination during storage, preparation and handling, and to monitor the effectiveness of these measures;

2. REQUESTS the Director-General:

(1) to continue monitoring progress through reports to the Health Assembly each even year, along with the report on the status of implementation of the International Code of Marketing of Breast-milk Substitutes and the relevant resolutions of the Health Assembly, on progress in the consideration of matters referred to the Codex Alimentarius for its action;

(2) to continue to promote breastfeeding and infant and young child nutrition as essential for achieving the Millennium Development Goals, in particular those relating to the eradication of extreme poverty and hunger and to the reduction of child mortality;

(3) to intensify support for the implementation of the International Code of Marketing of Breast-milk Substitutes;

(4) to provide support urgently for research on the safe use of expressed and donated breast milk, owing to the current challenges facing countries in the implementation of safe infant feeding practices, mindful of the national rules and regulations and cultural and religious beliefs;

(5) to provide support for strengthening of national information systems in order to improve the evidence base for policies in this area;

(6) to review the global current situation of infant and child nutrition including nutrition and HIV, and submit a report to the Sixty-third World Health Assembly.

(Eighth plenary meeting, 24 May 2008 –
Committee B, fourth report)