Campaigning for Breastfeeding

Church and community action
INTRODUCTION

This issue of Contact aims to involve you in the campaign for breastfeeding, and the fight against the harmful marketing practices of the companies producing artificial powdered baby milk (infant formula). Whether you are young or old, woman or man, health worker or simply someone wanting to offer a community service, there is a role that you can play.

I am delighted to have the opportunity to introduce this important issue of Contact because it is my strong belief that the promotion of breastfeeding is an important priority for CMC-Churches' Action for Health in WCC's worldwide struggle for social justice. Promotion of bottle-feeding with artificial milk causes serious harm, not only to infant health, but also to family budgeting.

To bring you up-to-date with the debate on the marketing of infant formula, there is a Contact interview with Nestlé company executives. In the boxes surrounding the article, we have provided some of the scientific and factual information which highlight the inconsistencies in the position taken by the infant formula companies.

We also feature the work of a community group in Brazil. We hope the experience of their work will provide inspiration for you.

Last, but not least, we are launching a CMC Code monitoring programme. The article on page 14 of this issue of Contact describes how you, the reader, can become a "Baby-milk monitor". It outlines not only what is included in the WHO International Code on Breast-milk Substitutes but also describes the process of monitoring. We hope that many of you will volunteer yourselves. Your efforts will help to ensure that promotion by the infant formula companies is kept out of maternity units, and hospitals. The information that you send us will be published in Contact and presented to the infant formula manufacturers.

Many Contact readers are ideally placed to help in the monitoring of the infant formula companies. We believe that we are offering you an opportunity to contribute to the global effort to help save infant lives.

Konrad Raiser
General Secretary
World Council of Churches

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COVER
Top: Church of England's Bishop of Leicester at the demonstration outside Nestle's shareholder meeting. Below: Community action in support of breastfeeding in Brazil.
Photos: Denise Aroveros/Ongom (below left) and Fred Jordan (below right).
CMC AND CHURCHES: A HISTORY OF INVOLVEMENT

By Erlinda N. Senturies, MD
Executive Secretary
CMC - Churches' Action for Health

Ever since it began in 1968, CMC (the former Christian Medical Commission) has been actively promoting breastfeeding. The search for local weaning foods has also been a priority.

In October 1976, Contact 35 featured "Breastfeeding - A Myth or a Must" by Nita Barrow, former CMC Director and now Governor General of Barbados. She wrote:

"Clearly, insistence on breastfeeding is not enough. It is essential to determine the factors in the community which have led to a change in the original practice of infant feeding. When these have been identified, it is vital to work with the community at a level they understand and, through relevant avenues, to encourage them to change their practices if necessary. The need for support and continuing education of the mother, as well as the members of the supporting group, are two of the most effective methods of ensuring this change."

What did happen in the community to change the original practices in infant feeding? Here, we are treading into the realm of politics.

Early alarm
During the 1970s, the dangers of bottle-feeding in the third world became known. Experts at medical congresses and in some professional journals began to offer warnings about the decline of breastfeeding. Some claimed it was due to the way infant formula was being promoted by milk companies. Paediatrician Derrick B. Jelliffe, for example, denounced the promotional activities of the baby formula companies as the cause of "Commerciogenic malnutrition".

Two years later, the information reached a wider audience. In February 1974, War on Want published "The Baby Killer". This book outlined the advertising methods which were being used to sell dried milk products and to promote bottle-feeding, particularly in developing countries.
By November 1974, the story was generating considerable media interest. Television programmes and daily newspapers in many parts of the world featured the fight taking place in a court in Berne, Switzerland. When Third World Action Group organized an international press conference at the UN headquarters in Geneva, Nita Barrow, then CMC Associate Director, accepted an invitation to chair the conference.

In June 1976, on the day before the verdict was to be announced, Nestlé dropped three of its four libel charges. These were based on the following statements made by Third World Action Group:

1) The activity of Nestlé and other companies was unethical and immoral.

2) By its selling practices, Nestlé was responsible for the death of, or the permanent mental and physical injury to, thousands of infants.

3) The baby food sales personnel in developing countries were camouflaged as nurses.

However, Nestlé won on its fourth allegation of libel - the title of Third World Action Group's pamphlet, "Nestlé Tötet Babys" (Nestlé Kills Babies). During the trial, Judge Jürg Sollberger said: "If Nestlé in future wants to be spared the accusation of immoral and unethical conduct, the company will have to change its advertising practice." Third World Action Group were asked to pay only minimal charges.

Meanwhile, church activity was growing in the USA. The Interfaith Center on Corporate Responsibility (ICCR), a group sponsored by a US member church of WCC, had begun an investigation of infant formula abuse in the Third World by US corporations.

**Nestlé boycott in the US**

In 1975, Nestlé had promised a temporary halt to all advertising in a "moratorium on advertising infant formula". However, the US-based consumer organization, INFACT (Infant Formula Action Coalition) continued to receive reports of advertising in the media and of poster displays by Nestlé in many parts of the world. As a result, in July 1977, INFACT together with the Church Women United, launched a US boycott of Nestlé products. They demanded an end to all promotion of infant formula. Several WCC member churches joined the boycott.

**Advocating good nutrition**

In April 1979, *Contact* published "Improving the Nutrition of Mothers and Young Children". It emphasized the universal superiority of "mother's milk". Breastmilk provided the best nourishment for the baby and protected the infant from infection. It also described how breastfeeding contributed to child-spacing and to the emotional bonding between mother and child. This publication, *Contact* 50, became a background document for an important WHO/Unicef meeting on Infant and Young Child Feeding held on 9-12 October 1979.

The meeting, in which CMC played an active part, adopted a firm position on the promotion of breastfeeding. In particular, it asked WHO to develop a strong international code on the marketing of breastmilk substitutes.

After it was over, action groups and consumer activists attending the meeting decided to form the International Baby Food Action Network (IBFAN). The network would coordinate the work of the member groups - particularly the research, monitoring and resource development.
Ever since, CMC has served as a resource to action groups involved at all levels of the baby food issue.

**Collaboration on WHO Code**

As an NGO officially recognized by WHO, CMC took part in a number of WHO meetings to draft a code on the marketing practices of breastmilk substitutes in third world countries. At the World Health Assembly in May 1980, CMC was the only NGO officially recognized to speak on the proposed code. The CMC's statement urged WHO to continue preparing a definitive code of marketing of breastmilk substitutes and to present it to the 34th World Health Assembly (WHA) in 1981. At that WHA, Stuart Kingma, then Associate Director of CMC, made the following statement:

"When we speak about the rationalisation of resources in the service of the goal of Health for All by the Year 2000, the resource of human breastmilk is one which deserves our maximum attention. Conversely, anything which encourages the early abandonment of breastfeeding is a source of real concern."

For a few years prior to 1981, CMC had been coordinating the NGO Groups on Primary Health Care. Stuart Kingma told the WHA that the support for breastfeeding provided by this body did not arise out of any "anti-corporation campaign" as some had suggested. He said:

"It arises out of real concern for the health issues involved. A concern for the best possible nutritional start in life for all children. It is in this context that we become concerned over anything that encourages the early abandonment of breastfeeding. We submit that recent studies have clearly shown that a number of the promotional practices of the manufacturers of breastmilk substitutes have led many women to switch to bottle-feeding, using the imported formula. For the vast majority of women in developing countries, this is a practice that they cannot sustain economically or hygienically without a serious toll in infant morbidity and mortality."

On 21 May, 1981, countries represented at the WHA voted 118-1 in favour of the Code. It outlined a code of conduct designed to restrict the promotion of infant formula and other breastmilk substitutes, and to encourage breastfeeding. The US was alone in voting against the Code.

**Monitoring Code compliance**

After the adoption of the Code in 1981, Nestlé took little action to change marketing practices. The boycott ended temporarily in 1984 with a four-point agreement between Nestlé and the boycott organizers. However, it was resumed in 1988 by the International Nestlé Boycott Committee, a network of many advocacy groups, following fresh reports of violations.

Monitoring of the Code was done by the action groups in many different countries. Many were affiliated to the IBFAN network. Health coordinating agencies organized by CMC in Africa and Asia-Pacific were sent copies of the Code.
for implementation in church-related hospitals, clinics and health programmes, and for monitoring and recording of any forms of violation by milk companies.

In a meeting with Nestlé executives in July 1987, Emilio Castro, then WCC General Secretary, said he had reports that free supplies of infant food were continuing to be distributed to maternity homes and hospitals in Asia. Although there were no official minutes of the meeting, Nestlé responded by confirming that it was their intention to follow the Code irrespective of what their competitors did. Mr Helmut Maucher, President of Nestlé, said that this commitment also applied to the WHA resolution in 1986 on free supplies.

Following the debates at the WHA on donations of breastmilk substitutes, Contact provided readers with an update on the progress in worldwide monitoring of Code compliance. Entitled “Infant Feeding Today - What’s Best for Babies”, Contact 93, October 1986, also offered more information on home-made weaning foods.

**Struggling for infant health**

In 1989, Birgitta Rubenson, Programme Secretary of CMC, reaffirmed the commitment that:

“...our struggle for health for the infants and children of the world continues.” She noted with great concern the feeding practices in hospitals and maternity clinics:

“...as these practices often decide the feeding pattern the mother will follow.”

Referring to a WHO/Unicef meeting in 1985 concerning infants who have to be fed breastmilk substitutes, she underlined the fact that routine availability of breastmilk substitutes was not only unnecessary but potentially dangerous. She said that it should not be permitted in maternity wards and hospitals. She restated the WHA resolution that:

“Since only very small quantities of breastmilk substitutes are ordinarily required to meet the needs of a minority of

Infants in these facilities, they should be acquired through normal purchasing channels.”

In 1989, noting a continuing decline in breastfeeding, CMC devoted another issue of Contact to “Breastfeeding for life” (Contact 111). It brought the attention of the readers to materials published by WHO/Unicef, IBFAN and GIFA on the promotion of breastfeeding. It also noted that various groups were joining the boycott of Nestlé in Ireland, Switzerland, Netherlands, Germany, Sweden and USA. Although most manufacturers disregarded the Code, the Nestlé company was targeted. Having a major share of the market, Nestlé’s policies affected more infant lives than any other single company.

In October 1989, during the IBFAN tenth anniversary meeting held in Manila, the international boycott of Nestlé was launched in front of Nestlé’s office in Makati, Philippines. Action groups asked for signatures of people who wanted to endorse the boycott.

Having participated in the IBFAN celebration, Erlinda N. Senturias, Executive Secretary of CMC, returned from the Philippines with disturbing information. The Ministry of Health’s Maternal and Child Health Unit in the Philippines had provided her with details of the current practices of the infant formula industry in circumventing the Code. She had also learned about the difficulty the Ministry had encoun-
tered in attempting to sue companies violating the Code in the Philippines.

Report back to WHA
Erlinda Senturias brought this information to the attention of the 43rd WHA in May 1990. She told Committee “A” meeting on “Infant and Young Child Nutrition and Status of the Implementation of the International Code of Marketing of Breast-milk Substitutes” that:

“Large quantities of infant formula continued to flow into health institutions through the so-called “booking scheme”, in direct circumvention of the provision of the International Code of Marketing of Breast-milk Substitutes banning such supplies. “Booking” allowed breastmilk substitute company salesmen to charge supplies delivered to the hospital as a credit purchase on the understanding that payment would not be collected.”

Erlinda Senturias called on the WHO to ensure strict observance of the Code and to block the loopholes that enabled breastmilk substitute companies to continue “business as usual”.

Building alliances and networking
CMC hosted various meetings with Geneva-based IBFAN, receiving people from the field for updates on the current status of the International Code of Marketing of Breast-milk Substitutes. Discussion also included issues of common concern, such as women’s work and breastfeeding. Contact 120 included an article on “Improving the Health of Working Mothers and their Infants”. It also featured CMC’s part in the formation of the World Alliance of Breastfeeding Action (WABA).

In September 1991, CMC participated in an executive briefing on the Baby Friendly Hospitals Initiative at a WHO/Unicef meeting in the Netherlands. While endorsing the initiative, CMC called for longer maternity leave and legislation that would enable mothers to breastfeed in their workplaces. At a second meeting on the Baby Friendly Hospital Initiative at the WHO headquarters in May 1992, CMC asked what it was that was preventing the infant formula industries from stopping the free supplies unilaterally, unequivocally and universally. The industry representative gave no answer.

Extending the political pressure
Recently, three moves within the wider church community have increased the pressure on infant formula companies. One is the Church of England’s boycott of Nestlé until the company ends free supplies. A second is the recent decision by the Church of Sweden to join the boycott. Thirdly, earlier this year (following the example of the World Council of Churches), the World Alliance of Reformed Churches disinvested in Nestlé.

Here at CMC, we are frequently asked, “Should the boycott continue?” We answer by referring to the words of Nita Barrow. She reminded us that:

“Insistence on the promotion of breastfeeding is not enough. We need to look at the factors which led to the change in the original practice of infant feeding and make necessary actions.”

For myself and members of the CMC team, we researched and discussed the issue widely. We have come to the conclusion that violations of the Code, by any company, should be condemned, and that the boycott should continue. We believe that the CMC network, those working in church-related hospitals and health activities, and Christians engaged in the medical and food industry everywhere should make this their responsibility. We also have an ethical duty to resist any form of incentives and/or practices that would cause a conflict of interest.

Wherever we work, all of us must continue to uphold the health of infant and children. We can take hope from the song of Mary. It gives this promise for those who continue the struggle: He has filled the hungry with good things, and the rich he has sent empty away. (Luke 1:53).
UK: BISHOP BATTLES BOTTLE-FEEDING

Thomas Butler, the Bishop of Leicester, has been involved in the worldwide campaign to protect breastfeeding for several years. In 1991, he played a key role in bringing about the boycott of Nestlé by the Church of England.

As the Bishop who sponsored the resolution, I have maintained an interest in the issue and I've continued to monitor developments. Together with the Bishop of Liverpool, I will be attending a meeting at Nestlé later this year. This will give them opportunity to answer questions about changes they are making in their marketing practices.

These discussions are difficult because they move into highly technical areas. The WHO Code requires that the infant formula companies do not advertise directly to mothers and only provide factual information to health professionals. The trouble is that colourful charts look like advertising to outsiders like myself. Marketing is now an embarrassment to the companies and they are trying to stay within the technical limits of the Code. The question is: "Are they staying within 'the spirit of the Code' as well as within the technical limits?"

Contact: Is support for the boycott within the Church of England growing?

Bishop: Yes, there are motions coming through. The Diocese of Oxford plans to pursue the issue with rather more vigour. (In November 1992, the Oxford Diocesan Synod passed a motion urging the General Synod to sell the Church's £1.69 million shares in the company if Nestlé does not end its promotion of baby milk.) This is one of the reasons why we want to make a statement to Synod later this year. We want to be able to answer questions about whether practices and policies have moved or not. If they haven't, pressure should be intensified.

Local activity continues, too. Parishes are certainly continuing to boycott Nescafé, as well-known product of Nestlé, the market leader among infant formula companies. The whole
issue has provided congregations with an opportunity to show solidarity with communities abroad. They have been shocked to learn what an effect the promotion of infant formula can have. The education process has provided an opportunity to introduce a whole raft of issues on nutrition and health.

Contact: Some church groups have withdrawn from the boycott because they don't agree with the slogan "Nestlé kills babies". Do you believe that Nestlé is responsible for killing babies?

Bishop: There's no doubt that the promotion of infant formula in maternity units leads directly to infant deaths. I have been involved in this dispute for a long time and I know the causes well. The babies get hooked on the infant formula while in the maternity unit and when the mother leaves the hospital and is forced to begin paying the market price for the product, she finds she cannot afford it. A second problem is that infant formula needs to be made up with sterilised water and very often this is not possible, given living conditions. Finally, although there's nothing wrong with the infant formula in itself, mothers who cannot afford it are forced to dilute the solution and this presents another major risk.

Contact: Do you have a message on this issue for the churches in the UK and abroad?

Bishop: "Watch this space" is my immediate response. As I mentioned before, I have a meeting with Nestlé later this year. But certainly it is right and proper that churches should be the conscience of the multinationals. We are asking moral questions of them and it is good that we are doing that.

GERMAN INSTITUTE CONDEMNS BABY FOOD INJUSTICE

Around 1.5 million children die each year because they are fed with breastmilk substitutes. Many mothers are misled by substitute samples distributed in hospitals and maternity homes. Could there be a clearer challenge to our understanding of justice?

Breastmilk substitutes are only beneficial for a small number of newborns who have rare metabolic disorders. For the majority, they have a disastrous effect. Sales of baby food are pushed up, regardless of the damage they cause to mothers and babies.

Rich, industrialized countries increase their wealth at the expense of economically poor countries overseas - and Germany is on the wealthy side of this fatal interaction of economic powers. The churches want to promote ecumenical learning, that is to ask the questions: what can our society learn from other societies, and what can different cultures learn from each other?

The German churches have developed a dialogue programme aimed to help put into practice responsibilities for more justice in the
THE NESTLE INTERVIEW

To give Nestlé an opportunity to offer their position on the marketing of breastmilk substitutes, Contact requested an interview with Nestlé president, Helmut Maucher. He was not available but editor, Diana Smith and CMC Executive Secretary, Erinda Senturias, met three Nestlé executives on 6th September 1993 at the Nestlé headquarters in Vevey, Switzerland.

Contact: Does Nestlé agree with Unicef that: “Reversing the decline of breastfeeding in the developing world could save the lives of an estimated 1.5 million infants every year”?

Nestlé: There are various versions of this quote. A recent WHO report said: “If breastfeeding could be fully and effectively applied, a million to 1.5 million infant lives could be saved”. This is a very different statement and one that we would agree with.

Breastfeeding has to be “exclusive” to have its full impact in saving infant lives. “Exclusive breastfeeding”, according to many studies, is not nearly as common as was assumed in the past, even in traditional societies. It is therefore difficult to document a decline.

If all mothers were able to breastfeed their babies - and given that there are a number of constraints to breastfeeding - then a million to 1.5 million lives could be saved. But this is not reversing a decline because a decline may or may not have taken place in areas where infant lives could be saved.

Contact: When you say “if the mothers could be empowered to breastfeed”, there is immediately a suggestion to the mothers that they will not be able to breastfeed. This takes away the power from the women. Community-based health workers in the Philippines say that when this kind of talk goes on, the mother receives the information that she will not be able to breastfeed. We begin to hear mothers say: “Oh, my milk does not come” and things like

What is “exclusive breastfeeding”?

Exclusive breastfeeding means that no other drink or food is given to the infant. The infant should feed frequently and for unrestricted periods.

The Innocenti Declaration of 1991 declares: “As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practise exclusive breastfeeding and all infants should be fed exclusively on breast milk from birth to 4-6 months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond.”

“Exclusive breastfeeding” is best for infant health - but some breastfeeding is better than none. “Babies in the Third World fed exclusively on infant formula are 16 times more likely to die in infancy than babies fed only breastmilk. Those fed a mixture of formula and breast milk are four times more likely to die than babies fed breastmilk alone,” according to Dr Mark Belsey, World Health Organization.
world. They try to develop a dialogue with certain social and political groups, political parties, trade unions, companies, professional associations and so on. They try to encourage them to take part in an effort to counter economic poverty and exploitation in countries overseas.

An important factor in this programme is the dialogue with producers of breastmilk substitutes, especially with Nestlé. When the WHO Code was introduced in 1981, the churches strongly supported it. They were grateful for the clarification of right and wrong.

Broken promises
At a meeting with Nestlé in January 1983, Nestlé promised to do their best to avoid any kind of abuse, including free distribution of milk substitute samples. As this had seemed sincere, it was very discouraging to later see that Nestlé was breaking its promises. A report by Nestlé in Mexico* in 1988 revealed that the company still swamped overseas hospitals with free samples.

In 1992, representatives of the Catholic and Protestant church in Germany again invited Nestlé for round table discussions. This time, Nestlé did not agree to strictly abide by the Code and renounce unilaterally the free distribution of samples.

Unfortunately, reports from many countries show that the situation is still bad. Abuse and misery continue. Still there are families suffering and babies dying because their parents are misled by false promises and free distribution of samples. The German church will continue to fight and stand side-by-side with the groups active on this issue.

Rainward Bastian and Heude Skaal
German Institute for Medical Missions

* A Nestlé investigation in Mexico in 1988 revealed that free samples of the company's infant formula were available in 35 of the 59 hospital and maternity clinics studied. The Nestlé Infant Formula Audit Commission (NIFAC) undertaking the study said that the practice was likely to encourage bottle-feeding. "Specifically, we have learned that free and low-cost supplies of infant formula may discourage breastfeeding", it concluded. NIFAC, which was established in 1982, was disbanded by Nestlé in 1991.

BOYCOTT BACKGROUND

Since its relaunch in 1988, over 100 pressure groups and a large number of churches have joined the global boycott of Nestlé.

Although many infant formula companies disregard the WHO International Code, reports of violations are more often about Nestlé practices than any other single company. This is not surprising given that Nestlé controls between 30 and 50% of the world's market in baby food.

A report detailing violations of the Code was produced by IBFAN, the International Baby Food Action Network in 1991. Called "Breaking the Rules", a worldwide report on violations of the WHO International Code of Marketing of Breastmilk Substitutes, it is available from CMC (address on back page). A new edition of the report is now being prepared and will be available in 1994.

SWEDEN JOINS THE BOYCOTT

Church of Sweden's assembly meeting in September 1993 decided to join the international boycott against Nestlé. A small group, including Birgitta Rubenson, former CMC Programme Secretary, has been appointed to prepare a statement about the boycott.

The Assembly chose four brandnames for the boycott: Lancôme, Nescafé, After Eight and Findus. All of these products are manufactured by Nestlé's Swedish industrial group.
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that. But maybe the real cause of her problem is the fact that she is doing mixed feeding (that is breastfeeding and bottle-feeding). The suggestion “if the mothers could breastfeed” itself is wrong. It is this suggestion that contributes to the creation of a “bottle-feeding culture”.

**Nestlé:** Physically, 98% of mothers could breastfeed. There are very few medical reasons why they should not. The main issue is that mothers need to go back to work to feed the rest of the family. Take an example that we know quite well, Vietnam. There is no infant formula, and there is 100% breastfeeding. But Vietnam has one of the highest infant mortality rates in the world. The mothers need to go back to work early and the babies do not receive appropriate weaning food.

**Contact:** Well, restricting sales of infant formula in countries where it is available, has been shown to dramatically reduce malnutrition. In 1986, Papua New Guinea introduced a law to control the use of bottles and artificial milk. At that time, one third of the children under two years living in the capital were bottle-fed and two-thirds of these were malnourished. Two years later, bottle-feeding had dropped from 35% to 12% and malnutrition had dropped by a third.

Faced with the scientific arguments of WHO and other medical experts, Nestlé has made some major changes in its policies. But why hasn’t it fully implemented the 1981 WHO International Code of Marketing of Breast-milk Substitutes?

**Nestlé:** In 1982, we did implement the Code. Within a week, we were accused of rewriting the Code because people did not agree with the way we were implementing it. So how are you going to get over that problem if governments do not take action? The problem that we have today is that very few governments have actually put the Code into law. (Nestlé also confirmed that they have not used baby pictures on their infant formula labels since 1982. They said that they stopped direct media advertising of infant formula before the Code was introduced.)

**Does suggestion cause failure?**

A mother’s belief in her ability to breastfeed is important to help her milk flow. She needs to feel confident and able to breastfeed in order to be successful.

The diagram shows the vicious circle occurring when there is a lack of confidence. The sum total is a failure to produce milk as a result of the lactation.

“The phrase ‘if or when your breast milk fails’ is the best sabotage to the let-down reflex I know,” according to Professor Derrick Jelliffe, during evidence given at the Berne Court case, February 1976.

Contact: We agree that we want governments to take action but there are problems with putting the whole burden on governments. In the Philippines, for example, the Code has been implemented into law but it is difficult to take legal action against violations taking place in remote areas of the country. We would like Nestlé to take a lead with unilateral action, for example, to stop free supplies.

Nestlé: We do not believe it would help if Nestlé unilaterally withdrew supplies. WHO does not want us to do this anyway. In Thailand, we withdrew free supplies unilaterally and other companies simply moved in to fill the gap. The problem was not solved.

Contact: WHO has recommended that all maternity hospitals, maternity wards and clinics buy their own supplies of infant formula. If you were responding to WHO, you would be withdrawing free supplies.

Nestlé: That is what we have done. We are not able to give you a complete list of countries from which we have withdrawn supplies because there is a problem with the interpretation of this particular resolution in the Code. The resolution refers to "maternity wards and hospitals". This means that there should be no free donations or low-cost supplies for maternities for normal babies. If the mother can afford to buy the formula afterwards, then

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**Appropriate weaning:**

**the dangers of "follow-up" feeds**

Formula milks, or artificial feeds, are now marketed internationally in two main categories: infant formula, sold as a substitute for breastmilk, and the more recent, follow-up formula (sometimes known as follow-on formula), sold as a complement to breastmilk for older infants. Manufacturers sometimes promote these products very aggressively. Mothers may come to believe that formula milk is better for their baby than breastmilk. But breast is best for all infants, and breastfed babies do not need either type of formula milk.

Follow-up formula need not be given to any infant even if she or he is over six months old - older infants need solid nutritious foods combined with breastmilk.

**What's wrong with follow-ups?**

- Follow-up formula carries the same risk of infection as infant formula if bottles or water are contaminated.
- Giving follow-up formulas can interfere with the weaning process, when the infant is starting to eat family foods. Giving another type of milk, such as follow-up formula, as well as breastmilk to an infant who is being weaned is expensive and may result in replacing breastmilk, rather than complementing it, especially if given by bottle. The 1986 World Health Assembly (Resolution WHA 39.28) stated that "the practice being introduced in some countries of providing infants with specially formulated milk (so called follow-up milks) is not necessary". Nearly all countries voted in favour of this resolution.
- WHO is concerned that mothers could use follow-up formula by mistake instead of infant formula. If follow-up formula is given to infants below six months of age, its higher protein and mineral content increases the risk of dehydration during diarrhoea.
- These formulas can lead to an unbalanced diet. One study measured nutrient intakes of infants at six to ten months of age likely to result from the use of two standard follow-up formulas. With one, the infants received too much protein, and with the other, not enough fat.

Adapted from an article by Ted Greiner, Department of Paediatrics, International Child Health Unit, Uppsala University, S-751 85 Uppsala, Sweden. Complete article published in Health Alert, Issue 123, November 1991.
she can afford to buy it in the hospital. That is what the Code means when it says "not for promotional purposes".

But it does not mean that companies should not be responding to requests from hospitals for malnourished children, for premature babies, for triplets and quads, or for orphaned children or social disasters, like Bosnia. These supplies are given for social reasons, and for as long as the infant needs the formula.

Contact: It seems that Unicef’s interpretation of this is different from yours. Unicef policy in "An end to the ambiguities" reads: "stated succinctly, under all ordinary circumstances, including prematurity and most illnesses, donations or low cost supplies of infant formula products or other products within the scope of this Code should not be permitted in any country. In two exceptional cases, supplies may be given." These are for infants diagnosed as having rare metabolic disorders requiring an especially formulated breastmilk substitute, and the case of giving to orphanages and to disaster relief operations.

Nestlé: So malnourished children just go out of the window and premature babies should die? Why didn't Unicef discuss this with the IFM (International Association of Infant Food Manufacturers)? They were in dialogue with it, and if you are in dialogue, you reach a consensus and you get agreement. We want Unicef to

Women's rights and breastfeeding

Every woman has the right to choose how to feed her baby. The campaign to promote breastfeeding is giving increasing attention to women’s needs. The constraints on breastfeeding could be reduced by recognizing the following:

1. Women's empowerment to breastfeed is provided through scientific facts. Women need factual information if they are to breastfeed successfully and if they are to make their own judgments. Having made their own decision, women are less likely to feel guilty if they are prevented from breastfeeding.

2. Women need social support to breastfeed. Working class women, particularly in urban slums, are forced to bottle-feed because their work takes them away from home. These women need support for breastfeeding at work, and creche facilities close to their place of work.

3. Women need to be able to protect themselves against pregnancy while breastfeeding. Although lactation (milk production) provides some protection against a subsequent pregnancy, women need a choice of contraceptive methods which can be used while breastfeeding. For example, barrier methods, such as condoms, diaphragm and foam, IUDs and certain oral contraceptives (pills) do not interfere with lactation.

Adapted from Breastfeeding in Bangladesh by Nasreen Huq, Bangladesh Rural Advancement Committee (BRAC), November 1992.
come back into dialogue with us. Nestlé has been a strong promoter of the IFM. Now, the dialogue between WHO, Unicef and IFM has stalled. We think that is a tragic loss of opportunity. Let Contact take a lead in promoting a dialogue.

Contact: We hope to do our own Code monitoring in Contact. But we also feel that more of the burden for the way the health system promotes the bottle-feeding culture should be put on industry. In the present environment, we are informed, as women, that we cannot function. It is not only Nestlé. We have seen a letter from Gerber which was sent to a mother in the United States. It says: "If it doesn't come from you, shouldn't it come from Gerber?" It is so appalling and it makes us really angry.

Packaging without labels

"We have suggested to Nestlé that they package their charitable donations of baby foods in generic labels. This would avoid all possible confusion between promotion and charity."

Idrian Resnick, Executive Director, Action for Corporate Responsibility, Connecticut, USA.

Disaster relief

UNHCR as well as other international disaster relief organizations "discourage the distribution and use of breast-milk substitutes in refugee settings." UNHCR adds: "When absolutely necessary, their distribution requires strict safeguards to ensure safe use and that infant feeding bottles and teats are not used."

In 1983, the Guatemala government adopted strong measures to restrict baby milk marketing and to promote breastfeeding. The country's breastfeeding rates increased dramatically. In some cases, grandmothers are called upon for wet-nursing.
INTRODUCING CMC’s CODE MONITORING PROJECT

Will you help bring industry under control by becoming a “Baby-milk monitor”? Here, Contact introduces you to CMC’s project to control harmful marketing practice by the infant formula companies.

WHO International Code of Marketing of Breast-milk Substitutes sets down provisions which effectively ban all promotion of bottle-feeding. All companies claim to abide by the Code but evidence from around the world shows widespread violation. This evidence is the result of monitoring carried out by individuals, governments, non-governmental organizations and others. The accurate collection and reporting of examples of bottle-feeding promotion is essential if we are to protect infant health by eliminating irresponsible and dangerous marketing practices.

Information provided by such monitoring helps international organizations like World Health Organization (WHO), Unicef, aid agencies and International Baby Food Action Network (IBFAN) in their campaigns to promote breastfeeding. CMC - Churches’ Action for Health would like you to help in this process by observing practices related to infant feeding in your hospitals, clinics, shops and in public places.

What are we looking for?
The activities which violate the Code (see box on page 16) include any promotion of bottle-feeding and anything else which undermines breastfeeding. Code violations are found in hospitals, doctors’ offices, clinics, shops, the media and elsewhere. They take many forms, including free samples and other gifts, literature, leaflets, posters, advertisements, promotions, misleading information and so on.

At the moment, most company promotion of bottle-feeding is channelled via hospitals and health workers. This is therefore the best area to look for violations.

How to be a Code monitor
Monitoring involves investigation, observation and recording of information. Be inquisitive, be persistent, use your imagination and remember the importance of this work!

A Prepare carefully
- Familiarise yourself with the main points of the Code.
- Find out the names of baby milk companies and their brand names in your country (ask in a pharmacy).

B Pay close attention to detail
Make careful notes of dates, company and brand names, name of hospital, clinic, store, etc, name and position of person giving
Questionnaire for monitoring in hospitals and clinics.

NB: you may not be able to answer all the questions. Please fill in as many parts as you can, use a separate sheet where necessary (make sure you use the same question numbers) and give as much detail as possible. Get examples or take photographs whenever you can. Also give information on anything else you find.

A. GENERAL
1. Hospital/clinic name and address:
2. Country:
3. Type of hospital or clinic:
4. Number of births per year in this facility:

B. INFORMATION TO MOTHERS
5. Does the hospital/clinic give information to mothers on breastfeeding or bottle feeding? Yes / No*
   If yes, what sort? (brochures, films, posters, etc.)
   Give details

Who is it produced by?
6. Are there baby milk company posters (or similar) on display? Yes / No*
   If yes, which company?
   Give details (take a photo if possible):

C. SAMPLES AND SUPPLIES
7. What baby milks are used in the hospital/clinic?
   Company:
   Brand:

8. How are they obtained? Bought at full price / bought at less than 80% of retail price / given by company*
   If given:
   Which companies?
   Which brands?
   Date of last donation:
   Company:
   Amount received:
   If bought at low price:
   Which companies?
   Which brands?
   Date of last purchase at low cost:
   Company:
   Amount bought:

9. Are mothers given free samples of baby milk or other breastmilk substitutes on leaving the hospital/clinic? Yes / No*
   If yes, which company?
   Which brand?
   To what percentage of mothers?

D. CONTACT WITH MARKETING STAFF
10. Do company reps visit mothers in the hospital/clinic? Yes / No*
    If yes, which company?
    For what purpose?
    Do they leave gifts or samples? Yes / No* Give details:

11. Do company reps visit health workers in the hospital/clinic? Yes / No*
    If yes, which companies?
    How often?
    For what purpose?
    Do they leave samples? Yes / No* If yes, which company?
    Brand:
    Amount:

12. Do companies give literature on infant feeding to health workers? Yes / No*
    If yes, which companies?
    What type? (Brochure, poster, etc)
    Give details:

13. Do companies give gifts to health workers? Yes / No*
    If yes, which companies?
    Give details:

(please take a copy or photo of any gifts and information from companies - mark with date and place obtained)

Monitor's name and address:
Telephone / Fax:
(this information will remain confidential)

* please delete where appropriate

October 1993
Contact 15
Violations of the WHO International Code

Summary: WHO International Code of Marketing of Breast-milk Substitutes

Any activity which undermines breastfeeding violates the aim and spirit of the Code. The Code is intended as a minimum requirement for all countries.

Scope: products promoted and/or used to replace breastfeeding, whether or not they are suitable for that purpose. These include baby milk, follow-on milk*, baby foods, baby gruels, baby teas and juices, bottles and teats (nipples).

Key points:

- No promotion of any sort in hospitals, shops or to the general public.
- No free samples to mothers in maternity wards and clinics nor free or subsidised supplies to hospitals.
- No promotion or gifts to health workers: any information provided by companies must be restricted to scientific and factual matters only.
- No misleading information.
- No contact between sales personnel and mothers.
- No promotion of foods or drinks for babies under 4-6 months old.
- Labels must be in a language understood by the mother and must include a warning.
- No baby pictures on baby milk labels.

* This product was not explicitly mentioned in the Code because it had a very small market at the beginning of 1980s, when the Code was drawn up.

Gerber violation of the Code. This advertisement appeared in a Polish magazine for parents called Twejo Dziecko (Your Child). Thanks to protests from the newly-formed National Breastfeeding Committee in Poland, it was withdrawn soon afterwards. There are fears that Eastern Europe will be flooded with products that actively compete with breastfeeding if action is not taken soon, according to the Czech host of an IBFAN seminar in May 1993.

Letter to IFM*
August 1993
I wish to report that on several recent visits to Bangladesh, I have personally visited slums as part of one of my research projects, and was dismayed to see tins of Lactogen (Nestlé) which the mothers told me had been donated to them... The impact of having mothers encouraged to divert their scarce financial resources towards this expensive, inappropriate food for infants, living in such appalling environmental conditions, is very serious.

Andrew Tomkins
Professor of International Child Health
University of London, UK.

* International Association of Infant Food Manufacturers (IFM) monitors marketing practices on behalf of its member companies.
information (offer an assurance that, if required, this information will be kept confidential), descriptions of posters, displays, etc. Get copies of brochures, booklets or labels. Label all examples of promotion with date and place where it was found (but do not deface them).

Monitoring in hospitals and clinics
This is not always easy but it is extremely important. The form on page 15 will help you to ask the right questions and record the answers more easily. You may decide to ask additional questions.

Gaining access to information in hospitals depends on your relationship with the institution. It helps to be a health worker or a mother-to-be. Otherwise, you may decide to simply walk into the maternity ward, introduce yourself and begin to ask questions and look around. You may be welcomed because you are researching the many factors that affect breastfeeding. But be prepared for the fact that many hospital officials, doctors and health workers have direct contacts with the companies and benefit from their promotion.

At the hospital, try to visit the maternity ward, nursery, milk kitchen, paediatric ward, malnutrition ward, rehydration unit and offices of paediatricians, obstetricians, nurses and administrators. Asking the same questions of different people will increase your chances of finding the right information (Remember not to reveal the identity of health workers who give you sensitive information if they request confidentiality).

Direct observation is also important: you may be able to see posters, tins and gifts such as clocks and refrigerators which bear the company name. Take photographs if possible. We are also interested in any company literature on infant feeding, whether it is for health workers or for mothers. Obtain copies of such literature if you can.

Monitoring elsewhere
Visiting shops, supermarkets and pharmacies will enable you to check for special displays, leaflets, posters, special prices and other promotional activities. These violate the Code. Check the baby-milk labels. The Code bans pictures of babies or other images which idealise bottle-feeding, as well as the words “maternalised”, “humanised” or similar. The Code also requires that the labels show an “Important notice”, a warning that:

a) breastfeeding is superior;
b) a health worker should be consulted before use; and,
c) there are health hazards associated with inappropriate preparation. There should also be adequate preparation instructions. If any of these are missing, the label violates the Code. The text must be in a language understood by the mother.

Checking the media for advertisements is easy. Look particularly in magazines for parents and also check publications imported from other countries. We are interested in advertisements for any breastmilk substitutes.

Return the completed form and/or further comments and examples to Contact by 30th December 1993. This will enable us to collate the results and publish them in a future issue.

Where to get help
A full monitoring protocol with detailed forms for different types of marketing practices is available from Action for Corporate Accountability, 129 Church St, New Haven, CT 06510, USA. Fax: 1 203 787 3908.

IBFAN regularly reports Code violations to the Infant formula companies and sends copies to Unicef, WHO and national governments. It has regional offices in Malaysia, PO Box 19, 10700 Penang (Asia), Australia (South Pacific), Action for Corporate Accountability, USA, address above (North America), Uruguay, address below (Latin America and Caribbean), Swaziland, PO Box 781, Mbabane (Africa) and The Netherlands (Europe and Middle East). (Please write to us for full addresses if necessary).

IBFAN has An information kit on the promotion, protection and support of breastfeeding which is available from Geneva Infant Feeding Association (GIFA), PO Box 157, 1211 Geneva 19, Switzerland, in English and French. It is available in Spanish from IBFAN Latin America Coordinating Office, Negro 1380, Piso 9, Oficina 903, CP 11100 Montevideo, Uruguay. A seventh edition of Protecting infant health - A health workers’ guide to the International Code of Marketing of Breast-milk Substitutes will be printed soon.
BRAZILIAN CAMPAIGN FOR BREASTFEEDING

Origem-Pe is working with the poorest and least well-informed communities in the state of Pernambuco, in the Northeast region of Brazil. Those of us who belong to this group are not necessarily mothers. We see ourselves primarily as citizens who consider breastfeeding not only as a baby’s right, but also a woman’s right.

Our main work consists of training and supporting groups which are promoting breastfeeding in low-income communities. When we work with community groups (made up of mothers, grandparents, fathers, and whoever is interested), we bear in mind that knowledge is power - that a woman needs to have the right to decide whether she wishes to breastfeed her baby or not. But in order to make a responsible choice, the woman needs to know the advantages of breastfeeding and the consequences of bottle-feeding.

Brazil’s Minister of Health says a principle cause of malnutrition is the lack of breastfeeding. On average, Brazilian mothers breastfeed their babies exclusively for 72 days, and supplemented by teas and powdered milk for 134 days. Over 30% of babies between birth and three years are malnourished.

Half of these malnourished infants live in the Northeast. Here, mothers begin to give supplements at only 42 days.

Banning the “bomb formula”

The consequences of early weaning are dramatic throughout the country. But they are particularly bad in the Northeast where breastfeeding rates are lowest.

The lack of hygiene in preparing feeding bottles, coupled with watered-down formulas made with contaminated water, produces a “bomb formula”. The damage is frequent diarrhoea, malnutrition and even death.

In many of the regions in the Northeast where we work we can see that breastfeeding is the only chance a baby has for survival: a baby who has a name, a family and, perhaps, a future...

We believe that the question of breastfeeding is part of the struggle for community development. We always support residents’ associations and local women’s groups when they come to us for orientation and training, because we know that they can be a driving force in community development.

Our training courses for community groups include weekly meetings over a three-month period. This prepares them for whatever they choose, or are able to do, for the promotion of breastfeeding.

The first group we worked with was from an extremely poor favela or slum. These women now promote breastfeeding by making cloth “mother” dolls nursing cloth “newborn infant” dolls. Children can then play with dolls which are breastfeeding instead of only with dolls which bottle-feed. The craftwork also generates income for a whole group of unemployed women.
Besides working in communities, we also operate in the following areas:

With Health professionals - Giving talks and training medical and health workers in maternity wards and hospitals.

In Communication - Producing educational and informative material such as a series of booklets, and a bulletin called *Via Lactea* (Milky Way). We also maintain constant contact with TV, radio and newspapers.

National and international links - Within networks such as MINA - National Movement to Encourage Breastfeeding; IBFAN - International Baby Food Action Network, and WABA - World Alliance for Breastfeeding Action (WABA).

Controlling the promotion of baby food - We believe that although nursing is a very intimate act between mother and child, breastfeeding is also a political issue. This has led us to take firm action on the marketing and promoting of breastmilk substitutes acting as IBFAN coordinators (see box).

Further action required to deal with the problem of premature weaning of babies in Brazil is necessary. Structural changes, such as better training of personnel and health professionals in schools and maternity wards, improvement of hospital practices in relation to the care of pregnant women, more humane delivery procedures, and breastfeeding during the first hours of life are needed. But change is also the responsibility of each individual.

Because of the combined efforts of individuals, NGOs and government, religious institutions and hospitals, we feel able to predict that better days lie ahead of us....

Origem (Grupo de Estudos e Ação em Aleitamento Materno) is a non-governmental organization (NGO) made up of women. Its principle objective is to support, promote and defend breastfeeding. It consists of three groups. Origem-Rio working principally with health professionals in the Southeast, Origem-RS in Camaquã, a town in the interior of Rio Grande in the South, and Origem-Pe in the Northeast.

This article was contributed by Denise Arcoverde, Origem-Pe, Av. Gov. Carlos de L. Cavalcanti, No. 4909 - Ap. 301 - Casa Caíada, CEP 53.140 - Olinda - PE, Brazil.

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**Code violations in Brazil**

Brazil is one of the nine countries that has incorporated the International Code into law. In 1988, the Brazilian Norm for the Marketing of Baby Food was born.

Origem-Pe monitors violations of the Brazilian Norm in the North and Northeast.

“Recently we received a very serious complaint. A creche in Vila dos Milagres, a community where we work and train a breastfeeding support group, was approached by a Nestlé promoter who gave them a large sum of money to be used for the renovation of the building. As the Brazilian Norm forbids this kind of donation, the promoter instructed the managers of the creche to say that the money had not been given by Nestlé itself, but had come from a ‘support fund’ donated by workers of the company.

Another example of a violation in Brazil was Nestlé’s gift to 400 resident doctors of infant formula samples, together with tickets for an ocean cruise, all expenses paid.”
USEFUL CONTACTS

La Leche League International is a breastfeeding information resource centre with groups in more than 50 countries. It builds networks of mothers who are able to help each other with breastfeeding. For more information write to: La Leche League International, PO Box 1209, Franklin Park, Illinois 60131.8209, USA.

World Alliance for Breastfeeding Action (WABA) is a global people’s initiative to protect, promote and support breastfeeding. WABA works closely with Unicef and, this year, organized World Breastfeeding Week. It was launched with the opening of a “nursing room” for breastfeeding mothers and their babies in the Sungei Wang Plaza shopping complex in Kuala Lumpur. WABA can be contacted at: PO Box 1200, 10850 Penang, Malaysia.

(See also IBFAN on page 16).

USEFUL PUBLICATIONS

Baby-Friendly Hospital Initiative

Materials available from Unicef include a monthly newsletter, BFHI News, BFHI guidelines, brochures, videos, exhibition with text and photos, and Breastfeeding Paper of the Month series. The Innocenti Declaration is also available in many languages.

All materials are available from Unicef, 3 UN Plaza H-9F, New York, NY 10017, USA.

Baby Milk - Destruction of a world resource

This new booklet asks why breastfeeding is declining in the South and North. It explains the biological facts of breastfeeding, traces the origins and growth of a US$7 billion a year global industry in manufactured baby foods, and questions medical practices that fail to endorse breastfeeding.

It is available from Catholic Institute for International Relations, Unit 3, Canonbury Yard, 190a New North Road, London N1 7BJ, United Kingdom, at a price of £1.20 per copy.

Helping mothers to breast feed

Felicity Savage King’s very popular guide to breastfeeding provides health workers and mothers themselves with practical guidance on how to prevent problems.

It is available in Arabic, English, French, Portuguese and Spanish. Translation in other languages are available locally. Write to: TALC, Teaching-aids at low cost, PO Box 49, St Albans, Herts AL1 4AX, United Kingdom.

Motherpower and infant feeding

Doctors and health professionals claim infant feeding as their domain. The result is that women are excluded and disempowered. Penny Van Esterik is a respected authority on this subject and her book is available from Zed Books. For copies, write to Zed Books, 57 Caledonian Road, London N1 9BU, United Kingdom. Price: £9.95.

The Politics of Breastfeeding

This powerful and provocative book demonstrates that breastfeeding is much more than a matter of personal inclination. Gabrielle Palmer argues that women all over the world are being tricked into feeding their babies artificially.

Available by post from Baby Milk Action Coalition (BMAC), 6 Regent Terrace, Cambridge CB2 1AA, United Kingdom. It costs £7.95 including postage and packing.

Postcards and greeting cards, like the one shown here and throughout this issue, are also available from BMAC. Write for their brochure.
Protecting, Promoting and Supporting Breast-feeding: The special role of maternity services

A joint WHO/Unicef statement, 1989, includes the "Ten steps to successful breast-feeding" plus a discussion of how to prepare health workers to promote and support breastfeeding; deciding where and when health workers should act; and, procedures and individual care.

It is available from WHO, Distribution and Sales Service, 1211 Geneva 2, Switzerland, at a price of 6.00 Swiss francs. It is also available from BMAC, address above, at £2.50, plus 15% of total cost to cover postage and packing.

Other publications

Prevention of disabilities in patients with leprosy: A practical guide

Published by WHO, this book is a practical guide for health workers. It helps them to assess the risk of disability in leprosy patients, treat cases effectively and teach patients how to prevent disabilities and deformities. The manual uses simple language supported by tables, charts, checklists and around 100 illustrations.

The book is available to NGOs at a special 40% discount - 17.40 Swiss francs, including postage and packing. Write to WHO (address above).

Women and HIV/AIDS - an international resource book

This handbook was reviewed in Contact 131 on Supporting Women. Please note that a number of copies are available at a subsidised price of £5.50 to readers in developing countries. Please add a minimum of £2.00 for postage and packing or 60% airmail, 30% surface mail. Write to TALC (see address above).

LETTERS

Vocation of CMCH students

Dear Editor,

Our attention has been drawn to an interview with Drs Raj and Mabel Arole of Jamkhed published in Contact 129, February 1993.

We would like to issue a clarification to Dr Arole's statement, quoting the Director of our institution, that of a batch of 60 graduates only three or four go to service in mission hospitals.

Up to 1978, 1,482 students had graduated and 59% of these had served for more than 10 years in India. The number of graduates serving in mission hospitals was 449.

We hope that you will be able to correct the impression given by Dr Arole that all medical students and graduates trained in Christian institutions have lost their sense of vocation or commitment to service of the poor.

Dr Joyce Ponnaia
Christian Medical College and Hospital
Vellore, India.
A vision for the future from Zaire

We have received a tremendous response to Contact 128 on Community-determined health development in Boga, Zaire.

José Aurelio Roza, who is working with the Prefectura Apostolica del Vichada in Colombia, says he has produced a booklet entitled "Promotion and Development: Decision and Commitment of the Community - What our African brothers tell us" to share with indigenous communities.

Centre pour la promotion de la Santé de Kangu, based in Brussels, is making a booklet of the article in French. Rose Akia, in Elliot, South Africa, hopes to use the issue in a workshop at her hospital.

In May 1993, US Department of Health and Human Services used extracts from the issue for "Feedback Readers". It asked those in field service to read about the challenge presented by Community-determined health development, and to reflect on opportunities in working with communities to address their health issues.

ANNOUNCEMENTS

We've changed our name to:

CMC - Churches' Action for Health

Following restructuring within the World Council of Churches, we have become part of Unit 2, WCC. Our former name, Christian Medical Commission, is no longer appropriate since our structure is no longer that of a commission. Our mission and location remain unchanged and we hope you agree that our new name conveys clearly what we do.

WHO Award for Health Education in Primary Health Care, 1993

Nominations to be made to H.S. Dhillon, Director, Division of Health Education, World Health Organization, 1211 Geneva 2, Switzerland, by 31 December 1993. Please write to WHO (address page 21) for details.

CONTACT is the periodic publication of "CMC - Churches' Action for Health" of the World Council of Churches (WCC). It is published six times a year in English, French, Spanish and Portuguese. Selected issues are also published in Kiswahili in Kenya, and Arabic in Cyprus. Present production exceeds 32,000 copies.

CONTACT deals with varied aspects of the community's involvement in health and seeks to report topical, innovative and courageous approaches to the promotion of health and integrated development. A complete list of back issues is published in the first annual issue of each language version. Articles may be freely reproduced, providing that acknowledgement is made to CONTACT, the bi-monthly publication of CMC - Churches' Action for Health, WCC.

Editorial Committee: Eva Ombaka, Erlinda Senturias and Margareta Sköld; Editor: Diana Smith; Design: Michel Paysant.

Printed in Switzerland on recycled paper by Imprimerie Arduino. Mailing List: Fernande Chandrasekharan. All correspondence should be addressed to CMC/WCC, P.O. Box 2100, CH-1211 Geneva 2, Switzerland. Fax: 41 22 791 03 61.

The average cost of producing and mailing each copy of CONTACT is Swiss francs 4 (US$2.50), which totals Sfr 24 (US$15) per year for six issues. Readers who can afford it are strongly encouraged to subscribe to CONTACT to cover these costs. Please note that orders of back issues of CONTACT are charged at the above rate. The CCP account number, for payments made in Switzerland in Swiss francs, is CMC/WCC, 1211 Geneva, CCP 12-572-3.

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