

THE COMMITTEE ON THE RIGHTS OF THE CHILD  
70<sup>th</sup> Session / September 2015

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**REPORT ON THE SITUATION OF  
INFANT AND YOUNG CHILD FEEDING  
IN BANGLADESH**



Submitted in August 2015

**Data sourced from:**

WBTi assessment 2012

<http://www.worldbreastfeedingtrends.org/GenerateReports/countrysubmit.php?country=BD>

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## **SUMMARY**

*The following **obstacles/problems** have been identified:*

- Low coverage of skilled attendance at birth, especially in rural areas;
- Low rates of exclusive breastfeeding under 6 months and early interruption of exclusive breastfeeding;
- Lack of systematic monitoring of breastfeeding indicators;
- No information available on the creation of the National Breastfeeding Committee;
- Some provisions of the International Code of Marketing of Breastmilk Substitutes implemented;
- The IYCF indicators are not adequately represented.
- The community-based support system is only working in some selected areas as well as health workers have not received adequate training on IYCF;
- Lack of implementation of the Baby-Friendly Hospital Initiative throughout the country and monitoring the compliance with Ten Steps to Successful Breastfeeding;
- Neither women working in the informal sector nor the father are covered and there is no provision entitling mother to breastfeeding breaks;

***Our recommendations** include:*

- Implement measures to ensure that all deliveries are attended by skilled personnel and continue increasing the percentage of institutional deliveries;
- **Monitor breastfeeding key indicators** (early initiation of breastfeeding, exclusive breastfeeding under 6 months of age, continued breastfeeding at 2 years of age) on a regular basis;
- **Create and provide the National Breastfeeding Committee a clear mandate**, ensuring it is fully operational;
- **Fully implement the International Code of Marketing of Breastmilk Substitutes** and create awareness among journalists, milk companies and all population;
- Need for **more trained on IYCF for Health care providers, strengthening the pre-service and in-service education programmes.**
- **Increase the number of Baby-Friendly certified health facilities** and monitor their compliance with Ten Steps to Successful Breastfeeding.
- **Include the allocation of breastfeeding breaks** for working mothers in the current legislation and by ensuring that **working women in the informal sector and fathers are covered;**

## 1) General points concerning reporting to the CRC

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In September 2015, the CRC Committee will review Bangladesh’s 5<sup>th</sup> periodic report.

At the last review in 2009 (session 51), the CRC Committee specifically addressed infant and young child feeding issues in its [Concluding Observations](#). In particular, the Committee expressed its concern about the **still very high neonatal mortality rate and child malnutrition rate** (§ 59) and thus recommended Bangladesh to “(a) take all necessary measures to increase access to free primary health services **with particular attention to pre-natal and post-natal care for children and their mothers**; (b) build national capacities to train health workers and medical practitioners, and to **increase the number of skilled birth attendants**; (c) carry out, in partnership with relevant and competent partners, awareness-raising campaigns on the importance of antenatal care, neonatal care and breastfeeding”. (§ 60, emphasis added) Additionally, when addressing HIV/AIDS, the Committee urged the State party to “**establish guidelines on the strategy to address transmission from parent to child, prenatal care, care during labour, breastfeeding and child care.**” (§ 70)

## 2) General situation concerning breastfeeding in Bangladesh

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There is a low coverage of skilled attendance at birth, which is considered a key factor to promote optimal breastfeeding practices among mothers right after the delivery, especially the rates reflected for rural and urban regions (28% and 55% respectively).<sup>1</sup>

It is noted that there is a declining trend in exclusive breastfeeding rates under 6 months between 2012 (64%) and 2014 (55%). It has been observed that 26% of children aged 4-5 months are bottle-fed. This proportion increased to 22% for children aged 6-9 months. Such low exclusive breastfeeding rates, associated with the low coverage of skilled attendance at birth, reveal a lack of knowledge and awareness on Infant and Young Child Feeding (IYCF).

### **General data**

	2011	2012	2013	2014
Birth rate, Crude (per 1,000 people) <sup>2</sup>	21	20	20	-
Neonatal mortality rate (per 1,000 live births) <sup>3</sup>	32	25	24	28

<sup>1</sup>See <http://data.unicef.org/maternal-health/delivery-care>

<sup>2</sup>See: <http://data.worldbank.org/indicator/SP.DYN.CBRT.IN/countries>

<sup>3</sup>UN inter-agency Group for Child Mortality Estimation (UN IGME) data, 2014, available at: <http://www.childmortality.org/>; Data for 2011 were retrieved from Bangladesh Demographic and Health Survey 2011, available at: <http://dhsprogram.com/pubs/pdf/FR265/FR265.pdf>; Data for 2014 were retrieved from the Bangladesh Demographic and Health Survey 2014, available at: <http://www.dhsprogram.com/pubs/pdf/PR56/PR56.pdf>

IBFAN – International Baby Food Action Network

Infant mortality rate (per 1,000 live births) <sup>4</sup>	43	35	33	38
Infant – under 5 – mortality rate (per 1,000 live births) <sup>5</sup>	53	43	41	46
Maternal mortality ratio (per 100,000 live births) <sup>6</sup>	200	-	170	-
<i>Delivery care coverage (%):<sup>7</sup></i>				
Skilled attendant at birth	32%	31.7%	34%	42%
Institutional delivery	29%	28.8%	33%	37%
C-section	17%	17.1%	21%	23%
Stunting (under 5 years) <sup>8</sup>	41%	41.3%	-	36%

***Breastfeeding data***

	2011	2012	2013	2014
Early initiation of breastfeeding (within one hour from birth) <sup>9</sup>	47.1%	47.1%	-	57%
Children exclusively breastfed (0-5 months) <sup>10</sup>	64%	64.1%	-	55%
Children fed with appropriate feeding practices <sup>11</sup>	21%	-	-	22.8%
Breastfeeding at age 2 <sup>12</sup>	89.6%	89.6%	-	87%

<sup>4</sup> UN IGME data, 2014, see above; Data for 2011 were retrieved from Bangladesh Demographic and Health Survey 2011, available at: <http://dhsprogram.com/pubs/pdf/FR265/FR265.pdf>; Data for 2014 were retrieved from the Bangladesh Demographic and Health Survey 2014, available at: <http://www.dhsprogram.com/pubs/pdf/PR56/PR56.pdf>

<sup>5</sup> UN IGME data, 2014, see above; Data for 2011 were retrieved from Bangladesh Demographic and Health Survey 2011, available at: <http://dhsprogram.com/pubs/pdf/FR265/FR265.pdf>; Data for 2014 were retrieved from the Bangladesh Demographic and Health Survey 2014, available at: <http://www.dhsprogram.com/pubs/pdf/PR56/PR56.pdf>

<sup>6</sup> World Bank data, available at: <http://data.worldbank.org/indicator/SH.STA.MMRT>

<sup>7</sup> Data referring to the year 2012 were retrieved from UNICEF country statistics, see above; Data for 2011 and 2014 were retrieved from the Bangladesh Demographic and Health Survey 2014, available at: <http://www.dhsprogram.com/pubs/pdf/PR56/PR56.pdf>; Data referring to the year 2013 were retrieved from the UNICEF Data related to delivery care, available at: <http://data.unicef.org/maternal-health/delivery-care>

<sup>8</sup> Idem.

<sup>9</sup> Data referring to the years 2011- 2012 were retrieved from UNICEF country statistics, see above; Data referring to the year 2012 were retrieved from the Bangladesh Demographic and Health Survey 2014, available at: <http://www.dhsprogram.com/pubs/pdf/PR56/PR56.pdf>

<sup>10</sup> Data referring to the year 2012 were retrieved from UNICEF country statistics, see above; Data for 2011 and 2014 were retrieved from the Bangladesh Demographic and Health Survey 2014, available at: <http://www.dhsprogram.com/pubs/pdf/PR56/PR56.pdf>

<sup>11</sup> Calculated by taking into account current guidelines on the number of food groups and the number of times a child should eat during the day or night preceding the survey

### **Early initiation of breastfeeding**

The Bangladesh Demographic and Health Surveys (BDHS) showed that the rate of early initiation of breastfeeding within 1 hour after birth increased between 2007 (41.6%) and 2011-2012 (47%), reaching 57% by 2014.

### **Exclusive breastfeeding under 6 months**

However, there is a declining trend in exclusive breastfeeding rates under 6 months between 2012 (64%) and 2014 (55%).

### **Continued breastfeeding at 2 years**

According to the UNICEF statistics Bangladesh presents high breastfeeding rates at the age of 2 years. The media duration of breastfeeding among Bangladesh babies is estimated at 32.8 months while the media duration of exclusive breastfeeding is estimated at 1.8 months. Regarding other characteristics, as the educational and socioeconomic level, women who have completed primary school are more likely to breastfed for the longest period than women who only reached secondary school.

However, complementary foods are introduced at an early age. “Among infants less than 2 months, 80% are exclusively breastfed, while other infants are given water (7 percent), other milk (9 percent), and complementary foods (2 percent) in addition to breast milk”.<sup>13</sup>

### **Bottle feeding**

According to the BDHS 2014, 26% of children aged 4-5 months are bottle-fed. This proportion increased to 22% for children aged between 6 to 9 months.

### **Main causes of death among infants and children**

According to BDHS 2011, pneumonia remains the largest single cause of under-5 deaths in Bangladesh, accounting for one-fifth of all deaths. Possible serious infection or sepsis is responsible for almost a quarter of neonatal deaths and for 15 % of all under-5 deaths. Birth asphyxia is responsible for 21% of neonatal deaths and for 12% of all under-5 deaths. Drowning is responsible for two-fifths of deaths of children between ages 12 months and 59 months.

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<sup>12</sup> Data referring to the years 2011-2012 were retrieved from UNICEF country statistics, available at: [http://www.unicef.org/infobycountry/bangladesh\\_bangladesh\\_statistics.html](http://www.unicef.org/infobycountry/bangladesh_bangladesh_statistics.html); Data referring to the year 2014 were retrieved from the Bangladesh Demographic and Health Survey 2014, see above.

<sup>13</sup> Bangladesh Demographic and Health Survey 2014, see above.

### 3) Government efforts to encourage breastfeeding

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#### **National policies**

The Infant and Young Child Feeding (IYCF) action plan has been rolling out in the country level since 2010 and will continue until 2013. In order to fit with the National Health, Population and nutrition Sector Strategy Plan 2011-2016 this plan will be reviewed and extended up to 2016.<sup>14</sup>

A **National IYCF policy** has been officially adopted by the government. It promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to two years and beyond. Besides, a National Plan of Action has been developed with the policy. However, a National Breastfeeding Committee has not been created yet to implement a regular monitoring on this matter.

A "**National Strategy for Infant and Young Child Feeding**" has been developed in 2007 to lay the road-map for reducing malnutrition through improvements in breastfeeding and complementary feeding.<sup>15</sup>

#### **Promotion campaigns**

A **World Breastfeeding Week (WBW)** has been organized since 1992 by the Bangladesh Breastfeeding Foundation in collaboration with the Ministry of Health and Family Welfare and the Institute of Public Health Nutrition. Last year the slogan of the WBW was "Breastfeeding: A winning goal for Life!"<sup>16</sup>

During the press briefing on the event, addressed by the Health Minister, who informed that despite "*the increase of exclusive breastfeeding rates among children below six months from 43% to 64% in 2011, the complementary feeding rate is still very poor (21%). About 36% children of under five years are underweight, 41% are stunted and 16% are wasted (...)*".<sup>17</sup> Nevertheless, according to 2014 BDHS, overall 23% of children between 6 to 23 months are fed appropriately according to the recommended IYCF practices; namely they are given milk or milk products and recommended food at least the minimum number of times.<sup>18</sup>

Regarding the 2011 BDHS, we noted an increase in the exclusive breastfeeding rates between 2007 and 2011 through "*intensive mass media campaigns that focused on maternal health, newborn care and child health (...)*"<sup>19</sup> such as various government programs including exclusive breastfeeding, BFHI and other Maternal, Newborn and Child Health Programs, as well as health programs undertaken by other

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<sup>14</sup> Source : Report on World Breastfeeding Week 2014, <http://bbf-bangladesh.org/sites/default/files/WBW%20Report-%2014.pdf>

<sup>15</sup> Source: National Strategy for Infant and Young child Feeding in Bangladesh, 2007, available at: [https://extranet.who.int/nutrition/gina/sites/default/files/BGD%202007%20IYCF\\_Strategy.pdf](https://extranet.who.int/nutrition/gina/sites/default/files/BGD%202007%20IYCF_Strategy.pdf)

<sup>16</sup> Idem.

<sup>17</sup> Idem.

<sup>18</sup> Bangladesh Demographic and Health Survey 2014, see above.

<sup>19</sup> Bangladesh Demographic and Health Survey 2011, see above.

stakeholders, NGOs, INGOs, BBF. Media has also contributed largely in improving breastfeeding practices.<sup>20</sup>

Currently, all pregnant women have access, to community-based support systems and services on infant and young child feeding, through 13000 community clinic (CC)<sup>21</sup> and family welfare centers (FWC) under the National Nutrition Services. Provision of technical support for infant and young child feeding at birth for breastfeeding initiation and counseling support for IYCF have been incorporated in the job responsibilities of frontline health workers.

Likewise, health workers received adequate training in counseling and listening skills for IYCF, under revitalization of Community Health Care Initiatives in Bangladesh (RCHCIB), Community Clinic Project of Government of Bangladesh. The training curriculum is endorsed by the Government, which have been adapted following international IYCF 3 in 1 course, through workshops involving Bangladesh Breastfeeding Foundation and other stakeholders.<sup>22</sup>

These individual counseling and group education services related to infant and young child feeding are fully available, within the health/nutrition care system, to all pregnant women through IYCF program of National Nutrition Services.

National Information, Education and Communication campaigns and programs has channeled messages on infant and young child feeding to targeted audiences in the last 12 months, in order to create awareness on IYCF. The IYCF orientation and campaign program, funded by NNS, where 4532 different participants in 176 batches received 1 day long orientation on IYCF maternal Nutrition and Breast Milk Substitutes Act. From March 15 to June 15, there were 14000 students of school/college/madrassa who attended the seminars (total 70) on the same topic, provided by BBF. Moreover, there are regular TV programmes on IYCF that are being broadcasting by BBF.

### **The International Code of Marketing of Breastmilk Substitutes**

According to the WHO Status Report of 2011 on the implementation of the International Code, many provisions, but not all, have been implemented as legally enforceable measures.<sup>23</sup>

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<sup>20</sup> Health Bulletin 2012, DGHS, MoHFW, Page 136

[http://www.dghs.gov.bd/licts\\_file/images/Health\\_Bulletin/HealthBulletin2012\\_en.php](http://www.dghs.gov.bd/licts_file/images/Health_Bulletin/HealthBulletin2012_en.php)

<sup>21</sup> Community Clinic is a tiny clinic at the grass root level including the remotest and hard to reach area. It is basically meant for health education (on health, nutrition & FP), health promotion and treatment of minor ailments, first aid, and identification of emergency & complicated cases to establish an effective referral linkage with the higher facilities i.e. UHFWC & UHC for better management.

<sup>22</sup> Source: [http://dghs.gov.bd/bn/licts\\_file/images/Health\\_Bulletin/HealthBulletin2012\\_full.pdf](http://dghs.gov.bd/bn/licts_file/images/Health_Bulletin/HealthBulletin2012_full.pdf)

<sup>23</sup> Source: Country Implementation of the International Code of Marketing of Breast-Milk Substitutes: Status Report 2011, [http://apps.who.int/iris/bitstream/10665/85621/1/9789241505987\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/85621/1/9789241505987_eng.pdf)

Reviewing the IBFAN WBTi report 2012 a review of the existing code has been done in accordance with the ICDC Model Law and it has been enacted on September 22th, 2013.<sup>24</sup> Additionally, there has not been implemented a regular and systematic monitoring system to allow the control of the enforcement of the code and the implementation of sanctions in case of violations. However, some actions have been taken recently to implement it. For example, UNICEF Bangladesh funded a pilot project titled “Establishment of BMS Code Monitoring System in Bangladesh”

### **Monitoring of national policies and legislation**

There is a Monitoring Information System (MIS), responsible for evaluating the IYCF indicators. The IYCF indicators are monitored by the Directorate of Family Planning Services and community clinics, under the Directorate of Health Services (DGHS), Ministry of Health. A digital reporting system is in place to monitor and evaluate the outcomes obtained by the IYCF programs and activities.

### **Courses/Training of Health Professionals**

A review of health provider schools and pre-service education programs in the country indicates that infant and young child feeding curricula or session plans are adequate, as well as the development of standards and guidelines for mother-friendly childbirth procedures and support.<sup>25</sup>

Likewise, poor facilities and personnel providing maternity care due to the lack of adequate in-service training programs that provide knowledge and skills related to IYCF for health and nutrition care providers.<sup>26</sup>

## **4) Baby-Friendly Hospital Initiative (BFHI)**

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According to IBFAN WBTi report 2012 on Bangladesh, in 2012 77 % of hospitals and maternity facilities that provide maternity services had been certified as ‘baby-friendly’.<sup>27</sup> All of them have been certified after a minimum recommended training of 20 hours for its entire staff working in maternity services.

As of WBTi 2015, BFHI training has been completed in 361 health facilities; some 4,290 participants received BFHI training. Now the BFHI accreditation process is ongoing.

In 2012 the National Nutrition Services of MOHFW and BBF jointly started the revitalization of 499 hospitals. Training of trainers was provided to 315 doctors and nurses under 63 hospitals in order to form a pool of Masters Trainers who will then provide training for approximately 1185 hospital staff.

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<sup>24</sup> Review version of the Code, available at:

[http://www.dpp.gov.bd/bgpress/index.php/document/get\\_extraordinary/10838](http://www.dpp.gov.bd/bgpress/index.php/document/get_extraordinary/10838)

<sup>25</sup> Source: World Breastfeeding Trends Initiative Report 2012, available at:

<http://www.worldbreastfeedingtrends.org/GenerateReports/report/WBTi-Bangladesh-2012.pdf>

<sup>26</sup> Idem.

<sup>27</sup> By 2012, 499 out of 650 hospitals became BFHI. In addition, now revitalization of previous BFHI hospitals is ongoing under NNS, where 361 out of 678, 53.24% respectively.



However, there is a standard monitoring system, which is not fully active, for implementation of the BFHI in hospitals through Baby Friendly Hospital Committee. Transfer of trained staff is one of the major factors for decline of the Baby Friendly Status of the hospitals.

## 5) Maternity protection for working women

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As of 2010 BBS report about 36% women are in labor force and some 24.7% women were at work in economic activity (BBS 2002-03).<sup>28</sup>

### **Maternity leave**

Scope: The Labour Act 2006 entitles pregnant women to take maternity leave. It is necessary an oral and written notice of the expected delivery within the 8 weeks preceding the expected date of birth, or give notice that she has given birth within 7 days of the actual date of birth.<sup>29</sup>

Duration: 6 months (24 weeks) paid maternity leave is being practiced in the public sector from January 2011.

Benefits: 6 months (24 weeks) paid maternity leave. This benefit will apply to every women employed in an establishment for a period non less than 6 months immediately preceding the day of her delivery.

### **Paternity leave**

The Labour Act 2006 does not expressly provide for paternity leave, however, provision of 3 days paternity leave is in practice.

### **Breastfeeding breaks**

Although there is no mention of breastfeeding breaks in the national legislation related to maternity, in practice, it is allowed. In addition, the Labour Act establishes that employers at establishments with 40 or more workers should provide and maintain a suitable room or rooms for the use of children under the age of 6 and their mother. The room shall be furnished with at least one chair or equivalent seating accommodation for the use of each mother while she is feeding or attending to her child.

To the date, Bangladesh has partly ratified ILO C183 – Maternity Protection Convention, 2000.<sup>30</sup>

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<sup>28</sup> Source: BBS Gender Statistics 2012, available at:

[http://www.bbs.gov.bd/WebTestApplication/userfiles/Image/Health\\_Demo/Gender\\_Statistics.pdf](http://www.bbs.gov.bd/WebTestApplication/userfiles/Image/Health_Demo/Gender_Statistics.pdf)

<sup>29</sup>Source: Conditions of Work and Employment Programme; Bangladesh-Maternity Protection, 2011, [http://www.ilo.org/dyn/travail/travmain.sectionReport1?p\\_lang=en&p\\_structure=3&p\\_sc\\_id=2000&p\\_countries=BD](http://www.ilo.org/dyn/travail/travmain.sectionReport1?p_lang=en&p_structure=3&p_sc_id=2000&p_countries=BD)

<sup>30</sup> The full text of the Convention is available at:

[www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C183](http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183)

## 6) HIV and infant feeding

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In 2013, about more than 200 pregnant women and some 9,300 children under 15<sup>31</sup> were living with HIV in Bangladesh.

IBFAN Asia, in its WBTi report 2012, stressed that the National IYCF Strategy and Draft National PPTCT Guideline addressed the issue, nonetheless, acknowledge the limitation on the development of activities aimed to promote the adequate services to HIV positive mothers and supported in carrying out their infant feeding decisions. For example, the Voluntary and Confidential Counseling and Testing (VCCT) services are partially available and not offered routinely to couples who are considering pregnancy. The efforts to counter misinformation on HIV and infant feeding promotion are very few.

A guideline on Prevention of Mother to Child Transmission (PMTCT) has been developed with support from development partners under the leadership of National AIDS/STD Programme (NASP), Ministry of Health and Family Welfare.<sup>32</sup>

The 2007 National Strategy for IYCF includes as overall objective, regarding HIV and infant feeding, is to improve child survival by promoting appropriate feeding practices, while working to minimize the risk of HIV transmission through breastfeeding.<sup>33</sup>

IBFAN is concerned about the lack of monitoring to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status. Likewise, the BFHI do not includes guidance to hospital administrators and staff to provide support to HIV positive mothers.<sup>34</sup>

## 7) Infant feeding in emergencies (IFE)

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Currently, there is a clear emergency preparedness plan in the BMS Act 2013 that includes infant feeding in emergencies that would ensure protection and support of breastfeeding in emergencies. This plan was implemented in last emergencies such as the cyclone SIDR & AILA in 2007.

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<sup>31</sup> UNICEF data, 2013, available at: <http://data.unicef.org/hiv-aids/global-trends>; WHO data, available at: <http://apps.who.int/gho/data/view.main.22300>

<sup>32</sup> Source: Global AIDS Response Progress Report (GARPR), available at:

[http://www.unaids.org/sites/default/files/country/documents/BGD\\_narrative\\_report\\_2015.pdf](http://www.unaids.org/sites/default/files/country/documents/BGD_narrative_report_2015.pdf)

<sup>33</sup> Source: National Strategy for Infant and Young child Feeding in Bangladesh, 2007, see above.

<sup>34</sup> Source: World Breastfeeding Trends Initiative Report 2012,

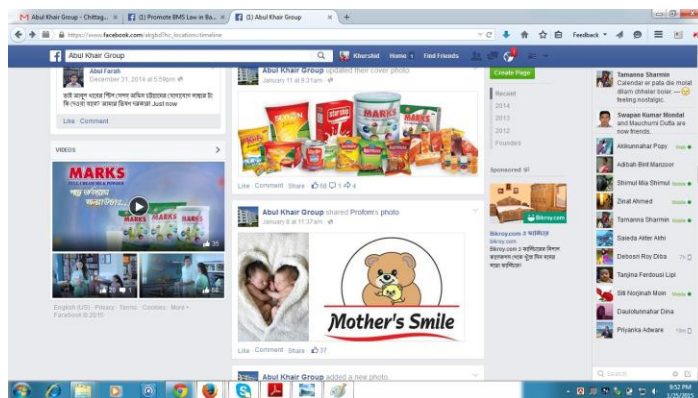
<http://www.worldbreastfeedingtrends.org/GenerateReports/report/WBTi-Bangladesh-2012.pdf>

## ANNEX

Examples of violations of the International Code of Marketing of Breastmilk Substitutes compiled from IBFAN-ICDC in *Breaking the Rules, Stretching the Rules 2014*.<sup>35</sup>

### Promotion to the public – Website Promotion

Article 5.1 of the Code prohibits advertising and all other form of promotion of product under the scope of the Code.



ABUL KHAIR GROUP - Breastmilk Substitutes Promotion in social media – Facebook

### NESTLE BABY & ME BANGLADESH

Facebook site <https://www.facebook.com/babyandmebangladesh?ref=ts>

Message: “Did you know that BABY & me ensures digestive comfort for you? Nestlé BABY & me contains Probiotics (L. rhamnosus and B Lactis). Probiotics help in providing digestive comfort to the mother. So make a habit of drinking a glass of BABY & me twice a day and be happy, healthy and strong.”



<sup>35</sup> IBFAN-International Code Documentation Center. *Breaking the Rules: Stretching the Rules 2014*, available at: <http://www.ibfan-icdc.org/>



Advertisement of Breastmilk Substitutes in the Daily Prothom Alo newspaper

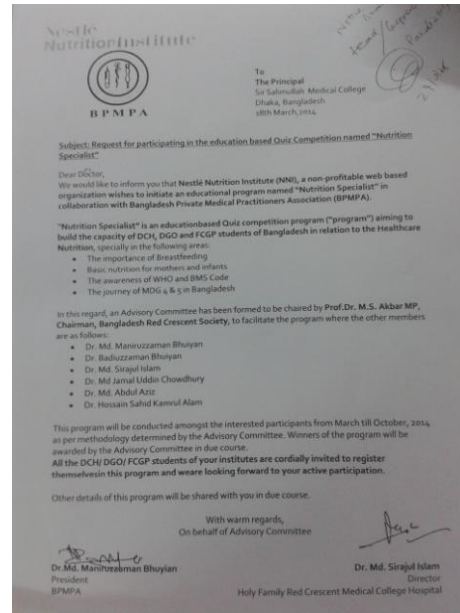
### Promotion in health facilities and to health workers

Article 6.2 bans the promotion of products within the health care system. Article 6.3 prohibits the display or the distribution of company materials unless requested or approved by the government. Article 7.3 provides that there should be no financial or material inducement to health workers to promote products. WHA resolutions 58.32 [2005] and WHA 65.60 [2012] calls on countries to ensure that financial support and other incentives for programmes and health workers do not create conflicts of interest.



Memorandum of Understanding inked on Nestlé Healthy Kids Programme

Letter of Nestlé for organizing **Quiz Competition** in collaboration with Bangladesh Private Medical Practitioners Association (BPMPA)



**Promotion to the public**

Article 5.5 of the Code prohibits marketing personnel from seeking direct or indirect contact with pregnant women and mothers.



Mother receiving gift package at home from Breastmilk Substitutes Company (Arla - Dano)