Breastfeeding is normal nutrition for infants and young children, and breastmilk is all a baby needs for the first six months. After six months till 2 years or beyond, to meet the growing nutritional requirements, the baby needs additional foods varying in consistency, texture, calorie value, and in diversity depending on age. This recommendation is settled globally and nationally.

While breastfeeding confers a great protective environment for infants especially from three major killers, newborn infections, diarrhea, and pneumonia, it also serves as major boost to child development as much of brain develops during first two years of life. Currently from among 26 million babies that are born in India, 20 million are not able to follow optimal practices. According to National Family Health Survey (NFHS-3), rate of exclusive breastfeeding is 46.3%, initiation of breastfeeding within one hour of birth is 24.5% and introduction of complementary feeding is 55.8% The District Level Household and Facility Survey (DLHS-3), however, shows little improvement in the initiation of breastfeeding within one hour, averaging about 40% from 534 districts.

Out of about 1.8 million child deaths in India each year, two-thirds of deaths could be related to inappropriate infant feeding practices. According to WHO, suboptimal breastfeeding is responsible for 45% neonatal infection deaths, 18% of deaths due to pneumonia and 30% of deaths due to diarrhea in children under five.

It seems absolutely justified and logical to make serious attempts to enhance breastfeeding and optimal infant and young child feeding practices in India. Traditionally, women in India have been breastfeeding babies for centuries and it has been a part of our culture but with modernization, breastfeeding practices gradually declined. We saw a decline in early 1970's, which continued in later years. It seems that sharp decline has stopped. It is also discouraging to see few States showing second decline after 2005.

There are several reasons for poor practices, and serious attempts have to be made to tackle them. Aggressive promotion of baby foods by commercial interests is a major one; other important

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reasons are lack of support to women at family and work places as well as inadequate skilled health care support.

In this Bulletin we are dealing with aggressive promotion of baby foods by the industry.

Increased availability of infant milk substitutes in the market and their aggressive promotion has been pervasive and detrimental to health of children. The link of inappropriate feeding practices and infant malnutrition has clearly been recognized. Advertisements, free samples, gifts to health workers, sponsorships, direct contacts with the mothers etc. are some of the tactics used by baby food industry, which undermine breastfeeding. Such a promotion led to a belief that bottle-feeding is as good as breastfeeding and is modern. Pervasive promotion techniques undermined women’s confidence in breastfeeding particularly in making them perceive that they don’t have enough milk for their babies. This is a major reason for failure of women to optimally feed their babies today. The fact that transfer of breastmilk from mother to infant is under hormonal control and influenced negatively if a mother thinks she does not have enough milk, or she is under pain or doubts; it requires special skills for health workers to build her confidence. It is a critical for successful breastfeeding and baby food industry did a clever campaign, starting 4-5 decades back, to instill a doubts in the minds of lactating mothers that focused on ‘not enough milk’.

The World Health Assembly (WHA) dealt with this situation and adopted the International Code for Marketing of Breastmilk Substitutes in 1981 with an aim to protect infant health by controlling marketing practices of manufacturers of breastmilk substitutes. In 1992, India followed up with Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992. However, baby food manufacturers adopted new strategies to defeat the newly enacted law. Obviously it meant promotion of their products by whatever means. Use of health claims and incentives to health professionals by sponsoring their conferences/ seminars etc. were some of the more noticeable ones. Companies continued to promote their cereal based products in media. Finding this to be defeating the spirit of IMS Act, Government of India moved an Amendment to the Act in 2003 and strengthened it further by prohibiting any promotion by any person for the foods of babies up to two years of age. It also banned any benefits to health workers or their associations. In the year 2000, Government of India took another historic step by amending the Cable Television Networks (Regulation) Amendment Act to include ban on advertisements of infant milk substitutes, infant foods and feeding bottles through the TV and Cable network.

But it did not stop companies. Nestle, being the largest company spearheaded to continue to conduct/ organise meetings for health professionals by hiding behind a foundation established by them only. The Ministry of Health and Family Welfare and Ministry of Women and Child Development were constrained to write letters to States and Union territories, and a letter to all professional associations to alert them of the tactics used by companies and called for effectively implementing the IMS Act. Some State governments also initiated action against violations. This is very welcome!

At the same time, ACASH had filed a complaint in Delhi against Nestle for allegedly violating the IMS Act, in 1994. After several years of arguments and delays in procedures, Nestle has been finally charged by the trial Court in Delhi and is now facing the criminal trial. Nestle, however, filed a writ petition in 1995 challenging the validity of the IMS Act.

The Statement of Objectives and Reasons

“……………Promotion of infant milk substitutes and related products like feeding bottles and teats do constitute a health hazard. Promotion of infant milk substitutes and related products has been more extensive and pervasive than the dissemination of information concerning the advantages of mother’s milk and breastfeeding and contributes to decline in breastfeeding. In the absence of strong interventions designed to protect, promote and support breastfeeding, this decline can assume dangerous proportions subjecting millions of infants to greater risks of infections, malnutrition and death…………”

Late Sh. Arjun Singh
Minister of Human Resource,
In 1992, while introducing the IMS Act in the Parliament

Arun Gupta
October 2012
In 2005 Indian Government proposed repealing the IMS Act while bringing legislation “Food Safety and Standard Bill 2005”, arguing that all food related Bills should be under one law. The Breastfeeding Promotion Network of India took initiative against the suggested repeal and organized a campaign ‘Save the IMS Act’. Several NGOs, activists and professionals came together to successfully campaign against the repeal of the IMS Act. The Department of Women and Child Development (DWCD) Secretary, Government of India wrote a letter to the ministry of food processing advising against repeal of IMS Act. BPNI team met with Dr Syeda Hameed, Member Health, Planning Commission of India; National Commission for Women; the National Advisory Council and several leaders of political parties for their support. National Human Rights Commission (NHRC) issued a press release to raise the profile of the issue nationally and asked the Minister of Food Processing not to repeal the IMS Act. After a month, the group met under the banner of ‘Coming together to save the IMS Act’. The meeting recommended a petition, ‘Save the IMS Act’ to be submitted to the President and Prime Minister of India. The petition signed by 26 organisations requested to intervene and take immediate steps to save the IMS Act. It was submitted to President of India, the Prime Minister, the special group of eight ministers overseeing the Food Safety Bill, and the Minister of Human Resource Development. BPNI delegates met Mr. Sharad Pawar, Minister of Agriculture, and convinced him that this proposal is not in the interest of people and explained why IMS Act is different in its objectives than just the standard or safety of food as it controlled marketing of foods for children under two. Finally, on 6th April, 2005 government decided not to repeal the IMS Act which was another successful day in the history of the breastfeeding movement in India.

IMS Act Saved from Being Repealed!
Affirmative Steps by Professionals Organisations

In the view of the risks involved in inappropriate feeding practices and importance of breastfeeding for promotion of child health and the need to curb industry's influence toward erosion of breastfeeding practices in India, several individual health professionals, NGOs, government organizations, academia, and professional bodies made commitments to tackle the massive problem that affect the quality and dignity of the child's life and development. Under this commitment the IAP and IMA have also adopted resolution to discontinue sponsorship from all manufacturers and marketers covered under the IMS Act.

Commitment of Indian Academy of Pediatrics (IAP)
The Annual General Body meeting of IAP approved the resolution in 1997 “The IAP shall not accept the sponsorship in any form like advertisement, sponsoring the lecture or sessions/workshops/symposium or any other form, from any industries connected directly or indirectly with products covered by IMS Act.” This decision was communicated to all the IAP members and branches.

Commitment of Indian Medical Association
IMA sent a notification (No. IMA/F.7(121)/3484, August 1, 1995) to all states, territories and local branches of IMA, requesting not to accept any sponsorship of seminar by and aid or assistance from the manufactures by Infant milk substitute and infant foods which may violate the provision of IMS Act.

Contribution of NGOs ACASH and BPNI!
Watchdogs against illegal promotion by companies!!
The Government of India has notified four agencies - Breastfeeding Promotion Network of India (BPNI), Association for Consumers Action on Safety and Health (ACASH), Indian Council for Child Welfare and Central Social Welfare Board under the section 21 ((1) c) of IMS Act to monitor the compliance of the IMS Act and initiate legal actions throughout India. ACASH and BPNI have initiated actions against several companies who were found to violate the IMS Act. They have regularly published reports on the violations, in publications such as ‘Breaking the Law’, Bulletin on Violation of IMS Act. Evidence which is compiled from different parts of India, shows how infant foods companies aggressively promoting their product as well as the new techniques they resort to.
Better Late Than Never!!

Nestle India Ltd Charged by the trial court
(Criminal complaint filed against Nestle after several years of argument!)

It took 17 years to charge Nestle for violation of the IMS Act and Criminal Trial is now On!

19th October, 1994 A Delhi Court admitted a criminal complaint against M/S Nestle India Limited, (manufactures of Cerelac, an Infant Food and Lactogen, an Infant Milk Substitute) for offence under section 6 and 7 of the Infant Milk substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, allegedly violating labelling clauses of the IMS Act.

Charge is read over and explained to the accused and questioned as under

Q: Do you plead guilty or claim trial?
A: I plead not guilty and claim trial.

(Bhupinder Singh)
MM/Rohini/Delhi
17/03/2012
Government of India

Takes Action!

Section (9) of the Infant Milk Substitute Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 and Amendment Act 2003*, prohibits any sponsorship of health workers or their association or health system by the manufacturers of products under the scope of law directly or indirectly. Government of India has taken note of this action and issued communications to governments in States and Union territories to apprise them about such activities.

- A letter jointly signed by both Ministry of Women and Child Development and the Ministry of Health and Family Welfare, Government of India was sent to Chief Secretaries of the states on 17th August, 2010 (D.O. No.5-20/2010-ND/Tech). The letter seeks cooperation in implementation of IMS Act more effectively in the states by establishing mechanism and monitoring the Act on regular basis. (See on page 7)
- The issue was further taken up by Ministry of Health & Family Welfare vide letter reference no. D.O.Z 28015/12/2010-E.I. Dated 29th of December 2010 to professional bodies to stress upon the seriousness needed in the implementation of IMS Act. (See on page 9)
- It was followed by a letter by the Joint Secretary, Ministry of Women & Child Development (letter no. d.o.5(5)/2011/ND-Tech) to State Governments to take strict action against such programmes, sponsored by infant food manufactures companies as well as those who attend them. (See below)
- A letter was written by the Ministry of Women and Child Development, Government of India to various universities (letter no. D.O.No.5 (5)/ 2011-ND/ Tech dated 26th July, 2011) who were collaborating with Nestle India to conduct training workshops of adolescent school girls in various states.

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We have given stern instructions to State Governments to take action against such programmes as well as those who attend them. All the State Governments have been requested to issue directive to all the health institutions prohibiting them from availing offers from companies producing infant foods and ensure strict compliance to the IMS Act.

Through Ministry’s letter d.o.No.5(5)/2011-ND-Tech dated 26th July 2011 written to Department of Higher Education, Ministry of Human Resource Development and four other universities we have informed them to avoid conducting nutrition awareness programmes engaging with Infant Food Manufacturing companies and also to issue directive to all universities/educational bodies, informing them of the provisions of the IMS Act and cautioning against collaboration with companies dealing with Infant Milk Substitutes.

We encourage all organization staying away from such sponsorships or other supports provided by the infant food manufacturing companies directly or indirectly, and appreciating the stand you have been taking in protecting and promoting breastfeeding which is crucial for healthy growth and development of infants in our country.

Yours Sincerely,

Dr. Arun Gupta
Central Coordinator
Breastfeeding Promotion Network of India (BPNI)
BP-33, Pitampura, Delhi – 110 034
Dear Sir/Madam

We would like to draw your attention to the Resolution of the 63rd World Health Assembly on Infant and Young Child Nutrition of May, 2010, which the Government of India is committed to implement. The resolution recognizes that promotion of breast milk substitutes and some commercial foods for infants and young children undermines progress in optimal infant and young child feeding. The Resolution No. 3 calls for "to develop and/or strengthen legislative regulatory and/or other effective measures to control the marketing of breast milk substitutes in order to give effect to the International Code of Marketing of Breast milk Substitutes and relevant resolution adopted by the World Health Assembly".

2. There have been many relevant resolutions in the past, and as a follow up, India has taken suitable action by enacting the Infant Milk Substitute, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 and the Amendment Act, 2003.

3. We hope you are aware that the IMS Act clearly prohibits any sponsorship of health workers or their associations or health systems by the manufacturers of the products under the scope of the law directly or indirectly. This is evident in the Section 9 of the Act, which says,

"Section 9. (1). No person who produces, supplies, distributes or sells infant milk substitutes or feeding bottles or infant foods shall offer or give, directly or indirectly, any financial inducements or gifts to a health worker or to any member of his family for the purpose of promoting the use of such substitutes or bottles or foods.

4. Recently we have come across several instances of baby food manufacturers through their own research/education or other front organizations indulging in sponsorship of doctors meetings or even acting as a host of these meetings. Most recently, we have come to know that one of them are offering to set up libraries in Medical colleges. Another is approaching paediatricians and providing them gifts and also distributing infant feeding booklets with misleading information on infant feeding and, most recently, one manufacturer has been found to distribute baby care booklets in Bengali through the hospitals in West Bengal which also contains misleading information on infant and young child feeding.

...2/-
5. There are other examples of baby food manufactures coming over to sponsor doctor’s conference using other brands which are meant for children over two years.

6. You may also be aware that Section 3 of this Act prohibits ‘any promotion’ of infant milk substitutes, infant foods or feeding bottles by ‘any person’ and in Section 9, makes it clear that direct or indirect support which violates the IMS Act. Some baby food manufactures are violating these sections of the Act also by distributing pamphlets, and free samples of baby food, milk powder and even other gifts.

7. We seek your cooperation in implementing this Act more effectively by establishing mechanisms-

   (a) Implement the IMS Act as read amended read with it rules in letter and script & report step taken toward it implementation through a monthly report.

   (b) To take action under your directives to check and ban such sponsorships. These actions could include directives to the state government offices, medical colleges, health care institutions, and associations of doctors and nurses to abstain from such collaborations.

   (c) To direct all hospitals, nursing homes – public or private – to avoid receiving any gifts what so ever from baby food companies.

   (d) Take any other action you deem fit in implementing the IMS Act in your jurisdiction including appointment of nodal officers of Group A status in the state WCD or Health Departments to monitor the act properly.

8. We look forward to your kind cooperation in the interest of women and children of our country and translate the intent of this important legislation.

9. We are enclosing a copy of the IMS Act 1992 along with amendment Act 2003 and rules framed thereunder for your ready reference.

10. We would like to hear from you about the action taken in this regard and to monitor the Act on a regular basis hereafter.

   With regards

Yours sincerely,

(D.K. Sikri)
Secretary to the Govt. of India
Ministry of Woman & Child Development

(K. Sujatha Rao)
Secretary to the Govt. of India
Ministry of Health & Family Welfare
D.O: Z-28015/12/2010-E.I.


Dear

You would be aware of the Resolution of the 63rd World Health assembly on Infant and Young Child Nutrition in May, 2010 which recognized that the promotion of breast milk substitutes and some commercial foods for infants and young children undermine progress in optimal infant and young child feeding. You would also be aware that the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 and Amendment Act 2003 (IMS Act) prohibits any sponsorship of health workers or their associations or health systems by the manufactures of products under the scope of law, directly or indirectly.

2. I would like to draw your kind attention to the letter sent out to Chief Secretaries of the states on 17th August, 2010 jointly signed by both the Secretary of Women and Child Development and the Secretary of Health and Family Welfare, Government of India, recognizing the critical importance of the IMS Act. As you would note, the contents of the letter are directed towards effectively implementing the IMS Act, specifically on the section 9 that relates to Health workers and their associations.

Section 9 of the IMS Act states as under:

(i) No person who produces, supplies, distributes or sells infant milk substitutes or feeding bottles or infant foods shall offer or give, directly or indirectly, any financial inducements or gifts to a health worker or to any member of his family for the purpose of promoting the use of such substitutes or bottles or foods.

(ii) No producer, supplier or distributor referred to in sub-section (1), shall offer or give any contribution or pecuniary benefit to a health worker or any association of health workers, including funding of seminar, meeting, conferences, educational course, contest, fellowship, research work or sponsorship.

3. The IMS Act clearly prohibits sponsorship of health workers or their association directly or indirectly by the baby food companies.

4. We take note that many of health workers are not aware of the IMS Act and its provisions as well as their duties to implement this, and therefore request you to kindly share this letter with all the members, branches, units or any other parts of your Associations to inform them of the seriousness needed in the implementing IMS Act.

5. A line of response and action taken would be highly appreciated.

Yours sincerely,

( Keshav Desiraju )

Copy for information to:-

Dr. ARUN GUPTA
BP-33, Pitampura.
Delhi - 110039

List of addresses enclosed.
Government Stops Sponsorship by Nestle Nutrition Institute

6th Annual conference of the Indian Society for parental and enteral nutrition (ISPEN) was scheduled to be held from 10-12 December, 2010, at Post Graduate Institute of Medical Education and Research (PGIMER) Chandigarh, sponsored by Nestle Nutritional Institute. The news of the event caught attention of the Breastfeeding Promotion Network of India who sent a letter to Government of India for proper action. A letter (No. 33/2010 dated 30 Nov 2010) was issued by Ministry of Health and Family Welfare, to remind the organisers about IMS Act. The event was cancelled by the organisers.
In a national meeting on IYCF in New Delhi, Mr. Dilip Singh (IAS) Financial Commissions and Secretary DWCD Haryana was one of resource person. After this meeting Government of Haryana issued direction to civil surgeons ((no: 2981 S.W (3) / 2005 dated 20th March, 2006) and gave power to all the Civil Surgeons, District Health Officers, Medical Superintendents and in-charge of Primary Health Centers and Community Health Centres in the state to enter, search and seize Infant Milk substitute, Feeding Bottles and Infant Food in their respective jurisdictions.

A letter from Commissioner, Food and Drug Administration, Haryana, Panchkula bearing number 3/1-2 food -2011 dated 27.12.2011 was issued to All Food Safety Officer of Haryana to ensure implementation of IMS Act in the State. A copy of letter no. 27052 dated 15.09.2011 from the F.C.(W.C.D.) was also forwarded for information and necessary action. The Officers were directed to check violations and submit action taken report within 15 days of receipt of the letter.

Financial Commissioner & Principal Secretary to Government of Haryana, Women & Child Development sent a letter bearing no. 27052 SAll- WCD/2011 dated 15.09.2011 to Financial Commissioner & Principal Secretary to Government of Haryana, Health Department regarding implementation of IMS Act more effectively by establishing regular monitoring mechanism in the form of Monthly Progress Reports.
Haryana Taking Action contd.

Dr. V.K. Govil (Civil surgeon) (SDC O/RTK/ 257, dated 28.2.11) issued a circular to Rohatak district Chemist Association and banned promotion of products under the scope of the IMS Act through their medical shops in Haryana. Also stop to take incentive on display of infant formula in their chemist shops.

Nestle products have been seized by the Department of Health Haryana.
On 1st August 2012, Health department and Haryana Food and Drug Administration (FDA) raided the premises of a wholesale distributor of Nestle infant milk substitute food products against the labelling of their infant milk substitutes violates the IMS Act. Later on manufacturer factory of Nestle India at Samalkha, near Panipat was raided by FDA and containers of IMS products were seized. Further action is awaited.
Nestle Continues to Break the Law through Nestle Nutrition Institute

Despite being well versed with the IMS Act and its regulation, the infant food companies are openly challenging the law. It appears that they are not at all concerned with the infant health and are looking for pure financial gain only.

Infant food companies adopt various methods for promotion of their products targeting innocent mothers. Under this promotion often companies either directly approach to mothers or build connections through doctors and health workers. Companies know very well that health professionals are immensely important as a source of information on infant feeding and their advice & information has great influence on parents especially mothers.

It has been found that Nestle is continuously sponsoring professional conferences, meetings, research and other educational events for doctors and paediatrician, which is effectively banned under the section 9(2) of IMS Act. Earlier it was being done under the banner of NESTLE NUTRITION. Now, Nestle has floated a front organisation called NESTLE NUTRITION INSTITUTE (NNI) which organises seminars for doctors. These seminars are arranged in five star hotels, food is served to participants, and speakers are invited from abroad as well as from India. Travel and lodging boarding expenses of speakers is borne by NNI. All arrangement, including venue management, giving invites to doctors, sending reminders in the form of SMS and follow up information sharing with clips of media coverage is being done by Nestle India.

Below are the some example of invitation cards given to paediatricians and other medical professional.

**Key Challenges**

**THE IMS ACT BAN Sponsorship!**

“Section 8 (2) : No persons who produces, supplies, distributes or sells infant milk substitutes or feeding bottles shall make any payment to any payment to any person who works in the health care system for purpose of promoting the use or sale of such substitute or bottles or foods

“Section 9(2): No Producer, Supplier or Distributor referred to in sub section(1), shall offer or given any contribution or pecuniary benefit to a health works, including funding seminar, meeting, conferences, educational courses, contest, fellowship, research work or sponsorship.

**The World Health Assembly Resolution 2005 calls for preventing conflict of interest!**

WAH 58.32 further urges Member States to ensure that financial support and other incentives for programmes and health professionals working in infant and young children health do not create conflict of interest.
The alarming news of a “secret” meeting of doctors sponsored by Nestle got leaked out. It is reported that Nestle sponsored a highly secret presentation on “Nutritional management of Low birth Infants” on 25th of August 2012 at Gorakhpur in Clarks Inn Hotel. Dr Raghuram Mallaiah (Chief of Neonatology) from Fortis La Femme Hospital, Greater Kailash, New Delhi was the speaker.

Dr Kushwaha, Principal and Head of Paediatrics Department of BRD Medical College, Gorakhpur, informed that he got to know about the event barely 30 minutes prior to its opening. He informed media persons to collect information. When media reached there, organisers of the meeting did not allow any kind of photography or recording of the event. Later, The IMA and IAP Gorakhpur have questioned the doctors who participated in the secret event that why action should not be taken against them for their active participation in such conference that allegedly violates IMS Act. The Secretary, IAP Gorakhpur resigned from his post accepting his moral responsibility, as he was one of the participants of the secret conference. We appreciate his initiative as a good message to all responsible paediatricians / doctors.

This incidence raises too many questions about Nestle motive behind organising such a secret presentation, like:-

- Why Nestle wants to keep the entire event secret by prohibiting photography?
- Is there a need to find out where else other conferences are going on in other states indulging in influencing the health workers especially paediatricians?

Such questions are forcing us to think that Nestle is deliberately doing secret conference to have commercial benefits at the cost of Infant Health. The Infant Milk Substitutes Act prohibits: “any contribution or pecuniary benefit to a health worker or any association of health workers, including funding of seminar, meeting, conferences, educational course, contest, fellowship, research work or sponsorship.” Nestle is organising such events secretly hiding behind their front organisation NNI. This is a serious matter of concern for Government of India to monitor such conference in other states and take strict action against them.
A scientific conference was organized by Nestle Nutrition Institute on “Maternal and Child Health Nutrition the first 1000 days” at Gateway Hotel, Surat on 24th of April 2012. Programme was to be inaugurated by important functionaries of the Government of India, The Director of Medical Services (ESIS) Gujarat, and the President, Gujarat Medical Council. The central IAP office wrote a letter to chairperson/speaker who are also an IAP member, informing about IMS act and directions of Government of India to take stringent action against participants in such programmes. Also requested the functionaries of Government of India, not to inaugurate the conference and avoid giving legitimacy of the organizers, Although the program was held as per schedule but was a total flop show as no paediatrician participated in the conference. The grand success resulted due to timely efforts by IAP.

National Neonatology Forum Decline Sponsorship by Abbott

Member of Breastfeeding Promotion Network of India received information about XXXI Annual conversation of National Neonatology Forum was organised by Tamilnadu State Chapter on 16-19 December 2011 at Chennai. ABBOTT was one of the sponsors of that NNF conversation. BPNI member informed the organising committee about the prohibition of sponsorship from infant food producers, suppliers or marketers under the IMS Act and requested them to support for implementation of IMS Act. In response to the above efforts, the organising committee NNF did not accept any funds or sponsorship from Abbott. This was another great initiative by NNF.
Violation of the IMS Act is if any Infant Food Company

1. Promotes any food by whatever name for children up to two years.
2. Promotes use of 'infant foods' before the age of six months.
3. Advertises by any means--television, newspapers, magazines, journals, through SMS, emails, radio, pamphlets etc.
4. Distributes the products or samples to any person.
5. Contact pregnant or lactating mothers through any person.
6. Give any kind of inducements like free gifts, tied sales, to any one.
7. Distribute information and educational material to mothers, families etc. (They can give educational material to health professionals like doctors, nurses etc provided it has information prescribed in clause 7 of the IMS Act, 2003. The education material should have only factual information and should not promote the products of the company).
8. Give tins, cartons, accompanied leaflets of these products having picture of mothers or babies, cartoons or any other such images.
9. Display placards, posters in a hospital, nursing home, chemist shop etc for promoting these products.
10. Make payments to doctors, nurses for promoting these products.
11. Demonstrates to mothers or their family members how to feed these products. However, a doctor can demonstrate this to the mother.
12. Give gifts to doctors, nurses for promoting these products.
13. Give benefits to doctors, nurses or associations like IAP, IMA, NNF etc, for example, funds for organizing seminars, meeting, conferences, contest, fee of educational course, sponsoring for projects, research work or tours.
14. Fix commission of employees on the basis of volume of sales of these products.