

THE COMMITTEE ON THE RIGHTS OF THE CHILD

Session 77 / January 2018

REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN SPAIN



IBFAN
defending breastfeeding

December 2017

Data sourced from:

See references at the end of each section

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SUMMARY

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

- Lack of national data collection system on breastfeeding rates and Infant and Young Child Feeding practices, in line with WHO definitions and recommendations; the only data available show an extremely low exclusive breastfeeding rate;
- No national plan or programme aimed at Protection, Promotion and Support of Breastfeeding; no information on the dedicated breastfeeding experts committee proposed by the Senate in 2005;
- National promotion campaigns on breastfeeding are rare and do not have strong impact;
- Training of health professionals on breastfeeding does not follow a standardized national program, because each Autonomous Community has a different system; infant feeding and HIV is not included in any training; medical curricula do not include a consistent training on breastfeeding.
- The International Code is not fully integrated in the national law; there is no monitoring mechanism and therefore Code violations occur on a regular basis; particularly important is the problem of funding coming from the baby food companies to the Spanish Association of Paediatrics;
- The Baby-Friendly Hospital Initiative is inadequately implemented, with only 2% of the hospitals and 0.5% of health centres certified as Baby-Friendly between 1996 and 2017;
- 16 weeks of maternity leave are not sufficient for women to breastfeed exclusively until 6 months; often they don't manage to take them in total, because of work-related factors;
- There is no emergency preparedness plan including protection of breastfeeding.

***Our recommendations** include:*

- **Establish a national data collection system on breastfeeding and IYCF practices; data should be collected systematically and on a disaggregated manner; Increase the exclusive breastfeeding rate and monitor the other main breastfeeding indicators;**
- **Set a national policy and allocate adequate resources for protection, promotion and support of breastfeeding; create a national breastfeeding committee with clear mandate and dedicated budget;**
- **Organise national promotion campaigns on breastfeeding and increase awareness on the risks of artificial feeding;**
- **Integrate all Code and WHA resolutions provisions in the national law; monitor Code violations and establish sanctions for Code violators;**
- **Include breastfeeding, infant feeding and HIV in training programs to the health professionals' curricula, with a complete and standardised program at national level;**
- **Strengthen the implementation of the BFHI; increase the number of Baby-Friendly health facilities and proceed with the re-assessment of the accredited ones;**
- **Extend paid maternity leave up to 6 months, in order to allow women to exclusively breastfeed their babies; raise employers' awareness on the importance of defending their employees' rights related to maternity;**
- **Include the protection of breastfeeding in the national plans for emergency preparedness and risk reduction.**

1) General points concerning reporting to the CRC

At the last review in 2010 (session 55), the CRC Committee referred to budgetary allocations in its [Concluding Observations](#), urging Spain to “*utilize a child-rights approach in preparing the budget of the State and the autonomous communities, by implementing a tracking system for the allocation and use of resources for children throughout the budget, thus providing visibility to investment in children*” and to develop “*children-related budgets that identify the amount and proportion spent on children at the national, autonomous and local levels, in order to evaluate the impact and effect of expenditures on children.*” (§ 16a)

Concerning data collection, the CRC Committee expressed concerns related to “*the fragmented approach to data collection, which does not cover all areas covered by the Convention, and which is carried out unevenly at the national and regional levels.*” (§ 17) For this reason, the Committee recommended that Spain “*strengthen its mechanism for collecting and systematically analyzing data disaggregated, inter alia, by age, sex, and ethnic background, on all persons under 18 years and for all areas covered by the Convention, with special emphasis on Roma, migrant, unaccompanied foreign children, and those of economically and socially disadvantaged households.*”

No major improvement has been observed in Spain, concerning these recommendations from the CRC Committee. Since 2012, with the Royal Decree 16/2012, immigrants “without papers” have seen their rights related to public health reduced, with the exception of children and pregnant women, in some Autonomous Communities.¹

2) General situation concerning breastfeeding in Spain

Spain is divided in 17 Autonomous Communities. Most of them have their own competences related to health and this creates a very diverse situation among them. There is universal health coverage at the national level, coexisting with a big network of private health insurances system. In some cases, public health care is privately administered.

General data

	2014	2015	2016
Annual number of birth, crude (thousands) ²	426.076	418.432	408.384
Neonatal mortality rate (per 1,000 live births) ³	2	2.1	2
Infant mortality rate (per 1,000 live births) ⁴	2.8	2.8	2.7
Under-5 mortality rate (per 1,000 live births) ⁵	3.4	3.4	3.3
Maternal mortality ratio (per 100,000 live births) ⁶		5	
<i>Delivery care coverage (%):</i>			
Skilled attendant at birth	No data	No data	No data
Institutional delivery	No data	No data	No data
C-section ⁷	27,27	No data	No data
Overweight (under 5 years)	No data	No data	No data
Obesity (under 5 years)	No data	No data	No data

¹ www.abc.es/sociedad/20150826/abci-asistencia-sanitaria-comunidades-201508251319.html

² Data retrieved from INE: www.ine.es/

³ Data retrieved from UNICEF: <http://data.unicef.org/>

⁴ See above

⁵ See above

⁶ See above

⁷ Data retrieved from INE: www.ine.es/

Breastfeeding data (%)

	2012	2014	2015	2016
Early initiation of breastfeeding (within one hour from birth)	No data	No data	No data	No data
Exclusive breastfeeding under 6 months	28.5	No data	No data	No data
Introduction of solid, semi-solid or soft foods (6-8 months)	No data	No data	No data	No data
Bottle-feeding (0-12 months)	No data	No data	No data	No data
Continued breastfeeding at 2 years	No data	No data	No data	No data
Median duration of breastfeeding (in months)	No data	No data	No data	No data

There is no standardized national data collection system on WHO indicators and Infant and Young Child Feeding (IYCF) practices. There is no data collection on breastfeeding nor on formula feeding or on complementary feeding. Child obesity and overweight rates are not available either. The existing data are not recent and they refer to other criteria: e.g. there are data on “any breastfeeding” and not on “exclusive” breastfeeding. In the table below⁸, rates of *Any breastfeeding* after birth, at 3 months and at 6 months, by region:

Ámbito	Año	N	Resultados (% LM = Completa + Parcial)		
			Al nacer	3 mes	6 mes
Varios ³⁶	Varios	-	80-90	30-50	10-20
Andalucía ⁶⁸	1984	1.400	85,7	47,2	17,4
Pueblo Aragón ⁹⁶	1988	345	80	34	11
Centro-Norte España ¹⁰⁰	1992-93	1.175	88	45	14
Pueblo Ciudad Real ⁹⁸	1993-95	170	88	46	6
España ¹⁰²	1995	400	-	54	33
Denia-Alicante ²⁷	1996-99	1.385	84,5	51,7	14,6
Asturias ¹⁰¹	1996	418	73	31	20
18 provincias ¹⁰³	1997	12.165	84,2	54,9	24,8
Pueblo Cataluña ⁹⁷	1998	88	83	75	6
Castilla- León ⁹⁹	1998	-	88	-	28
Cataluña ¹⁰⁶	1999	315	81,1	55,6	21,4
Gran Canaria ¹⁰⁵	2000	545	77,0	33,8	16,2
Comarca Cataluña ⁹⁵	2000	200	78	67	39
Toledo ¹⁰⁴	2001	226	78,3	44,7	-
Nacional ²⁴	2001	5.280	60,8*	42,4	23,6
Mejorada del Campo ¹⁰⁷	2002	73	87,7	-	11,1
Andalucía	2004	1.087	85,2	53,7	26,9

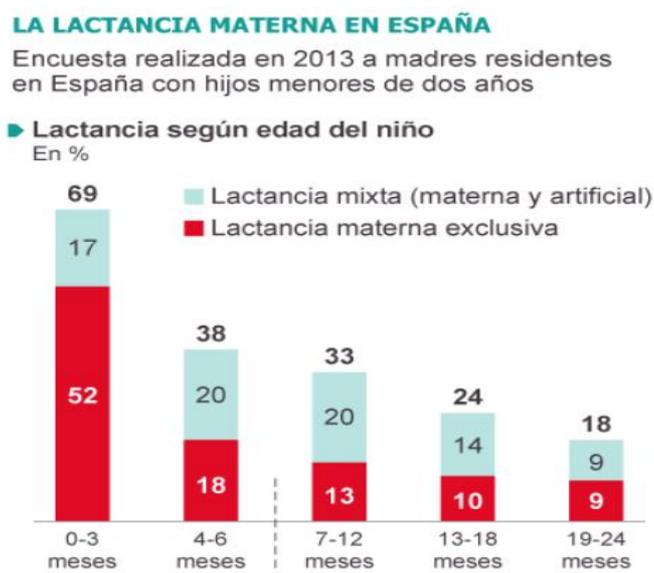
The only available data at a national level concerning breastfeeding is extremely low. **Less than 3 out of 10 children are exclusively breastfed under 6 months.** Despite the fact that the 2012 National Health Survey⁹ shows some improvement compared to the previous Survey of 2006 (as it can be seen in the table below), the available breastfeeding indicators are extremely low and show alarming levels of suboptimal IYCF practices in Spain.

⁸ Source: Aguayo Maldonado et al. La lactancia materna en Andalucía. Consejería de Salud de la Junta de Andalucía, 2005. www.juntadeandalucia.es/salud/sites/csalud/galerias/documentos/c_3_c_1_vida_sana/embarazo_y_salud/lactancia_materna/lactancia_andalucia.pdf

⁹ Available online at: www.mssi.gob.es/estadEstudios/estadisticas/encuestaNacional/encuestaNac2011/2DeterminantesSalud_DistribucionPorcentual.pdf

Exclusive BF (%)	1.5 months	3 months	6 months
ENS 2006	60.8	42.4	23.6
ENS 2012	66.2	53.6	28.5

Another National Survey on breastfeeding practices, for which 569 mothers have been interviewed in 2013, for the World Breastfeeding Initiative - *la Iniciativa Mundial de Lactancia Materna (IMLM)*¹⁰ – revealed the following rates:



In short, there is urgent need to set up a national data collection system. Data that take into account such small population samples cannot be considered as national data. Additionally, data should be collected on a systematic and regular basis; data should be disaggregated and should consider WHO definitions for Infant and Young Child Feeding practices and breastfeeding indicators.

3) Government efforts to encourage breastfeeding

National policies

There is no national plan for breastfeeding protection and promotion, and no budget allocated to this specific public health subject. In 1999, the Congress approved a *Non-Law Proposal* establishing that the Ministry of Health (MoH) and Consumers should protect, promote and support breastfeeding, in line with WHO and UNICEF recommendations. The instance that should be used for this purpose is the Interterritorial Council of the National Healthcare System.

More recently, in June 2005, the Senate Commission on Health urged the government to create a committee of experts in paediatrics, gynaecology and primary health care that would work to protect, promote and support breastfeeding. This motion was unanimously approved and requested the government to create the above-mentioned committee, in coordination with the Autonomous Communities and the Interterritorial Council of the National Healthcare System. The project was never fully and effectively carried out.

¹⁰ www.aeped.es/sites/default/files/resumen-presentacion-encuestalm-julio2013_0.pdf

Promotion campaigns

The government has only rarely organized promotion campaigns on breastfeeding. Most of the times, these were limited mainly to posting billboards to promote breastfeeding. Other actions included financial support for courses on breastfeeding aimed at health professionals.

Monitoring of national policies and legislation

There is no national entity appointed by the government with the mandate of monitoring the programmes and policies related to breastfeeding or on IYCF.

Courses / Training of Health Professionals

Each Autonomous Community has its own list of programmes and training aimed at health professionals, organized by the Regional Health Ministries. These lists are not easy to access because there is no database including them all and they are difficult to obtain from each Regional Health Ministry.

There is no training for health professionals addressing specifically breastfeeding in the context of HIV and, on a more general basis, there is no consistent learning programme on breastfeeding in most medical curricula.

4) The International Code of Marketing of Breastmilk Substitutes

The Spanish government enforced the International Code of Marketing of Breastmilk Substitutes in 1992, through the Royal Decree 1408/92. Subsequently, this law was updated by the Royal Decree 1907/96¹¹ and was followed by more decrees in 1998¹². In 2008, the legislation on the Code was further updated with the Royal Decree 867/2008 on the specific technical-health regulations on infant and follow-up formula¹³. **The provisions of the International Code are only partially covered by the 2008 decree.** On the contrary, all Code provisions should be included in the national law, as well as the subsequent relevant WHA resolutions. An independent monitoring mechanism should be established and an effective sanctioning mechanism should be defined.

5) Baby-Friendly Hospital Initiative (BFHI)

The BFHI has been implemented in Spain since 1996¹⁴. **18 hospitals and 5 health institutes have been certified as “Baby-Friendly”** since then. However, this is a very low proportion as it corresponds to **only 2% of the total hospitals and 0.2% of the total health facilities in Spain**. One of the factors contributing to this poor implementation of the BFHI may be linked to a lack of interest coming from the pediatricians, influenced by their relations with the baby food industry.¹⁵ **The BFHI needs to be strengthened in Spain, with a dedicated budget for implementation. The number and proportion of Baby-Friendly health facilities should increase and the accredited facilities should be regularly re-assessed, to guarantee that they still meet the BFHI requirements.**

¹¹ Real Decreto 1907/96 sobre publicidad y promoción comercial de productos, actividades o servicios con pretendida finalidad sanitaria

¹² Reglamentación técnico-sanitaria específica de los preparados para lactantes y preparados de continuación (RD 72/98 de 23 de Enero) y de los alimentos elaborados a base de cereales y alimentos infantiles para lactantes y niños de corta edad (RD 490/98 de 27 Marzo)

¹³ www.boe.es/boe/dias/2008/05/30/pdfs/A25121-25137.pdf

¹⁴ www.ihan.es

¹⁵ See Annex, Conflicts of Interest section

In 2009, the BFHI changed name and became the Humanisation of Delivery Care and Breastfeeding Assistance Initiative¹⁶. The related Committee is operational and very active through its webpage, where all the information on how to obtain the Baby-Friendly accreditation is available. The National Breastfeeding Conference is organised every two years by this Committee, in collaboration with the National Breastfeeding Committee of the Spanish Association of Paediatrics¹⁷, and it sees the participation of at least 600 health professionals including paediatricians, doctors, gynaecologists, midwives and nurses.

The above-mentioned Committee of the Initiative provides also training related to breastfeeding¹⁸. In particular, it provides a one-year course aimed at post-graduate students of Paediatrics, Obstetrics, Family Medicine and Midwifery. These courses include a training programme for trainers, which has already been completed by 400 trainers on breastfeeding practices.

6) Maternity protection for working women

The table below show the numbers of working women in Spain (2015)¹⁹

Indicadores básicos	Mujeres	Tasa mujer (%)	% variac. 2015/14
Población	23.733.999	50,90	-0,22
Afiliación a la Seguridad Social	7.994.111	46,53	2,98
Contratación	8.090.163	43,55	11,24
Demandantes empleo paradas	2.218.273	54,19	-5,01

Maternity leave²⁰

Legislation: Maternity protection legislation is found in several different Acts: Royal Decree No. 1 on Social Security General Act (20.06.1994), as amended in the Constitutional Act 3/2007 for effective equality between women and men; Act No. 31 on the Prevention of Risks at Work (8.11.1995), as amended by Act No. 39 concerning the conciliation of work-family life of workers (5.11.1999)²¹; Royal Decree No.1/1995 enacting the Worker’s Charter (24.03.1995) as amended in the Constitutional Act 3/2007 for effective equality between women and men; Royal Decree No. 53 to issue regulations on protection against ionizing radiations (24.01.1992); Royal Decree No. 1251 on Cash Benefits of the Social Security System concerning Maternity and Risk during Pregnancy (16.11.2001)²²; Law 3/2007 on gender equality²³; Royal Decree 2/2015 of 23 October, approving the consolidated text of the Law on the Statute of Workers.²⁴

Scope: all women workers voluntarily performing services in return of remuneration from another person (employer) who organises and directs the work.

Leave: 16 consecutive weeks, including 6 weeks of compulsory leave after giving birth. In case of multiple births, 2 extra weeks are given per child after the second child. Sickness benefits can be added, thus extending maternity leave.

¹⁶ Iniciativa para la Humanización de la Asistencia al Nacimiento y la Lactancia: www.ihan.es/que-es-ihan/cambio-de-nombre-ihan/

¹⁷ National Breastfeeding Committee of the Spanish Association of Pediatrics: www.aeped.es/comite-lactancia-materna

¹⁸ All training programmes can be found at www.ihan.es/formacion/

¹⁹ Table retrieved from the 2016 National Report on women and the Labour market in Spain. The report is available at: www.sepe.es/contenidos/que_es_el_sepe/publicaciones/pdf/pdf_mercado_trabajo/imt2016_datos2015_estatal_mujeres.pdf

²⁰ Source: ILO

²¹ www.boe.es/buscar/doc.php?id=BOE-A-1999-21568

²² www.boe.es/boe/dias/2001/11/17/pdfs/A42109-42121.pdf

²³ www.boe.es/diario_boe/txt.php?id=BOE-A-2007-6115

²⁴ www.boe.es/buscar/act.php?id=BOE-A-2015-11430

Payment: paid 100% by social security system

Health protection: Time off is allowed for medical examinations; if the post reveals possible risk for the pregnancy measures have to be taken by the employer to prevent exposure to the risk.

Breastfeeding breaks

One hour per day until the child is 9 months old, either 2 times 30 minutes or one time 60 minutes, or shorter work day (30 minutes less). Fathers are also entitled to this break (or to the shorter working day). These breaks are paid.

Paternity leave

Paternity leave in Spain is 4 weeks, since 1 January 2017. It is independent from the maternity leave and fathers can be given up to 10 of the 16 weeks of maternity leave, so that parents can share the leave.

Spain has not ratified the ILO Convention 183 of 2000 on Maternity Protection.

7) HIV and infant feeding²⁵

In Spain, about 145'000 people are HIV-positive and only 20% of them were diagnosed. In 2016, there have been 3'353 new HIV infections and 607 AIDS cases. 84% of the diagnosed HIV infections were reported in men.

The mother-to-child transmission (MTCT) rate and AIDS cases in children have decreased drastically in 1996 and remained low since then. In average, between 2010 and today, there have been between 1 and 4 cases of MTCT of HIV per year. The official recommendation of the Spanish Association of Paediatrics is to avoid breastfeeding in cases of HIV or AIDS-positive mothers.

8) Infant feeding in emergencies (IFE)

The existing national emergency preparedness plan does not include provisions on infant feeding aimed at protecting breastfeeding in emergencies. There have been cases of donations of formula aimed at disadvantaged populations, organized by charitable institutions, social initiatives and municipalities.²⁶

At a national level, there should be a specific section of the emergency preparedness plan dedicated to the protection of breastfeeding and optimal IYCF practices during emergencies. Additionally, a coordinator should be appointed, to supervise and coordinate action at national level. The Infant Feeding in Emergencies (IFE) Operational Guidance of 2017²⁷, developed by the IFE Core Group and coordinated by the Emergency Nutrition Network, represents a useful resource and good basis for national plans related to infant feeding in emergencies.

²⁵ Data retrieved from *MSSI: VIGILANCIA EPIDEMIOLÓGICA DEL VIH y SIDA EN ESPAÑA 2016*. Updated 30 June 2017. Available at: www.mssi.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/vigilancia/InformeVIH_SIDA_2017_NOV2017.pdf; ECDC Europe: HIV/AIDS surveillance in Europe. 2017. Available at: https://ecdc.europa.eu/sites/portal/files/documents/20171127-Annual_HIV_Report_Cover%2BInner.pdf; Noguera Julian A, De José MI; Grupo de trabajo sobre infección por VIH en el niño de la Sociedad Española de Infectología Pediátrica (SEIP). [Recommendations issued by the Spanish Society of Pediatric Infectious Diseases for the follow-up of the child exposed to the human immunodeficiency virus and to antiretroviral drugs during pregnancy and the neonatal period]. *An Pediatr (Barc)*. 2012 Jun;76(6):360.e1-9. Available at:

https://continuum.aeped.es/files/consensos/Jun_2012_Tratamiento%20VIH%20en%20embarazo%20y%20parto.pdf
²⁶ www.normon.es/noticia/los-laboratorios-normon-donan-a-la-federacion-espanola-de-bancos-de-alimentos-1000-botes-de-leche-infantil ; <https://decide.madrid.es/proposals/6845-leche-maternizada-del-area-de-salud-del-ayuntamiento> : www.mrw.es/comuns/noticia/MRW_SOS_bebe.pdf

²⁷ Available at www.enonline.net/operationalguidance-v3-2017

9) Implementation of the Extraterritorial Obligations

Four Spanish dairy companies have been approved by the Chinese government as manufacturers and distributors to export infant formula to China, according to a new regulation that will enter into force in January 2018. These are: **Industrias Lácteas Asturianas (ILAS)**, owner of the brand Reny Picot, **Alter Farmacia S.A**, **Abbot Laboratories S.A** and **Hero España S.A**. **Unión de Productores de Caprino (UNIPROCA)** from Castilla-La Mancha could also be approved in the near future.²⁸

It is unclear whether there will be provisions regarding Spain's extraterritorial obligations with regards to children's rights, considering the impact of the business sector on these, notably on children's right to health and adequate food. CRC General Comment n. 16 (2013) on States obligations regarding the impact of the business sector on children's rights establishes at paragraph 43 that *"Home States also have obligations, arising under the Convention and the Optional Protocols thereto, to respect, protect and fulfil children's rights in the context of businesses' extraterritorial activities and operations, provided that there is a reasonable link between the State and the conduct concerned. A reasonable link exists when a business enterprise has its centre of activity, is registered or domiciled or has its main place of business or substantial business activities in the State concerned."*²⁹

In addition, the General Comment also affirms that *"States are also required to implement and enforce internationally agreed standards concerning children's rights, health and business, including the World Health Organization Framework Convention on Tobacco Control, and the International Code of Marketing of Breast-milk Substitutes and relevant subsequent World Health Assembly resolutions."* (§ 57)

Considering the numerous Code and WHA resolutions violations by some of the above-mentioned companies (notably Hero and Abbott), a new legislation to guarantee the respect of extraterritorial obligations with respect to children's rights³⁰, as well as fully covering the International Code and WHA resolutions, is extremely urgent in Spain.

²⁸<http://cexgan.magrama.es/Establecimientos/ListaLecheInfantilChina.pdf>; www.elperiodico.com/es/economia/20171025/ilas-una-de-las-primeras-empresas-homologadas-por-china-para-fabricar-y-comercializar-leche-en-polvo-infantil-6379155 ; www.europapress.es/castilla-lamancha/noticia-uniproca-formalizara-acuerdo-empresa-china-exportar-leche-polvo-alimentacion-infantil-20140923145811.html

²⁹ See Maastricht Principles on Extraterritorial Obligations of States in the area of Economic, Social and Cultural Rights, principle 25 (2012).

³⁰ And not only, because inappropriate marketing of breastmilk substitutes and foods for infant and Young children has a direct consequence on the parents rights to informed decision and to unbiased information.

ANNEX

Examples of violations of the International Code of Marketing of Breastmilk Substitutes and subsequent WHA Resolutions

Promotion to the public and in shops/Labeling: **Article 5.1** of the Code prohibits advertising and all other forms of promotion of products under the scope of the Code; **Articles 5.2 and 5.4** of the Code prohibit companies from giving samples and gifts to mothers; **Article 5.3** of the Code bans promotional devices at the retail level; **Article 5.5** of the Code prohibits marketing personnel from seeking direct or indirect contact with pregnant women and mothers; **Article 9** of the Code requires labels to NOT discourage breastfeeding and inform about the correct use of the product, the risk of misuse and abide by other points; **WHA 58.32 [2005] and 63.23 [2010]** prohibit nutrition and health claims unless allowed in national legislation.

The Guidance on Inappropriate Promotion of Foods for Infants [A 69/7 Add.1] requires that labels include a message about the appropriate age of introduction of the food which must not be less than 6 months of age.

HERO³¹

To attract attention, Hero installs a giant-sized baby next to an equally big tin of **Hero Baby Nutrasense** in a public square. The giant baby and tin are the centrepiece of a road tour that Hero is organising throughout Spain.



MAM³²

At a children's sporting event, **Mam** had a stall where there are large promotional signs for its feeding bottles, teats and pacifiers. Mam also held two contests with attractive prizes for little athletes to compete for.

Complementary food: Complementary foods are covered by the scope of the Code if they are intended to be bottle-fed or marketed in the following ways: For use during the first six months of life, when exclusive breastfeeding is recommended; Marketed or represented to be suitable for use as a partial/total replacement of breastmilk.

³¹ Data retrieved from the 2017 report "Breaking the Rules, Stretching the Rules", IBFAN-ICDC, International Code Documentation Center.

³² See above

Certain **WHA Resolutions and Guidance** documents also place restrictions on the marketing of complementary foods.

NESTLÉ³³

As with its formula products, Nestlé inappropriately markets its complementary food products in various ways, across multiple countries. The date the image was received is noted in this section to indicate whether the violations were reported before or after the Guidance was issued by WHO in May 2016.

10/07/2017 – "At night, during the day, nutrition at any time" - a milk cereal with 80% follow-on milk. Although it is indicated as suitable for use from 6 months, the feeding bottle on the label brings the product under the scope of the Code. If Nestlé has its way, there will be no slot available during the day or night for breastfeeding.



Conflicts of interest within health systems

WHA 58.32 [2005] urges that financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflicts of interest. The **2016 Guidance (A 69/7 Add.1)** also places focus on conflicts of interest for companies that sell foods for infants and young children. Recommendation 6 urges that such companies should not:

- Donate or distribute equipment and services to the health facilities;
- Sponsor meetings of health professionals or scientific meetings;
- Use health facilities to host events, contests or campaigns;
- Give any gifts or coupons to parents or caregivers;
- Directly or indirectly provide education to parents or caregivers on infant and young child feeding in health facilities.

In Spain, there are numerous examples of conflicts of interest between baby food companies and the health care providers, particularly paediatricians.

The **Spanish Association of Paediatrics** (*Asociación española de Pediatría – AEP*) receives directly funds from baby food companies, in particular from Nestlé. Such companies fund its annual conference and the majority of courses, seminars, short training programmes, with particular attraction for courses of "Progress in Nutrition" (*Avances en Nutrición*).

At least one third of all the funding of the AEP in 2015 (about 500'000 €) came from the food and drink industry, as explained in the AEP 2016 report³⁴.

A high number of hospitals with maternal and childcare services in Spain, works directly in cooperation with baby food companies with the so-called system of "rotation" (*sistema de rotatorio*): a rotation of various brands of formula available in maternities and neonatal services. Each company stays for several months before rotating with another brand and mothers leaving the hospital receive recommendations for formula from that specific company; each company pays a certain amount of money to the hospital, according to how many months it stays. This money, usually administered by the head of service or

³³ See above

³⁴ See page 16 of the report, available at: www.aeped.es/sites/default/files/informe_transparencia_aep_2015.pdf

collectively by the whole department, is used to buy equipment or to provide assistance for conferences, when it is not improperly used, as in the case of the San Juan de Alicante Hospital.³⁵

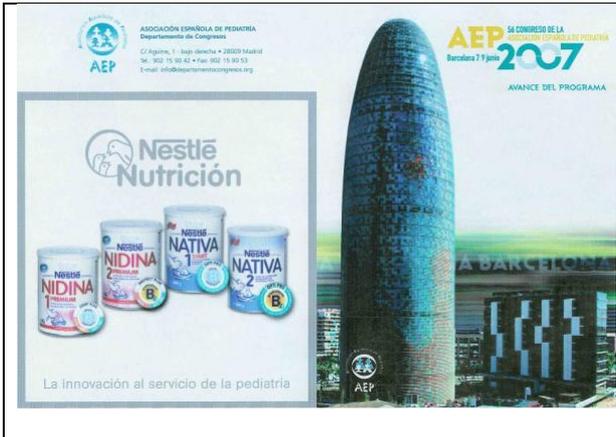
Additionally, baby food companies sponsor several conferences for paediatricians and future paediatricians, and work directly on the development of nutrition guides for health professionals. They also sponsor midwives' conferences.³⁶

Baby food companies and sugary drinks and chocolate manufacturers sponsor nutrition programmes aimed at children, with the approval of municipalities, regional and national health ministries.³⁷

³⁵ www.elmundo.es/comunidad-valenciana/2016/06/21/5767d310ca4741a50c8b456c.html; www.elmundo.es/comunidad-valenciana/2016/06/19/57600375268e3ea4308b4640.html

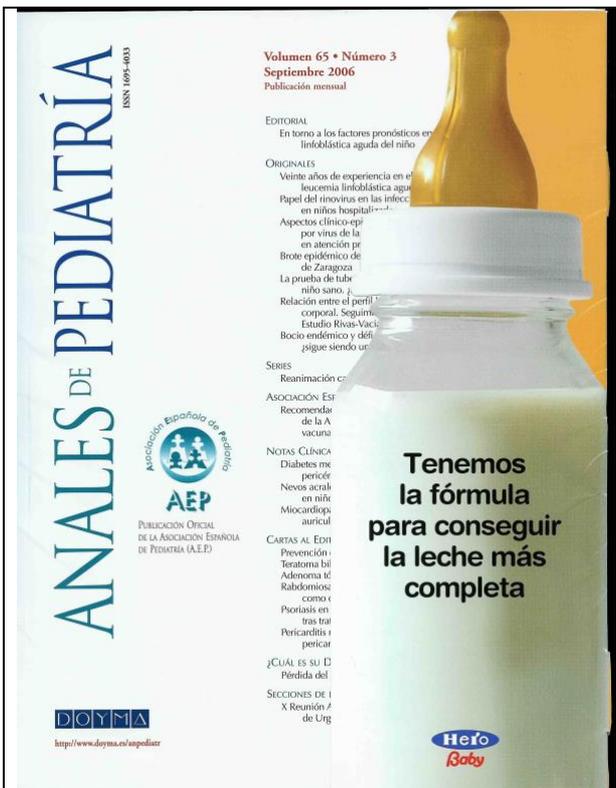
³⁶ www.matronascanarias2017.com/modules.php?name=webstructure&idwebstructure=10

³⁷ See pages 8 and 9 of the flyer concerning the programme “Thao Child Health”, patronized by Nestlé, Ferrero and Orangina: https://ampaipse.files.wordpress.com/2011/02/presentacionprogramathao-saludinfantil_cast.pdf



• 17.º Premio especial NESTLÉ sobre nutrición infantil 2012.
SEGUIMIENTO EVOLUTIVO DE LAS VARIABLES ANTROPOMÉTRICAS (PESO Y TALLA) DE UN GRUPO DE PACIENTES CON TRASTORNO DE DÉFICIT DE ATENCIÓN E HIPERACTIVIDAD EN TRATAMIENTO CONTINUADO CON METILFENIDATO (48 MESES). IMPORTANCIA DE UNA INTERVENCIÓN NUTRICIONAL

• 14.º Premio de investigación pediátrica Nutribén.
PLASTICIDAD DEL DESARROLLO DE OBESIDAD ABDOMINAL Y RIESGO CARDIOVASCULAR EN LA INFANCIA
Investigador principal: Hospital Dr. Josep Trueta, Girona.



ANEXO I. RELACIÓN Y ORIGEN DE LOS INGRESOS

CONCEPTO DEL INGRESO	ORIGEN DEL INGRESO								
	Industria alimentación y bebidas	Industria farmacéutica	Industria cuidados niño	Otros sectores	Particulares	Socios	Empresa organizadora Congreso	Administración	TOTAL
Cuotas	0	0	0	0	0	40.465	0	0	40.465
Uso autorizado del logotipo de la AEP	289.500	22.000	221.000	23.000	0	0	0	0	555.500
Publicidad y separatas	105.200	72.800	16.750	0	0	0	0	0	194.750
Donación	38.000	181.223	0	0	0	0	0	0	219.223
Estudios y materiales	40.000	22.000	0	0	0	0	0	13.360	75.360
Becas	0	0	30.000	0	0	0	0	0	30.000
Inscripciones formación	27.538	107.314	0	0	151.529	0	0	0	286.381
Beneficio Congreso	0	0	0	0	0	0	180.705	0	180.705
Otros	0	2.000	0	587	0	0	0	0	2.587
TOTAL	500.238	407.337	267.750	23.587	151.529	40.465	180.705	13.360	1.584.970

Tabla 1. Importe de los ingresos recibidos por la AEP/FEP en 2015, clasificados por el concepto y el origen del ingreso (valores en euros). Los datos económicos ofrecidos son provisionales, a la espera del cierre definitivo de la contabilidad y la revisión de cuentas por parte de los auditores de cuentas de la AEP/FEP.

Programa Thao-Salud Infantil contra la obesidad y el sobrepeso. Thao – Child Health programme against obesity and overweight in children.

Congreso Nacional de Matronas 2017 – 2017 national midwives conference

