



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

15 May 2020

DEPARTMENT MEMORANDUM

No. 2020- 0231

FOR : UNDERSECRETARIES OF HEALTH, ASSISTANT SECRETARIES OF HEALTH, DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT, THE DIRECTOR GENERAL OF THE FOOD AND DRUG ADMINISTRATION, AND OTHER CONCERNED UNITS AND OFFICES

SUBJECT : Guidelines on the Standardized Regulation of Donations, Related to Executive Order 51, series of 1986 (The Philippine Milk Code), to Health Facilities and Workers, Local Government Units, Non-Government Organizations, and Private Groups and Individuals in Support to the Response to Emergencies, Disasters, and Situations Where Health and Nutrition of Mothers, Infants, and Young Children are Affected

I. Background

With the increasing number of confirmed Coronavirus Disease 2019 (COVID-19) cases in the Philippines, the national government has declared the outbreak as a Public Health Emergency throughout the country on 08 March 2020¹. To prevent further transmission of the virus, the entire area of Luzon was put on *enhanced community quarantine*. With supply chains across the country affected, household access to goods and services are significantly limited. This sets a precedent for the evaluation of guidelines on health emergency situations and the regulation of donations to the general public and the health system. It is also within the mandate of the DOH to ensure the proper use of breastmilk substitutes, breastmilk supplements, complementary foods, and other products covered by EO 51, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

Thus, these guidelines, that clarify donations in the context of marketing and advertising of products covered by Section 3², EO 51, s. 1986, are issued for clarificatory purposes.

II. Objectives

A. General. This Department Memorandum is issued to guide Centers for Health

¹ Presidential Proclamation No. 922

² Scope of the Code. – The Code applies to the marketing, and practices related thereto, of the following products: **breastmilk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breastmilk; feeding bottles and teats.** It also applies to their quality and availability, and to information concerning their use.

Development (CHDs), MOH-BARMM, National Nutrition Council Regional Offices (NNC ROs), and local government units (LGUs), health facilities, health and nutrition offices, and health and nutrition workers in determining compliance to the provisions of the Executive Order 51, series of 1986 (EO 51, s.1986, or “The Philippine Milk Code”).

B. Specific

1. This is a field guide that serves to clarify how to monitor the implementation of the Philippine Milk Code in terms of donations.
2. With regard to the Philippine Milk Code and its Implementing Rules and Regulations (DOH Administrative Order 2006-0012), this issuance reiterates the necessity to protect, promote, and support safe and adequate nutrition for infants and young children through the protection of breastfeeding and complementary feeding practices and advocacies.

III. Implementing Guidelines

A. General Guidelines

1. This issuance does not authorize any entity other than the Secretary of Health and the Inter-Agency Committee (IAC) to request or approve donations in relation to EO 51, s. 1986. Donations covered by EO 51, s. 1986, based on the donor and the products to be donated, are subject to conditions provided by the DOH in response to requests to donate by public or private entities and individuals.
2. Foods and paraphernalia covered by the Scope of the Code are not allowed³ for donation.
3. This issuance provides the decision and process flow for the guidance to field offices in advising other government agencies, local government units (LGUs), and the private sector as potential donors. The latter includes—but is not limited to—multinational and local corporations, non-government organizations, civil society organizations, and well-meaning individuals, subject to the provisions of the preceding paragraphs. Please refer to **Annex A** for the decision algorithm.
4. Government agencies, LGUs in assistance to other LGUs, private companies, groups, and/or individuals, civil society organizations (CSOs) and non-government organizations (NGOs), may intend to donate
5. Products not covered by the Scope of the Code, including cash and equipment, are allowed with conditions provided in this issuance. However, CHDs and NNC Regional Offices must be aware of these donations, and track them accordingly.

B. LGU Engagement

1. DOH CHDs/MOH-BARMM, with the NNC ROs, shall lead LGUs in directing families, community support groups, and health workers to ensure infant nutrition through the following practices that do not undermine breastfeeding, supported by infant and young child feeding (IYCF) counselling—
 - a. Exclusive breastfeeding, if not possible, then—

³ Section 51, Rule XIV, DOH Administrative Order 2006-0012 (Revised Implementing Rules and Regulations of Executive Order No. 51, Otherwise Known as the "Milk Code", Relevant International Agreements, Penalizing Violations Thereof, and for Other Purposes).

- b. Promote wet nursing/cross-nursing, and if possible: relactation, or
 - c. Provide expressed breastmilk through cup feeding or spoon feeding, or
 - d. Provide donated pasteurized breastmilk from human milk banks through cup feeding or spoon feeding.
 - e. For infants and children six (6) months old and above: complementary feeding must be emphasized. They can consume hot, nutritious food eaten by the rest of the family, with less reliance on artificial milk.
 - f. **Only after these have been exhausted** must artificial feeding be considered an intervention. Distribution, preparation, and use of breastmilk substitutes and milk formula must be done under the supervision of health and nutrition workers, and LGUs must procure their own supply instead of accepting donations.
2. Republic Act 11148, also known as the *Kalusugan at Nutrisyon ng Mag-Nanay Act* mandates LGUs to “*act immediately provide emergency services, food supplies for proper nourishment of pregnant and lactating mothers, and children, specifically those from zero (0) to two (2) years old. Women, infant and child-friendly spaces shall be prepared and ready to accommodate women and their children, provide their daily necessities such as food, clothing, clean water, and shelter; readily available breastfeeding support and counselling for those with children up to two (2) years or beyond, as well as provision and guidance on the appropriate complementary food for children over six (6) months old*” (RA 11148, Section 11). LGUs have the autonomy to use their funds in procuring goods and services to support their constituents in times of emergencies and disasters. They are not prohibited from procuring goods covered by the Scope of the Milk Code (Sec. 3, EO 51, s. 1986). In this case, **these are not considered donations**, as these are procurements for their own constituents, subject to the provision of the preceding paragraph. Please refer to **Annex A** for detailed support to the management of related LGU procurements.
3. In terms of supporting nutrition during emergencies, CHDs and NNC ROs shall actively assist LGUs in the establishment of more sustainable nutrition interventions such as—
- a. For infants aged 0 to 6 months, accessing donor breastmilk from trusted community milk banks, or pasteurized donor breastmilk from human milk banks—to be fed via cup-feeding, with proper support and supervision from community health and nutrition workers;
 - b. Community kitchens as a source of hot, nutritious, and complete meals for complementary feeding of children 6 months and above, and nourishment of pregnant and lactating women; and
 - c. Nutrition education and IYCF counselling in times of emergencies.

C. Public and Private Sector (Including Independent Groups and Individuals) Donors

1. DOH CHDs/MOH-BARMM and NNC Regional Offices, alongside LGUs, must publicly advise potential donors that a **written request to donate** must be addressed to **the Inter-Agency Committee on EO 51, s. 1986⁴**, headed by the DOH, specifying the **(a) type and (b) number of products that will be donated, (c) the expiration date of products to be donated**, including the

⁴ PLEASE COORDINATE WITH THE NATIONAL IYCF PROGRAM FOR THE ADDRESSEE OF THE LETTER AND CONTACT DETAILS.

- (d) **target population for which the donation is intended**⁵. The donor must be advised of a lead time of 2 to 3 calendar days, before the DOH issues a formal approval.
2. **DOH Central Office and/or the Inter-Agency Committee on EO 51, s. 1986** shall furnish DOH-CHDs/MOH-BARMM and NNC ROs a copy of donation approval or disapproval. It shall be the responsibility of the **CHD/MOH-BARMM, NNC Regional Offices, and their local health and nutrition partners to monitor** the implementation of the donation, and provide proper infant and young child feeding (IYCF) information and education, and precaution on the unnecessary use of products covered by the Scope of the Code.
 3. There is confusion whether milk supplements for **3 years old and above, including for pregnant and lactating women, are allowed**. While these are not covered by the Scope of the Milk Code, these may be donated **with specific precautions on distribution and use—such as the following, regardless of the donor**:
 - a. No infant formula, breast milk supplements, complementary food, and paraphernalia covered by the Scope of Code will be included in the donation⁶.
 - b. No food products with a remaining shelf life of less than 3 months may be donated⁷.
 - c. The quantity to be accepted as donation should match the demand of beneficiaries⁸.
 - d. Milk is not a substitute for nutritious meals for women and children. Improper storage, handling, and preparation of milk may cause problems that lead to diarrhea and respiratory illnesses. **For infants and children 6 months old and above**: complementary feeding must be emphasized. They can consume hot, nutritious food eaten by the rest of the family and with less reliance on artificial milk⁹.
 - e. The donation is exclusively used for the identified number of beneficiaries based on target list developed with LGUs¹⁰.
 4. Donors must refrain from posting photos of the donations or mentioning brand names of the donated products on public fora, on any traditional and/or social media.

D. Manufacturers and/or Distributors of Products Covered by EO 51, s. 1986, and their Representatives as Donors

1. Please refer to III. B.1. on advising donors covered by this section. When unsure of the donor's representation, **please coordinate with the National IYCF Program to validate whether a donor is covered by the Scope of the Code.**

⁵ This is a precedent DOH decision, originating from the Inter-Agency Committee on EO 51, s.1986, on donations, to ensure that there is apt supply for the beneficiaries for the period of donation.

⁶ Section 51, Rule XIV, DOH Administrative Order 2006-0012.

⁷ Section VI.D., DOH Administrative Order 2007-0017 (Guidelines on the Acceptance and Processing of Foreign and Local Donations During Emergency and Disaster Situations).

⁸ This is a precedent DOH decision, originating from the Inter-Agency Committee on EO 51, s.1986, on donations, to ensure that there is apt supply for the beneficiaries for the period of donation.


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¹⁰ This is a precedent DOH decision, originating from the Inter-Agency Committee on EO 51, s.1986, on donations, to ensure that there is apt supply for the beneficiaries for the period of donation.

2. The packaging of milk donations (not covered by the Scope of the Code) from milk companies, manufacturers, and/or their representatives must not bear their branding and/or logo, but label should contain clear, legible instructions on how to properly prepare the product¹¹.
3. Companies that manufacture, distribute, or represent products covered by the Code are prohibited from using donation initiatives for mothers and children as part of their marketing campaigns. No public relations, announcement, or the likes, of the donation may occur.
4. Milk companies, manufacturers, and/or their representatives shall not be allowed to hold any activity in the guise of classes, seminars, recreation activities, fora, and the like, regardless whether or not such activities are intended to promote the products covered by the Code¹².

Concerned DOH offices and regional directors are hereby enjoined to disseminate this Department Memorandum to the Ministry of Health of the Bangsamoro Autonomous Region of Muslim Mindanao (MOH-BARMM), the National Nutrition Council, local government units, and all other concerned, for their information and guidance. For further guidance, please contact **Dr. Anthony P. Calibo**, National Program Manager for Infant and Young Child Feeding (IYCF), and OIC-Division Chief of the Disease Prevention and Control Bureau's-Children's Health Development Division (DPCB-CHDD) at doh.chdd@gmail.com, trunk line (02) 8651-7800, local 1726 to 1729.

For strict compliance.


FRANCISCO T. DUQUE, III, MD, MSc
Secretary of Health

¹¹ Section 14. DOH et al, Joint Administrative Order 2012-0027.

¹² Section 34, Rule IX, DOH Administrative Order 2006-0012.

ANNEX A. Decision and Process Flow for the Engaging Donors, Sponsors, and Beneficiaries in the Implementation of Executive Order 51, series of 1986 (The Philippine Milk Code)—Regardless of Recipient(s).

QUESTION: Are we allowed to donate milk products, equipment, food, and other in-kind donations, and cash?

DOH CO, CHDs, NNC ROs, and RELATED OFFICES.



ANNEX B

Technical Guidance for LGUs and Procurement of Products Covered by EO 51, s. 1986, Section 3¹—or Scope of the Philippine Milk Code.

In terms of managing and distributing these procurements, LGUs must be advised by DOH CHDs, MOH-BARMM and NNC ROs to do the following, the implementation of which DOH CHDs, MOH-BARMM and NNC ROs shall monitor, thereafter—

1. Determine absolute number of non-breastfeeding children under 3 years old, and prepare a **target** list for the distribution of products based on needs and risk assessment and critical situational analysis, informed by technical guidance. Because of this, LGUs should not include infant milk formula and other items covered by the Scope in the food packs for the general population.
2. Nutrition Action Officers (NAOs) and local health and nutrition workers, in coordination with their respective Local Health Boards Disaster Risk Reduction and Management on Health (DRRM-H) Units, must be able to identify non-breastfeeding infants and young children in households, to ensure proper and efficient distribution—accompanied by education on proper handling and storage of the products.
3. Keep a file of receipts of procured Scope products as proof of investment on essential, targeted goods for families who expressed need for the supplies.
4. **Refrain from posting photos and brand names of Scope-covered products, including all milk products, in offline and online public fora²**, to prevent behavioral adjustments among breastfeeding mothers and their children in their communities and unintentional advertising of the products. This does not mean that they should be prohibited from distributing these products, alongside non-Scope products.
5. With technical assistance from the DOH CHD, MOH-BARMM and NNC Regional Office: ensure there is adequate counselling and support for breastfeeding mothers, including continued breastfeeding, nutrition education and counselling for age-appropriate complementary feeding for those with infants 6 months old and above. Consider distributing specific items of value such as food or hygiene products to mothers who are exclusively breastfeeding their infants, and likewise to mothers who are practicing age-appropriate complementary feeding and continued breastfeeding.
6. As for recipients of products not covered by the Scope, nutritionally-at-risk pregnant and lactating women and children aged 3 years old and above must be prioritized to receive the donations, with emphasis on the need to access balanced, nutritious meals as recommended by existing DOH guidelines.

¹“breastmilk substitutes, including infant formula other milk products, food, and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breastmilk; feeding bottles and teats.”

² Section 6, EO 51. s. 1986.